

Legislative  
Assembly  
of Ontario



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(Hansard)**

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(Hansard)**

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Lundi  
17 mai 2021

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Clerk: Todd Decker

Président : L'honorable Ted Arnott  
Greffier : Todd Decker

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LEGISLATIVE ASSEMBLY  
OF ONTARIO

Monday 17 May 2021

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Lundi 17 mai 2021

*The House met at 0900.*

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

*Prayers.*

PRIVATE MEMBERS'  
PUBLIC BUSINESS

COVID-19 RESPONSE

**Ms. Sara Singh:** I move that, in the opinion of this House, the Ford government should allow outdoor amenities and activities to immediately reopen safely, in keeping with the recommendations of the Ontario science table and other public health experts, as part of an overall effort to promote the mental and physical health of Ontarians during COVID-19 lockdown orders.

**The Speaker (Hon. Ted Arnott):** Ms. Singh has moved private member's notice of motion number 162. Pursuant to standing order 101, the member has 12 minutes for her presentation.

**Ms. Sara Singh:** Good morning. It is an honour to rise here today to debate this motion not only on behalf of the people of Brampton Centre but, I would say, people across the province of Ontario.

Speaker, since tabling this motion last week, we have received an overwhelming response from, I think, pretty much every riding in the province of Ontario for the action that we are asking for here, the call to action for this government to help safely open outdoor amenities and activities for people in the province of Ontario. This is not just a local issue. This is something that is impacting us at a provincial level. People, frankly, across the province are frustrated with this government.

In every corner of this province, from Timiskaming–Cochrane to Nipissing, to Simcoe–Grey down to Brampton Centre and all the way over to Windsor–Tecumseh, people have indicated that they would like the government to come up with a plan to help us safely reopen outdoor activities and amenities, because this current lockdown and, frankly, this entire lockdown are having devastating impacts on people's mental health and well-being.

The Ontario science table medical experts, big-city mayors and everyone in between has been clear: No one asked this government to shut down outdoor recreation and amenities. In fact, what the science table has recommended is that they open those spaces up so people can get out of indoor spaces and get outside and play. What perplexes us all across the province is that the government,

time after time, continues to ignore the best advice of medical experts—their own science table. They're not listening, and that is concerning people across Ontario. The negative impacts of these restrictions on outdoor activities and amenities make absolutely no sense, and it's against the best advice of professionals and the science table.

Speaker, I have here a pile of news articles, articles and science table recommendations that I'm happy to share with the government as well, because it seems as though they're missing the point here. They're just not listening to the experts.

For example, "Science Experts Didn't Recommend Ontario Ban Outdoor Amenities"—that's the COVID-19 panel members like Dr. David Fisman and Dr. Isaac Bogoch, who are all saying that outdoor recreation is safe and that we need to encourage people to get outside and play. Not only is it safe, this is actually an equity issue for many people. In parts of the province where they don't have access to a backyard or green spaces, they are cooped up.

Children have not been in school because this government failed to make the investments they needed to in our education system. In fact, what the experts have been calling for is investment in our education system to improve class sizes. They were calling for this back in September, before school even opened, and the government didn't do any of that. They didn't improve ventilation. They didn't cap class sizes. They didn't prioritize getting our educators vaccinated. As a result of that, we saw our schools shuttered.

In addition to the schools, the science table has been clear that we needed to see paid sick days implemented in the province of Ontario. It took the government over a year to come up with a plan. What they provided was three days. It pales in comparison to the 10-plus days that the science table and other medical experts have recommended to this government. Three days is what they provided workers in this province. It's a shame.

In terms of getting vaccinations to hot spot communities, this weekend we saw wonderful news about communities getting their vaccines, some reaching the 10,000-doses mark. But what's shocking is that that targeted approach is actually ending today. So, for many of those hot spot communities, those increased allocations will not be happening as we move forward, despite what the science table recommends.

I think this underscores the frustration that people in this province have with this government's response to COVID-19 and the fact that we continue to see lockdown

after lockdown extended in the province of Ontario. It's because they aren't listening to the experts. I think the Premier has been listening to his buddies a little too much and ignoring the advice of experts, and that's why we find ourselves in the situation that we do.

I want to encourage the government to actually listen to the science, to follow the evidence, and to implement policies that are going to help people in this province. It's a shame that they don't.

Speaker, it's unfortunate that people in this province are the ones who are paying the price for this government's inaction, their inability to listen, their inability to follow the science, their refusal to make the investments they need—billions of dollars unaccounted for, billions of federal dollars that weren't allocated the way they needed to in our communities. This has been the approach of the government. Frankly, people are at their wits' end.

Speaker, in the community of Brampton, we have some beautiful outdoor amenities. Chinguacousy Park, for example, is a wonderful 100-acre park right next to our Bramalea City Centre and a number of high-rise buildings. There were young people coming to the park who could now play in the playgrounds because the government reversed its callous decision to close those playgrounds a few weeks ago, but could not, for example, access a tennis court that was next to it, a track-and-field field that was closed—outdoor workout stations, closed; basketball courts, closed; cricket pitches, closed; golf courses in our community, closed. The science table has been clear: This is not where we see transmission happening.

If we could communicate effectively to our community what the rules are, how they can get out and play safely, and what the parameters of engagement are, I think people in the province would appreciate those spaces being opened for their mental health and well-being. But for whatever reason, which is still unclear to the vast majority of Ontarians, frankly, and unclear to the experts themselves—why the government went in the opposite direction of what the science table recommended, I think, makes people scratch their heads. This contributes to the frustration that people in Ontario are experiencing.

**0910**

People living in apartment buildings, people living in condos don't have access to sprawling green spaces. They don't have access to a backyard. They can't, for example, quarantine at their mom's place with a sprawling backyard, like our Premier was able to do when he took 14 days of isolation but only provided workers in this province three days. Three paid sick days is all that was provided. This is an equity issue for people across the province who do not have access.

Many of these people living in apartment buildings, in these congregate settings, are also essential workers. Their children have not been able to go to school, they have been forced to go to work, and now they can't even go outside and play. Where in the science was this the approach that was recommended? Nowhere in the science was this recommended—not in a single recommendation from the government's science table was it recommended that you

close down outdoor recreation and you limit access to sports like golf or tennis or cricket or basketball or whatever else the science table would recommend that you keep open. Non-contact sports can be safely done in the province of Ontario.

It is also your responsibility, as a government, to come up with a plan and to effectively communicate that to people in the province, to help them understand what they should and should not be doing should they choose to go to a golf course, should they choose to play basketball. There are rules that you can put in place to help them do this safely, to work on their mental health and well-being, but you have chosen to just go to the extreme with the most restrictive measures.

“We are going to police our way through this.” That was the response of this government—not “Let's listen to the science table and do things like make sure that essential workplaces were the only things that were open.” Maybe close down non-essential workplaces; the science table recommends that.

“Paying essential workers to stay home when they are sick, exposed or need time to get vaccinated”—that was a recommendation the science table made.

“Accelerating the vaccination of essential workers and those who live in hot spots”—again, another recommendation that the science table made.

“Focusing on public health guidance that works: This means Ontarians can't gather indoors with people from outside their household.... It means Ontarians can spend time with each other outdoors, distancing two metres, wearing masks, keeping hands clean.” That's from the science table. They recommended that.

Helping people safely stay connected: “Maintaining social connections and outdoor activity are important to our overall physical and mental health. This means allowing small groups of people from different households to meet outside with masking and two-metre distancing. It means keeping playgrounds open, and clearly encouraging safe outdoor activities.” This is here. I'm happy to send this along to the government, because clearly they haven't read the recommendations of the science table, but this is what they recommend.

Here's what they don't recommend: “Policies that harm or neglect racialized, marginalized and other vulnerable populations will not be effective against a disease that already affects these groups disproportionately. For these reasons, pandemic policies should be examined through an equity lens to ensure that all communities benefit.” That's not something this government has done, I would argue, throughout this entire pandemic.

What else won't work are “policies that discourage safe outdoor activity” because this “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.”

Speaker, the Ontario Medical Association, the Canadian Paediatric Society, big-city mayors, our own medical experts like Dr. Loh are recommending that outdoor activities and amenities need to be safely opened.

This is creating havoc for people in our communities who cannot get outdoors, who cannot get out and play. They need some relief from this government.

I'm encouraging all members of this Legislature, as this is a provincial issue, to please vote in favour of this motion and help support getting Ontarians outdoors safely by reopening outdoor recreation and amenities immediately. It is your responsibility to not only listen to the experts but to listen to your constituents, and they have been clear: They need to get outside and play. Find a way to help make that happen here in the province of Ontario.

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

**Hon. Christine Elliott:** Speaker, I am very pleased to participate in this debate today, as the Minister of Health, first of all, to acknowledge Personal Support Worker Day here in Ontario—and, of course, we've just finished celebrating nurses week. I would like to start by taking this opportunity to thank all of Ontario's personal support workers and nurses for their courage and commitment to caring for Ontarians each and every day. Throughout the pandemic, our health care workers have been on the front lines of the province's pandemic response. They have sacrificed precious time with their families and loved ones, experienced significant stress and burnout, and have made the health and well-being of their patients their absolute top priority. In the face of unprecedented and complex challenges, Ontario's health care workers have demonstrated incredible courage and compassion, never wavering in their commitment to keep Ontarians healthy and safe. Days like this remind all of us to recognize and celebrate the incredible contributions made by our front-line health care workers here in Ontario.

I am sure that I echo the sentiments of many members of this House and Ontarians across the province when I say we cannot thank them enough for their dedication and their sacrifice. As we continue our fight in this third wave of the COVID-19 pandemic, it is critical that we recognize the incredible efforts and sacrifices made by our health care workers across the province and offer them our sincere gratitude.

Speaker, since the beginning of the pandemic, our government's top priority has been to protect the health and well-being of all Ontarians. That's why, with the new, more contagious variants continuing to pose significant risks, our government, in consultation with the Chief Medical Officer of Health, extended the stay-at-home order and all other current public health measures until at least June 2. The stay-at-home order and other new and existing public health and workplace safety measures will preserve public health system capacity, safeguard vulnerable populations, allow for progress to be made with vaccinations, and, ultimately, save lives.

The Ontario Hospital Association announced that they fully supported the government's decision to extend the stay-at-home order until at least June 2, particularly given the ongoing critical care capacity challenges facing hospitals not just in the GTA but across the province.

In order to make sure every person who requires care in hospital can receive the high-quality care that they know and expect, we've invested an additional \$1.8 billion in the hospital sector in 2021-22, bringing the total additional investment in hospitals since the beginning of the pandemic to over \$5.1 billion. This investment helped to increase our intensive care capacity in hospitals, taking further action to address the third wave of this terrible virus that's impacting jurisdictions around the world, and the variants of concern that are putting even more lives at risk.

In regions across the province, particularly in Toronto and Peel, we're still seeing capacity pressures in intensive care units. These capacity pressures, along with daily case counts, are the guiding principles our government has used when making any public health decisions. I know they're also important indicators to the official opposition, as they brought them up in question period as recently as two weeks ago.

I also know that, as the weather gets warmer, Ontarians will become more and more eager to get outside and back to normal as soon as possible. That's why I'd also like to take this opportunity to give thanks to the collective efforts of all Ontarians who continue to follow public health and workplace safety measures as we make considerable progress in our fight to control the third wave of this virus.

While the latest data shows us that public health measures are having an impact, the situation in our hospitals remains precarious, and variants continue to pose a significant risk, which is why it remains critical for all Ontarians to continue adhering to public health measures and stay at home as much as possible.

**0920**

Despite improvements, key indicators remain high, and more time is required before the province can safely lift the stay-at-home order. For example, from May 3 to May 9, the provincial cases rate remained very high, at 134.9 cases per 100,000, and per cent positivity was above the high-alert threshold of 2.5%. Additionally, hospitalization and ICU admissions also remain too high and well above the peak of where they were during our second wave.

As we announced last week, the impacts of these public health measures and the stay-at-home order will continue to be evaluated over the coming weeks, with consideration being made to the opening of outdoor recreational amenities on or before June 2, subject to the current positive trends continuing.

In the meantime, I encourage everyone to get outside for a run, take your children or grandchildren to the park, join the thousands who were out biking on the Lake Shore this weekend as part of ActiveTO, or just spend a little extra time in the garden. Just be sure to keep a safe social distance, or wear a mask if that's not possible.

We will continue to act on the advice of the Chief Medical Officer of Health, who will review the science, data and trends, along with collaborating with local medical officers of health and our team of expert health officials on when public health measures can be adjusted.

I would also like to point out that with the tremendous amount of progress we are making in our vaccine rollout, the light at the end of the tunnel continues to grow brighter with each passing day. Now that we're receiving a stable and predictable supply of vaccines, we continue to ramp up capacity and make it even easier for Ontarians to book a vaccine to help stop the spread of COVID-19 and save lives. This means that we are well on our way to vaccinating 65% of all Ontarians over 18 by the end of this month of May. Some of this success includes administering over 7.1 million vaccines across the province, with 93% of Ontario residents 80 and over, and 92% of residents aged 75 to 79, having received at least one dose. This is very, very encouraging. Building on this, more than 50% of the population aged 18 and over have received at least one dose, and over 400,000 Ontarians are fully immunized, including 96% of long-term-care residents.

Just last week, I was proud to announce that high-risk health care workers, including many of the province's nurses and personal support workers, can book their second vaccine appointment earlier than the extended four-month interval, offering them the full level of protection from the vaccine.

As we continue to accelerate the province's vaccine rollout, we will reduce transmission of this deadly virus and protect our communities and all of the brave women and men who work every day to keep us healthy and safe.

In closing, Speaker, while we are making incredible progress in implementing our vaccination plan, we have not yet reached sufficient coverage to achieve the very low levels of COVID-19 transmission required to allow for the resumption of some activities. I would like to point out that modelling from the Public Health Agency of Canada indicates that if the loosening of public health and workplace safety measures occurs too early, hospital capacity will be exceeded in the fall. Furthermore, if transmission is not under control before public health and workplace safety measures are lifted, Ontario risks prolonging the third wave or even entering into a fourth wave.

Let me be clear: A fourth wave would be devastating for this province.

So while today is not the time to lift public health measures, we will continue to review the impacts of these measures and the stay-at-home order with consideration being made to the opening of outdoor recreational amenities on or before June 2, subject to the current positive trends continuing over the next days and weeks.

Thank you very much for your consideration today, Speaker.

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

**Ms. Marit Stiles:** Good morning. I'm really pleased today to rise on behalf of my constituents in the great riding of Davenport and to speak in support of this motion to safely reopen amenities outdoors and outdoor activities.

Like so many of us around this room, I grew up in a place where I had the freedom to roam. When I wasn't in school, I was in the woods exploring or playing with my

friends or, later on, running on a track or hiking up a trail or just hanging out for hours in a field looking up at the clouds.

Raising my own kids in a very big city, we didn't have any real yard—in that sense, even having a little slice of something, we were very fortunate. But the park near us, Dufferin Grove Park, became our backyard. From the time they were days old, my daughters would be in that park, looking up at the trees from a stroller, toddling on the soft grass later on, tumbling and laughing and swinging and running and kicking a ball around. In fact, that park, Dufferin Grove, is a place where there is always activity happening, except for now.

For so many in that neighbourhood, as in many parts of the GTA and across this province, especially for those living in apartments, parks are our backyards. They are where we have always celebrated and played and marked important occasions and moved our bodies.

In the north, in rural communities, in small towns or big cities, Ontarians want to be outside, and they want to be taking on more outdoor activities.

The advice from the science table, from pediatricians, from experts, is absolutely clear.

This government has failed over and over again to listen to the science table, to listen to the public health experts, to the educators. They reopened when they shouldn't have. They shut down in a hail of chaos. They refused and continued to refuse to provide paid sick days to all working Ontarians. They refused to shut non-essential workplaces. They completely abandoned long-term-care residents and their families. People died of neglect—not just COVID-19. They failed thousands of Ontarians who died and many, many more who have been very sick and will perhaps never fully recover. They failed our children by refusing to do the right thing and prioritize them by making our classes smaller, by putting in place testing and more to keep our classrooms and our schools safely open.

They failed then. They are failing us now. They're failing us just when the experts are saying that our children and youth are frazzled. Parents and families need to be outdoors. They have refused to do the right thing.

This is the time. Take the expert advice. Listen to the science table. Stop musing about opening summer camps when you haven't even told us your plan to vaccinate our youth—and you won't even let families get vaccinated together. It's time to open the doors, let the sun in and let Ontarians out. Let us play.

**The Acting Speaker (Mr. Percy Hatfield):** I recognize the member for Ottawa South.

**Mr. John Fraser:** This motion is really about the government not listening to the science.

They didn't listen to the science in February, when the science table told them, "You need to take these measures. Otherwise, you're going to get more spread."

There needed to be a plan in Ontario for outdoor activities and recreation. It needed to be clearly articulated to people so they could have confidence. When there's no plan, the people don't know what to do—and when they don't know what to do because of the reasons that they're doing it, then you get what we have right now.



The government needs to make a plan. That's what this says to me. "Reopen safely"—the "immediately" I have a bit of a problem with, because we have to reopen safely, and we've seen what happens when this government moves too quickly. But there needs to be a plan now.

The second thing is, I'm under no illusions about this motion. We took a motion around vaccinations, transparency and openness at Christmas. It never happened.

I encourage the government, if this motion passes, that they take it seriously and make a plan.

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

**Mr. Joel Harden:** I want to thank my friend from Brampton Centre for putting this motion on the table for debate.

Speaker, in the time I have this morning, I want to speak specifically to what I think is going to be helped if this motion passes today.

The Minister of Health began her contribution to this debate by thanking personal support workers and nurses, and I join in that thanks.

But I want every one of us here to think of the mom at home with three kids trying to do virtual learning in an apartment building right now. Maybe some of those kids are kids with disabilities. Maybe some of them are hyperactive, like I was as a child. Maybe some of them are climbing the walls. I want you to think of that apartment building, Speaker, situated right next to a gigantic construction project, as is the case with many apartment buildings in the downtown Ottawa core. This government liberalized the rules for noise bylaws. It is possible right now and it is happening right now in the city of Ottawa that loud construction is going on at 6 a.m., all the way to 8 p.m., because the city of Ottawa's bylaws don't apply. Think of the situation you are putting that mom, that PSW, that nurse and her family in. They crave escape from an intolerable situation like that. They crave an opportunity to get their wiggles out.

**0930**

It has been shocking for me to see the disconnect between this government and their rhetoric for front-line essential workers and the situation they put them in with policy after policy.

You have to actually listen to the fulsome advice of the science table. You have to not put people in a situation where they have to engage in civil disobedience to play a game of tennis or Spikeball. This is absolutely, patently absurd.

Some 52% of the residents of Ottawa Centre are tenants. They are people who have been ignored by this government as it listens to its friends and the wealthy developer lobby, and as it listens to I don't know who, frankly, when it comes to advice on key measures like this.

I want to thank my friend for Brampton Centre for putting this on the table for debate.

Let us go outside and play safely. I plead to the government, do right now what you must do to give families some reprieve and respite. Let us play.

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

**Mrs. Belinda C. Karahalios:** I'm happy to support this motion calling on the government to immediately reopen outdoor amenities and activities.

Recently, I made a statement to this House where I mentioned a Canadian Paediatric Society letter to this government to urgently and immediately reopen outdoor recreational spaces in addition to schools. The society stated that the closures were having devastating effects on children and youth.

I also made a statement in this House updating members on a recent study released in the British Journal of Sports Medicine that concluded that a lack of physical inactivity was the strongest risk factor for severe COVID-19 outcomes, other than advanced age and a history of organ transplant.

This government continues to attempt to protect its decision-making based on the claim that it is following the "science," even though there doesn't appear to exist any science to back up its decisions, of which keeping recreational facilities closed is just one. It is important to ask, then, what science is the Premier following? Most recently, he defended keeping golf courses closed because his friends would go golfing and then go get together for a few pops. I'd like to remind the Premier and the government that observing your friends is not science.

It seems that a consensus has developed from the medical community and in studies that outdoor transmission of COVID-19 is extremely rare and it's better to be outdoors than indoors.

The Premier and his government should immediately own up to another bad decision and reopen outdoor activities, amenities and recreation facilities.

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

**Ms. Sandy Shaw:** With all due respect to the Premier, he needs not just to listen to his buddies, but he needs to listen to the experts in science.

Leading medical organizations like the Canadian Paediatric Society and infectious disease specialists such as Dr. Andrew Morris, Dr. Isaac Bogoch and Dr. Peter Jüni have all spoken out in favour of outdoor activities and that sports be reopened. We know this is so important for the health and well-being of our children.

In Hamilton, we're really proud of our golf traditions. We've been home to the Canadian Open. We have Alena Sharp, who is an LPGA professional, and Mackenzie Hughes, who is currently on the PGA tour and just played at the Masters. These are some of the people who have built the golf tradition in Hamilton. But it's not just those folks; it's kids who are playing golf, it's families, it's women, it's seniors. Lots of people play golf—and they're also run by small businesses.

I received a letter from Jason Cassis, the owner of Knollwood Golf Club, who said:

"I am writing to you for help in persuading the Ford government to rescind their closure of outdoor amenities.

"The vast majority of golf courses in Ontario are public—not private, and are owned and operated as small family businesses.

“We safely played 22 million rounds in the province with no incidence of COVID, and just as the science table concluded, golf is safe along with tennis, volleyball, cricket and other outdoor sports.”

He went on to say that they typically employ over 50 people, 40 of whom are presently laid off, and they would like to get them back to work. So he asks, “Please help stop the politicizing of outdoor sports—enough is enough—everyone in North America but the Ford government seems to agree.”

Also, for our young folks, soccer is huge—and on behalf of Ontario Soccer, they wrote a letter to the Premier, representing 500,000 participants. As we all know, Ontario’s hospitals have seen an unprecedented increase in ER visits during the pandemic for mental health concerns. Ontario Soccer found that 86% of their participants lacked social connection, 20% are experiencing depression, and 40% are experiencing anxiety, stress or worry. Soccer is very important to young folks.

In my riding, we have the Ancaster Sports Centre. Sam, the owner, has done everything right to try to keep that facility open. It’s a huge facility, with seven acres of outdoor fields and a 26,000-square-foot dome. Sam told me that he gets, every day, emails and phone calls from families begging him to open. Youth sports leagues, families—they all understand that they need this to keep their kids in a healthy state of mind right now during the stress that we’re all experiencing.

While the government has chosen to close outdoor amenities, we have been calling for them to do other things, like have a decent vaccine rollout, real paid sick days, shut non-essential workplaces. That is the expert advice that you need to listen to.

I’m going to close with a letter from a grade 6 student in my riding who said, “I am writing this letter to request the government to reopen the Dundas Fusion rep soccer club. This is important for me and a bunch of people for many different reasons. The reason that matters most to me is that I don’t get to see my team.” She went on to say, “Also not just soccer needs to reopen, all sports should reopen to help the community be a better place.”

So I would like to say to Adina—and on behalf of the hundreds of thousands of folks who are asking this government to open sports: Let us play.

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

**Mr. Stephen Blais:** Mr. Speaker, people are tired. They’re tired of the mixed messages from the government. They’re tired of waiting for their vaccines. They’re tired of the never-ending closures. And they’re tired of a government that doesn’t listen to medical experts. For over a year, Ontarians have been following the rules. They have demonstrated patience and understanding, but their patience is running out.

Ontarians know that the government had a choice in February. Against the advice of their own medical experts, the government chose to open the province. In the dead of winter, we got to go to the mall and get a haircut. That decision has led to the third wave. After a long, cold, hard

winter, the Ford government’s decision is now forcing us to miss out on patios, family barbecues and outdoor recreation.

If it’s safe to go shopping at Costco, it has to be safe to go golfing with Dad. It’s that simple. There’s a safe way to do it. We can do it physically distanced.

It’s time to let Ontarians go outside and play.

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

**Ms. Peggy Sattler:** I rise on behalf of the London West seniors, families and youth I represent, who have been prohibited from participating in pickleball, tennis, golf and many other outdoor activities. Their mental health, their physical well-being and their feelings of isolation are becoming deeper, as a result.

Speaker, governing during a pandemic doesn’t mean cherry-picking which medical advice you’re going to follow.

The science table report on what works and what doesn’t work indicated clearly that discouraging outdoor activities will not work to stop the spread of COVID-19.

I want to say, on behalf of all the people who emailed me over the weekend, that people in London West are rightly offended by what they heard from this Premier—that because his buddies are ignoring social distancing and public health guidelines and gathering for pops, all other Ontarians are being punished for that misbehaviour.

Let’s open up outdoor activities, and let’s get Ontarians playing again.

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

**Mr. Mike Schreiner:** I rise today to speak in support of this motion, because I believe in science, I believe in following science, I believe in following the advice of the public health experts. That’s what I’ve been saying throughout this pandemic.

The science advisory table has made it absolutely clear that outdoor activities are safe. As a matter of fact, they are necessary for people’s physical and mental well-being.

Speaker, it’s also an equity issue. A lot of people live in apartments and condos. They don’t have access to a backyard or a front yard. Their children need access to outdoor activities.

The science is clear: The outbreaks are happening in vulnerable workplaces.

Take actions to protect and make workplaces safe, and follow the science and open outdoor recreational activities.

**0940**

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

**Mr. Michael Mantha:** It’s always a pleasure to stand on behalf of the good people of Algoma–Manitoulin.

My message is simple this morning. It was great hearing the minister recognize the front-line workers. But from a northern perspective, our teachers, nurses, PSWs, cashiers, butchers, janitors, bank tellers and gas attendants have been frustrated with some of the decisions this government has been making and the effect that it’s having

on their mental wellness—the denial of giving them the opportunity to get to playgrounds, parks and courts. Their amenities in northern Ontario are the outdoors, the crown lands. They all have campers. This is one thing that they have in common. When they go out, they find the most isolated spots in order for them to take care of themselves, to spend time with their families. What we're telling this government is, follow the scientific table, follow the recommendations, and get everyone's mental wellness to a state where we can start enjoying the wonderful outdoor experiences that we have here.

Lise, who contacts me from Dubreuilville—and there are many people across my riding, from Chapleau, Wawa, Manitouwadge, Hornepayne and White River. They all contact me and ask, “Mike, do they not understand our way of living up here? Do they not understand the vastness of this province, where we could go and enjoy?” They're asking this government to follow the scientific table recommendations: Open up our province.

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

**M<sup>me</sup> Lucille Collard:** I want to add my voice to those that are supporting this motion for various reasons.

I want to add two points. One is the recognition of the Ottawa-Gatineau region. It is one region. People are used to going about their day-to-day lives on both sides of the river. That needs to be recognized when making decisions. People will go to the side of the river where they can get access to what they need.

Lastly, I want to say that the government should remember that the limitations on people's civil rights should be limited to what is absolutely necessary. Right now, the limitations seem to be a hard justification to make.

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

**Hon. Paul Calandra:** I'll be very brief, because I just want to summarize what we've been hearing here this morning.

We're hearing the opposition declaring victory. As the Minister of Health has said, while we are very encouraged by what we have seen, especially the fact that over seven million people, if I'm not mistaken, have received vaccines, there is still more work to do. Whilst the opposition would like to declare victory over COVID-19, we know that is not the case just yet.

Mr. Speaker, I like to play golf. I'm bad at it, but I like to play it. I like to play tennis. I'm not so good at it. But I can wait until June 3 to play golf, and I can wait until June 3 to play tennis.

The member from Ottawa talks about parents in his riding. In his riding, like my riding, parks are open. I was in the parks just this weekend, and I saw them with families, taking walks.

The member for Guelph—parks in Guelph, to the best of my knowledge, are open, not closed.

What we are asking the people of the province of Ontario to do is to stick with us a little bit longer, because we are seeing—and just last week, we talked about nurses

week. We talked about PSWs today. Our hospitals are telling us that the ICUs—while the numbers are getting better, we're still not there.

We are making great progress. We saw in Brampton—it is ironic that a member for Brampton would bring a motion like this forward when so much has been done over the last two weeks to address those front-line workers, those essential workers who have been so important in a community that has been so hard hit.

Vaccines from other parts of the province brought into areas like mine in York region, so that we could beat this down once and for all—that is what we have been doing over the last couple of weeks.

Despite what the opposition is saying, now is not the time to declare victory over a virus that has taken so much from the people of this province. Now is the time to do exactly what we are doing: double down to make sure that we can beat this virus down once and for all.

If the opposition wanted to help—and again, a member for Brampton bringing this down—work with us when it comes to the variants of concern. The people of Peel, Peel region council wanted the airport closed. That should have been the motion we are debating today. That should have been the unified voice all members are talking about, so that we can beat down this third wave and avoid a fourth wave—not declaring victory just yet. We're close, thanks to the hard work of the people of the province of Ontario; we're not there. That's what we should have been focusing on today.

**The Acting Speaker (Mr. Percy Hatfield):** The member for Brampton Centre has two minutes to reply.

**Ms. Sara Singh:** I want to thank all the members who spoke in support of our motion today. Clearly, they understand what the science is recommending.

No one here is declaring a victory over COVID-19. Actually, if the government was listening to its own science table and the recommendations they were making, we probably wouldn't be in this extended lockdown, because we'd have paid sick days in the province of Ontario, and we would actually have vaccinated workers in Peel in a much faster way than your government failed to do.

To the Minister of Health: Today is PSW Day, and it's wonderful. We should celebrate those front-line workers. But many of them aren't even receiving a fair wage, because your government won't commit to increasing their pandemic pay and making that permanent. Those workers are the ones who are getting sick, filling up our ICUs, infecting their entire families, and their children don't have a place to play because they are living in high-rise buildings, because they are so precariously employed that they can't afford to have a backyard. Their children are staring at four brick walls and a balcony. You can talk about going out and gardening, but those children simply do not have access.

The remarks from the government show us how out of touch with the reality of Ontarians you all are.

The science table has been clear. Dr. Jüni has been clear. The Ontario Paediatric Society has been clear.

ICUs are filling up with essential workers and young people who are suffering from hopelessness and depression. Your government has a responsibility to help address the problem.

No one recommended that you close outdoor activities and recreational facilities. What they recommended was that you implement paid sick days, vaccinate workers, and help us get through this. You are moving in the opposite direction.

Our motion is calling on you to find a way to safely reopen these spaces, allow people to get outdoors and play, and make sure they can do that in a way that is safe for our communities.

You have failed this province. You continue to neglect the science, you continue to ignore the best evidence, and you make decisions that are not evidence-based.

Listen to the experts. Open up outdoor recreational spaces so that people can focus on their mental health and well-being.

**The Acting Speaker (Mr. Percy Hatfield):** The time provided for private members' public business has expired.

Ms. Singh has moved private member's notice of motion number 162. Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour, please say "aye."

All those opposed, please say "nay."

In my opinion, the nays have it.

A recorded division being required, the vote on this item of private members' public business will be deferred until the next proceeding of deferred votes.

*Vote deferred.*

**The Acting Speaker (Mr. Percy Hatfield):** Orders of the day.

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

**The Acting Speaker (Mr. Percy Hatfield):** There being no further business at this time, this House stands in recess until 10:15.

*The House recessed from 0948 to 1015.*

## MEMBERS' STATEMENTS

### TENANT PROTECTION

**Ms. Jessica Bell:** I would like to tell you about Alexi Chatziliadis's day last Tuesday. Alexi left his rental home at 12 Glen Road in the morning to get vaccinated to protect himself, his two children and his community from getting COVID-19. When he got home, he found he couldn't enter. His landlord had removed his belongings and changed the locks on the door. Can you imagine, as a parent of two small children, being illegally locked out of your home with no notice? This is an illegal lockout. His landlord is breaking the law.

Alexi contacted our office, very upset, and we began following the recommendations on the government's website on what to do when a tenant is illegally locked out of their home. We called the police. The police said, "No,

there's nothing we can do." This is the very police board that went to York South-Weston—over a dozen of them—to try to evict a tenant. But when the police are called to enforce the law for a tenant, there's nothing they can do.

We called the Rental Housing Enforcement Unit, whose job is to investigate issues like this, and they said they'd look into it, but it would take a few weeks. What is Alexi supposed to do in that situation?

Then we called the Landlord and Tenant Board, the housing court, to ask them to expedite the situation for Alexi and got no response.

So if you're a landlord who wants to evict, right now your applications are fast-tracked, but if you're a tenant who has been illegally locked out of your home, too bad. This has got to change.

### TOURISM

**Mr. Jim McDonell:** I rise today to bring attention to the innovative partnership efforts of the municipality of South Dundas and a group of students enrolled in game programming at St. Lawrence College. The collaboration was born after the South Dundas Tourism Advisory Committee thought it would be a great idea to offer an app that would allow visitors to get to know the tourism destinations within the township. They realized that the traditional tourism information booth has its limitations, especially during a pandemic. From there, municipal economic development officer Rob Hunter recruited game developer students through their professor-coordinator James Dupuis.

With the app nearing its launch at the end of May, I want to congratulate all involved, especially students Pedro Civa Wiltuschnig, Brigitte Demers, Rory Lacayo, William Lafleur, Aidan McDonald, Daniel Repko and Nick Voss.

The app, which will be launched in late May, will be available to download from Google Play and the Apple Store. Users are encouraged to visit various sites around the township and collect badges to unlock awards and achievements.

I'm sure the experience will be helpful in their journey to a rewarding career.

These are just some of the great achievements being undertaken by the students of Stormont-Dundas-South Glengarry.

### CONFLICT IN MIDDLE EAST

**Mr. Joel Harden:** I rise this morning with profound sadness in my heart because the violence that has erupted in the Holy Land, in Palestinian communities and Israeli communities, is truly heartbreaking. This is not a conflict; this is a massacre. This is a moment when people of conscience around the world have to stand up and do what I'm so proud our federal leader, Jagmeet Singh, has done. Jagmeet has called for an end to armed shipments to the state of Israel, because in a Palestinian community last week, armed settlers and the army from the state of Israel walked in and tried to throw six families out of their

homes. That kind of practice has been going on for decades, and too few voices in Canada have spoken up against it.

Canadians have a unique responsibility around colonialism. It is the history and present of this place, where we have maintained colonial practices with the Indigenous peoples of this land. We have an obligation—uncomfortable as it may be sometimes—to speak truth to our friends around the world and to ask them to end institutional racism and institutional colonialism—

1020

**Hon. Lisa MacLeod:** And anti-Semitism.

**Mr. Joel Harden:** I want to say very clearly—

**The Speaker (Hon. Ted Arnott):** Stop the clock.

The Minister for Heritage, Sport, Tourism and Culture Industries, please come to order.

Start the clock.

I'll allow the member to complete his statement.

**Mr. Joel Harden:** I stand in solidarity this morning with the people of Gaza, who are being massacred before our eyes, and I call on the Premier of this province to join me.

#### WASTE REDUCTION

**Mr. Will Bouma:** The pandemic has changed the way that our cities and communities conduct many of our regular events, but it has not changed our community spirit. Case in point is the Clean Brantford campaign launched in my riding.

Community cleanup projects are a common springtime activity across the province, but with the current restrictions in place, these are no longer an option.

The city of Brantford, recognizing the value of these yearly cleanups, has pivoted. The ongoing Clean Brantford initiative is meant to encourage individual and collective responsibility, helping to keep our city clean. Residents of Brantford are being asked to pick up litter on their own or with their households, in their neighbourhoods and streets, fostering a sense of pride for where they live.

Tied into this, the city recently installed solar-powered waste containers in the downtown core, and with compacting capability, the volume these containers can hold is significantly higher than regular garbage bins. These were purchased with funding through our government's main street revitalization fund.

Inspiring the next generation to care for and preserve their environments, the city has also opened an art contest for local elementary and secondary students. Works of art promoting litter reduction will be selected and posted on the downtown waste bins, calling attention to the need to preserve our beautiful city.

I commend the city of Brantford for their initiative in this program.

#### WOMEN IN SONG

**Mr. Michael Mantha:** I want to introduce you to Women in Song. Lois O'Hanley-Jones, Debbie Rivard and

Patty Dunlop are ladies who were brought together by family tragedy and loss through Alzheimer's disease. Their new album, *Life of a Woman*, and their new single, *But I Knew Her When*, are hitting the charts.

Women in Song are based out of a small town, Blind River. They began performing together over 20 years ago after a conversation over a kitchen table.

Their new 13-track album, in their words, is a "reflection of the reality of our lives." It speaks to women having a career and a family, having arguments with their children, having children leave home—and ultimately, that they are good enough. The album is "a perfect homage to women, to the *Life of a Woman*, as the title suggests."

Along with the rest of the album, *But I Knew Her When* was written, recorded and produced in Blind River at the local Riverview Studios, which many refer to as the "Nashville of the North."

I've listened to and heard these ladies. I've been part of a group where they blessed us with their songs. Their harmony touches you. It's a little bit of folk, pop and some country music, and it always will get to you, and you're going to be laughing by the end of the evening. These ladies are fabulous. Look 'em up.

#### COVID-19 RESPONSE

**Mr. Roman Baber:** It's time to end this charade, this deadly experiment this government is putting Ontario through. They have to live under a rock not to see the harm the lockdown is causing.

This draconian measure has never been used before. Fine, don't read the literature—like Ari Joffe or Simon Fraser. Just look at the numbers yourself. The delta in overdoses, the mental health data, the effect on children, the economic devastation to small business—and look at how ill-conceived it is.

The stay-at-home order? No one's home. You can go to a crowded Walmart but not play tennis outdoors. Stores can be open, sell some items but not other items. Is this for real?

People are laughing at this government, but mostly they cry from this government, because instead of saving lives, they're killing people—and mostly two classes of people: kids and small business.

**The Speaker (Hon. Ted Arnott):** I'll ask the member to withdraw.

**Mr. Roman Baber:** And why—

**The Speaker (Hon. Ted Arnott):** The member will withdraw.

**Mr. Roman Baber:** Withdrawn. I did say "withdrawn."

**The Speaker (Hon. Ted Arnott):** I didn't hear it. Conclude your statement.

**Mr. Roman Baber:** And why are they doing this to children and the self-employed? Because of polling, because of politics.

Most of them agree with me that lockdowns are deadlier than COVID-19—the Premier agrees with me—but they keep up the charade and they do it all for politics,

because they don't want to admit they were wrong, because they can't justify the last eight months. They keep pretending to be saving us. Many do know, but they're afraid to lose their jobs—cabinet, PA-ships, paycheques. Shame on them.

The public always thought that politicians don't tell the truth, but this government did much worse. Now the public believes that their elected representatives won't stand up for them—

*Interjections.*

**The Speaker (Hon. Ted Arnott):** The member will withdraw.

**Mr. Roman Baber:** Withdrawn.

**The Speaker (Hon. Ted Arnott):** Time's up. The next statement.

#### RESEARCH AND DEVELOPMENT

**Mr. Daryl Kramp:** This has been a time like no other in Ontario history. Life-and-death decisions have to be made daily, not just by doctors, nurses and government, but by all of us. Fortunately, research has carried on while the rest of us try to go about our lives.

Researchers developed new vaccine approaches in an unprecedented time frame. Those breakthrough vaccines are now saving lives worldwide, along, of course, with more traditional vaccine approaches.

It was commonly thought in the past that big breakthroughs were just that—a thing of the past—in most fields and that incrementalism was the only thing we could expect, but the research and development scientists and doctors have kept at it behind the scenes. Their work is now saving millions of lives and making a normal Ontario summer a possibility for this year.

So of the great number we can salute for their past year's selfless efforts across the entire health field, I want to give a shout-out today to the researchers in Ontario and across Canada who have kept their eye on this ball. They are putting that light at the end of our tunnel. That's why they pursue their dreams, and that's why our government funds pure and applied research.

Now let's produce COVID-19 vaccines here in Canada.

#### SMALL BUSINESS

**Ms. Marit Stiles:** Small and independent businesses in Toronto and in my riding of Davenport have been creative, responsive, ready to do their part during this pandemic, but they have been saddled with increasing debt, lost stock and, in too many cases, outright closure. For those still hanging on, the Ontario Small Business Support Grant was a chance to stay afloat. But as I've raised many, many times over many months after the grant was unveiled, businesses in Davenport are still waiting for the help. We call and call, we write and write, and nothing.

A constituent wrote to me to plead for help after being denied the grant and after being promised that an email explaining the appeal process would come; it never did. She told me, "Being a low-income hairstylist, I can't begin

to tell you how much this grant would have helped me get back on my feet business wise and health wise. I am beyond devastated."

A restaurant owner wrote to me to say, "In March, when the Premier once again shut us down after less than a week of allowing patio dining, he promised a further \$20,000 for beleaguered restaurants. My question is, where is it? Two months in I haven't yet received the funds and know that I am not alone."

Speaker, for our economy to rebound, workers need jobs to come back, and we need local businesses to be there when the restrictions are finally lifted.

It's time to stop making these small business owners jump through hoops and get them the support they need, before more of them close.

#### FIRST RESPONDERS

**Mr. Mike Harris:** May is a special month for our first responders. On May 4, we recognized International Firefighters' Day. Last week was National Police Week. And coming up, from May 23 to 29, is Paramedic Services Week. I have an enormous amount of gratitude for these men and women who serve my community, and will gladly stand with them any day of the week, but I wanted to take this chance to recognize all they have done for the past 426 days. They have been asked to go above and beyond to help with testing and vaccine rollout, while also performing their very essential duties.

I don't get as much of a chance to chat with the boots on the ground, with the stay-at-home order that we have in place here in the province right now, but I have joined the Waterloo Regional Police Service for several ride-alongs and hope to get a chance to do that again very soon. It's always an honour to connect with Police Chief Bryan Larkin, Chief of Paramedic Services Stephen Van Valkenburg, and all of our regional fire chiefs, especially Dale Martin, Paul Redman, Rod Leeson and Bob Gilmore, who lead the forces in my riding.

Speaker, you typically don't call 911 because something really great just happened, but when you need to, Waterloo region can count on these leaders and every member of their force to do all that they can to protect their families.

Again, thank you to every first responder out there, whether you are actively serving the community or have hung up your uniform for the last time. I am proud to be a member of a government that will be there for you, just like you are for my family.

1030

#### CYSTIC FIBROSIS

**Mr. Stan Cho:** I rise today to recognize that May is Cystic Fibrosis Awareness Month. For those who don't know what cystic fibrosis is, let's just say that you're lucky. Cystic fibrosis, or CF, is a progressive genetic disease that causes persistent lung infections and limits the ability to breathe over time. CF is one of the most common

genetic fatal diseases in our society. CF causes a buildup of thick and sticky mucus in various organs. In the lungs, the mucus clogs the airways and traps germs, leading to infections and ultimately respiratory failure.

But there is hope: hope for relief or even a cure from this deadly disease.

Vertex Pharmaceuticals is a manufacturer of cystic fibrosis drugs and has recently submitted an application to Health Canada for the drug Trikafta to be accepted for priority review.

A constituent of mine, Jennifer, said her daughter Allison was able to be part of a study and has had access to Trikafta. She said it made a night-and-day difference in Allison.

I am encouraged to say that Ontario's health minister stated recently in these chambers that once Trikafta is approved by Health Canada and goes through the three-step process of approval for new drugs in Ontario, she has committed to moving quickly to make sure that Trikafta as well as two other drugs already in the pipeline, once approved, are funded through the Ontario Drug Benefit Program.

I want to thank all of the members in this chamber for advocating on behalf of people living with CF.

Let's help Allison lead a happy, healthy and long life.

## QUESTION PERIOD

### LONG-TERM CARE

**Ms. Andrea Horwath:** My question is for the Premier.

This is in regard to the Canadian Armed Forces report that revealed that 26 residents died from dehydration and neglect in long-term care. A couple of weeks ago, on May 6, the minister claimed that that matter had been investigated immediately, but then on Friday, the Premier's minister said that an investigation was now under way.

The question is: Is the Premier's minister now admitting that the full investigation that the Premier promised never happened? I think they need to answer that question.

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

**Hon. Paul Calandra:** As I said last week, of course the coroner has been engaged. Through both the commission report and indeed through the Auditor General's report, we have been taking action on what we've seen in long-term care. Obviously, we're very grateful for the Canadian Armed Forces, when they came to assist us both here in Ontario and in Quebec.

As I said last week, what both of these reports highlight for us is the massive amount of underfunding that took place in the system in the 15 years prior to us taking government. That's why we took immediate action, upon being elected, to reform not only health care to provide a blanket of care—the Ontario health teams that the minister brought in, which became important during the COVID-19 outbreak—but investing in staffing, investing in new

homes, and upgrading some of those old and outdated homes.

There's still a lot of work to do, but we're well on our way to doing that.

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

**Ms. Andrea Horwath:** Speaker, it seems very apparent that the Premier broke his promise. Families went through hell. The Premier promised a full investigation. He promised it to family members. He promised it to survivors in long-term care. They were promised justice, and they got nothing.

The Canadian Armed Forces actually broke a ring of silence, the iron ring of silence, that was around long-term care. That's what was around long-term care—an iron ring of silence—and the CAF broke that, revealing horrors: people losing their lives to dehydration and neglect; people locked in their rooms; and cockroach and other infestations happening in these homes.

Now the minister is claiming that an investigation is suddenly under way, but that's the same claim she made last year, and it was repeated earlier this month as well.

On behalf of those families, will the government please acknowledge that the Premier broke his promise for a full investigation? A whole year has gone by. What is happening on that side of the House?

**Hon. Paul Calandra:** Again, the member will know, of course, that the Premier undertook the commission report to help us identify some of the causes with respect to what happened in long-term care. I think we're one of the first governments in Canada that has done this. I recognize the fact that the members opposite were not in favour of that commission. But not only have we started to act on some of the recommendations that came out of this report, but we've also engaged the coroner. I think that's what the members opposite would expect. I feel that's what the families would expect.

We have an obligation not only to the families of those who lost loved ones, but we have an obligation to future generations of this province to make sure that doesn't happen again, to make sure that the investments are in place so that we have a long-term-care system that is sustainable, that has the staffing that's required, that has the beds—30,000 beds, 27,000 new staff and nursing care in that. Just last week, 2,000 new nurses were announced—and four hours of care.

We're well on our way to improving the system for future generations. I hope the members will support us.

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

**Ms. Andrea Horwath:** Well, I can certainly understand if families of residents in long-term care and the survivors don't believe a word the government says about investigations taking place. Let's face it: Nearly a year ago, the Premier claimed, "We launched a full investigation." But his Minister of Long-Term Care says that she only received the Canadian Armed Forces reports on May 6 this year—not last year, this year.

Are the minister and the Premier now claiming that, in fact, the Canadian Armed Forces withheld that information? Or are they ready to admit that no full investigation took place and that that promise simply was broken by the Premier?

**Hon. Paul Calandra:** Again, I'm not sure where the Leader of the Opposition is coming from or where she has been. I know that the members opposite were not in favour of the commission's inquiry that this government brought forward. It was a very important commission, and we are acting on those recommendations. We did that because we wanted to assure those families who lost loved ones that action was going to be taken, that we would learn what happened in our homes.

I am very grateful for the Canadian Armed Forces, for the actions that they took to help us in Ontario and in Quebec. They did great work.

Our priority now is not only justice for families, but it's making sure that future generations have appropriate long-term care. For decades, long-term care was underfunded in this province. We're changing that—30,000 new homes, over 27,000 in additional staffing for the sector, and four hours of care, leading North America in care. We're well on our way to making sure this never happens again and having the best long-term-care system in North America.

#### LONG-TERM CARE

**Ms. Andrea Horwath:** My next question is also for the Premier. But I can assure the government that what families want is justice. They want justice and accountability. The government can't simply turn the page and pretend nothing happened in long-term care. People were devastated. Lives were lost, of dehydration and neglect. In fact, residents were pleading for help in some of those long-term-care homes.

The Minister of Long-Term Care's own inspection reports at Downsview say this: "Residents were not being fed appropriately, or receiving sufficient fluids." That's from the minister's own internal report.

Do the Premier and the minister accept what the Canadian Armed Forces said happened in long-term care, that 26 people lost their lives to neglect and dehydration, or do they side with the for-profit owners of long-term care who said that that never happened and that the CAF made it up?

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

**Hon. Paul Calandra:** Again, this government will always side with the people of the province of Ontario. That is why we launched a commission of inquiry—so that we could understand what happened and what led to the tragedies in long-term care. The Auditor General did a similar report.

What we found is that, yes, as I've said on a number of occasions, we were put on the defence during the first and second waves of COVID-19—in fact, for the full first year—because of the lack of investments that had been

made in the sector. We knew that, though. We knew that before the pandemic hit.

**1040**

That's why we made incredible investments in the sector to build new homes, renovate old homes, to make sure that we had a staffing solution. That's why during the pandemic, we increased pay for those PSWs who were so important. We brought in the Armed Forces.

After the pandemic, as we start to come out of the pandemic, we're moving to four hours of care for residents. We're hiring over 27,000 new PSWs. We announced an additional 2,000 nurses.

It's before, during and after—we are going to fix the system. We are going to fix the system for the people of the province of Ontario, for future generations.

For those families who want justice, it is there for them.

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

**Ms. Andrea Horwath:** Speaker, you can't fix the system if you won't acknowledge what went wrong in long-term care.

The CAF said 26 people died of dehydration and neglect, and this government refuses to acknowledge that that happened. In fact, the Minister of Long-Term Care on the one hand says that there was a full investigation that had taken place, and now she's saying that she's learning of these details for the very first time. Well, both can't be true at the same time. Either there was an investigation and she knew about it, or she's learning about it for the first time. That leaves a lot of questions in family's minds.

I have to say, a whole year has gone by and there has been no justice, there have been no charges, there has been no true investigation. People deserve so much better than this.

Does this government believe what families are saying? Do they plan to give families the justice they need, and if not, how are families going to in any way trust that this government is going to give them the answers they deserve?

**Hon. Paul Calandra:** Again, that is why we moved very quickly to have a commission of inquiry. The leader of the official opposition will know that she has stood in her place on many occasions and was against that commission of inquiry, but we knew that it was very important for the families who lost loved ones during the COVID-19 crisis.

We also knew that in order to make sure future generations did not go through this again, we had to make serious investments in this sector. That's why we are moving to four hours of care. That's why after the first wave, despite the fact that we did not get the vaccines that we needed in February, March and April, we made a commitment to long-term care, to ensure that they were the first people vaccinated in this province.

But it's more than that: For the families, justice is about making sure that future generations never go through this again. It is the responsibility of this Legislature that we do that. That's why we are making sure, with the investments we're making, that it does not happen again. The



commission of inquiry and the Auditor General's report help guide us, and we will not fail them.

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

**Ms. Andrea Horwath:** Speaker, justice has not been served to the victims, the people who lost their lives in long-term care, their family members. They have not had justice. And for this minister to suggest that the chapter is now closed, that the inquiry report has been issued and now everything just starts from zero again, is a complete disservice to all of the suffering that took place and that still takes place with the family members of people who survived and people who lost their lives.

The question I have for this government is, when are they going to acknowledge that justice has to occur; that there has to be accountability; that the people who lost their lives to neglect, dehydration and abandonment need and deserve justice and this government has to do right by them? How can anybody in Ontario trust this government if they don't do right by all of those tragedies that occurred over the years?

**Hon. Paul Calandra:** Let me assure the people of the province of Ontario that the book will never be closed, because we understand how important it is to make investments in long-term care—not only for those who lost loved ones. That is why the coroner has been engaged. That is why we had a commission of inquiry.

Let me remind the leader of the official opposition, when she had the opportunity between 2011 and 2014 to make long-term care a priority, she chose to accept a stretch goal and an assurance.

What did we do? Upon getting elected, we moved very quickly to make investments in the long-term-care homes. We knew that we could not end hallway health care without making investments in long-term care. The Minister of Health brought in Ontario health teams, which were so effective in ridings like mine, where hospitals came in to help congregate care settings, came in to help our long-term-care homes.

We were making these investments and making the changes prior to the pandemic and during the pandemic.

And after the pandemic, we will live up to the responsibility that for 15 years never happened in this place—we will make long-term care better for future generations.

#### COVID-19 RESPONSE

**Ms. Sara Singh:** My question is to the Premier.

In Brampton, basketball courts are locked shut and the nets have been taken down, tennis courts and cricket pitches are all taped off, and across the province golf courses and other safe outdoor activities sit empty, despite the fact that medical experts never recommended closing these places in the first place.

It's clear that no one asked for this—not the science table, not the medical experts, not Ontarians. No one thinks this is a good idea.

Why won't this government do the right thing and vote with us to safely reopen outdoor activities?

**The Speaker (Hon. Ted Arnott):** To reply, the Minister of Health.

**Hon. Christine Elliott:** We're not able to do that right now because our numbers and our hospitalizations are still too high. The Ontario Hospital Association is not in favour of opening all outdoor activities at this point. Our numbers are still high in intensive care units; today they stand at 779. That's a very high level. It has come down a little bit, but it's still a very high level.

Notwithstanding that, parks are open. People still can go out. We want people to go out. The weather is getting better. Please go out. Go for a walk. Go for a run. Walk the dog. Let the kids go run in the park. All of that can still happen.

That is the way we have to do this so that our hospitals remain able to take in all the people they need to take in, and so that we don't let this variant of concern take over again. The last thing we want is a fourth wave in Ontario, which would be devastating for the province.

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

**Ms. Sara Singh:** Speaker, the science table recommends that Conservatives close non-essential workplaces, for example, and pay people to stay home and actually have a real paid sick days plan here instead of closing down our playgrounds and parks. They said that two weeks of sick days were essential to help stop the spread and keep people safe, yet the Conservatives ignore that advice, as well. The science table also says that if we don't let people participate in safe outdoor activities, we're potentially forcing them inside, where the risk of spread is even higher, and that this negatively impacts people's mental health and well-being.

Again, I think it's important that we highlight that this is an equity issue. Not everyone has access to a backyard that they can roll around in.

The science table and medical experts like the Ontario Medical Association and the Canadian Paediatric Society have been clear: We need to safely reopen our outdoor recreation amenities and activities.

Will the Premier stop listening to his buddies and start listening to the experts and open up outdoor recreation and amenities immediately?

**Hon. Christine Elliott:** It's our responsibility to act appropriately, given the information that we have, and to be responsible. We are responsible for protecting the health and well-being of all Ontarians—which we have done.

We do encourage people to go outdoors. The weather is beautiful. Please don't stay inside all day. Go out and get some exercise. There are still many ways you can do it. Parks are open. Trails are open. There are still many, many things that people can do.

We are proceeding with our vaccinations, as well. We've got over seven million people over the age of 18 vaccinated already.

This isn't a forever situation, but for right now, we need to follow the health advice which we've received from the Chief Medical Officer of Health, and we need to continue

following public health and workplace safety measures, which we will continue to do.

### BORDER SECURITY

**Mr. Will Bouma:** Our government has been asking for increased international and domestic border measures to stop the spread of COVID-19 for weeks now. These urgent requests to the federal government are backed up by hard evidence and data. This isn't just about international travellers. COVID-19 enters Ontario from other provinces too. When we push the federal government to do their part, it's important that Ontarians know that their provincial government is doing everything in its power to stop COVID-19 from entering the province as well.

Can the Solicitor General remind the House of what our government is doing to protect our borders from incoming COVID-19 variants of concern?

1050

**Hon. Sylvia Jones:** The member from Brantford–Brant is absolutely right. This is why our government took an extraordinary step this spring and issued an emergency order restricting travel into Ontario through land and water crossings from the provinces of Manitoba and Quebec.

We continue to advocate for the federal government to restrict travel through federally regulated aviation. Premier Ford has repeatedly asked the federal government to step up and do their job.

In our most recent letter, we asked the federal government for four things:

- a ban on all non-essential travel;
- mandatory PCR testing for interprovincial travel;
- an end to the loophole at the land borders; and
- proper enforcement of hotel quarantining.

We continue to be clear to the federal government. We're imploring them to take stricter measures to protect our borders.

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

**Mr. Will Bouma:** Ontarians need to understand how important further action at our borders is needed. Some Ontarians presume that after over a year of the pandemic there would have been some sort of safeguards put in place by the federal government. We need to protect Ontario from incoming travellers, whether domestic or international.

Back to the minister: Can she provide any examples of why we are concerned about keeping non-essential travellers out of the province?

**Hon. Sylvia Jones:** Thank you again to the member from Brantford–Brant.

In January, Ontario had 173 international travellers who tested positive for COVID-19 at Pearson. In February, the numbers jumped to 585 positive cases identified in international travellers at Pearson. The cases didn't slow the next month, either. In fact, the numbers almost doubled in March, to 943. In April, unfortunately, we recorded our highest number yet this year, with a whopping 1,439 international travellers testing positive. That's over 3,000

international positive cases in 2021 so far—each one sitting beside another traveller on the plane and potentially interacting with others in their community.

Ontario is taking all the steps that it can to stop the spread of COVID-19.

When will the federal government do their job?

### EDUCATION FUNDING

**Ms. Marit Stiles:** This question is for the Premier.

A new survey of teachers conducted by the CBC highlights again what we've been saying over and over: After more than a year of disruption and a failure of this government to support students or keep schools safely opened, our kids are not okay. Some 70% of survey respondents from boards in Hamilton, Halton, Niagara and Brantford worry that students won't catch up academically. In Waterloo region, more than half of the teachers are worried students aren't meeting learning objectives—and more and more aren't showing up at all.

Every expert says we need to put in place more supports, more interventions.

Why is the government going back to pre-COVID-19 funding levels for our schools? Why aren't our children their priority?

**The Speaker (Hon. Ted Arnott):** To reply, the Minister of Education.

**Hon. Stephen Lecce:** On the contrary, in fact, the government of Ontario, under the Premier's leadership, has put in place a \$2-billion enhanced allocation, because we're assuming that in September—while we look forward to a world with vaccines being provided to all Ontarians 18 and up who want one, effective tomorrow, we also realize that we have to be cautious, which is why we funded \$1.6 billion. The difference between this \$1.6 billion for September and the last is that this September's funding is entirely driven by the province. There's an additional \$85 million specifically for learning recovery and a 400% increase in mental health supports, when compared to the former Liberal government in 2017-18. There is more funding for ventilation, and further improvements beyond the 95% within our schools that have upgraded it as a consequence of our investments and our guidance.

We're going to continue to work with the Chief Medical Officer of Health, but yes, most importantly, we've put in place the funding to ensure students and staff remain safe this September.

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

**Ms. Marit Stiles:** On the contrary, this government is flatlining education funding for the next year. They've given up. The only thing they're promising Ontarians is more of the same terrible situation we've been in for more than a year.

Stretched school boards are being forced to turn to this so-called hybrid learning model, where the same teacher is asked to divide their time and attention between kids in class and those at home. This model is pushing teachers to

the breaking point and, I'll tell you, it means a lot less direct support for our students. They won't get to learn outside, where we know it's safer, because their teacher is going to be on the computer with students at home.

Speaker, why is this Premier still trying to cut corners at the expense of our children's education and their well-being?

**Hon. Stephen Lecce:** We have put in place \$1.6 billion, which has helped us hire over 7,000 additional staff this year, helped us improve 95% of air ventilation systems within the schools of this province; 700 million in additional dollars for air ventilation improvements, in partnership with the federal government, is being implemented as we speak. We've doubled the mental health allocation for our nurses—rather, doubled the public health nurses within our schools, and a four-time increase in mental health.

Mr. Speaker, it has to be said: If the member opposite was given the privilege to serve in government, their party and that of the other opposition parties, aligned with the teacher unions, would not have reopened schools in 2021 at all, absolutely contrary to the best interests of the mental health of children.

We're on the side of parents and kids. We're listening to the experts. Our aim is to get these schools open as soon as it is safe.

#### LONG-TERM CARE

**Mr. John Fraser:** My question is for the Minister of Long-Term Care.

On Friday, it came to light that Ministry of Long-Term Care inspectors documented evidence of dehydration and malnutrition in one long-term-care home back in June 2020, almost a year ago. These findings align with the Armed Forces report that 26 residents died in that home from dehydration.

The Premier said at the time that there would be a full investigation and any results would be turned over to police. Well, the Solicitor General confirmed last week that that investigation never happened.

Speaker, through you: If ministry inspectors documented signs of resident neglect last year in a home where 26 people died from dehydration, why has it taken the minister almost a full year to launch an investigation?

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

**Hon. Paul Calandra:** As I just said, obviously there was a commission of inquiry, which the Premier set up very quickly. In fact, during the pandemic we set up a commission of inquiry. I know that the Auditor General has also reviewed this, and the coroner has been engaged.

Let's look at where we were when we took government. A decade and a half of Liberal inaction on long-term care led us to a situation that put us on the defence for the better part of a year in this province.

What have we done? We said we were going to end hallway health care. How are we doing that? By increasing ICU capacity—they left us with one of the lowest in North

America. We increased testing from 5,000 to 75,000, so that we can track COVID-19 quicker. We increased funding for long-term care—rebuilding old, outdated homes; building 30,000 new homes over the coming years; adding staffing, up to 27,000 new PSWs; four hours of care.

Despite the broken legacy of the previous Liberal government, we're getting the job done for today's seniors and for future generations.

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

**Mr. John Fraser:** The government's stories on this, quite frankly—I've been going through them—are dizzying.

Here are some of the comments from the Armed Forces members: "The facility should be shut down ... incompetent staff should be fired, and management should be charged." What is happening "is criminal." Other comments include "terrible," a "shit-pit," "horrifying."

In testimony before the long-term-care commission in October 2020, Humber River Hospital CEO Barbara Collins noted that "food and water challenges" had contributed to deaths at at least one home, and suggested that the military knew that was the case.

So it's hard to believe that the minister only became aware of these serious allegations two weeks ago. The timeline just doesn't add up.

The bottom line is that those 26 families and many others who lost a loved one deserve justice, not a game of hide-and-seek.

Speaker, through you: Can the minister explain why she was so unaware that she is only now launching an investigation that was promised more than a year ago?

**Hon. Paul Calandra:** Mr. Speaker, this is a member who sat in the government for 15 years; underfunded long-term care; did not bring in a staffing strategy; did not bring in the hours of care that were required; through his lack of decision-making, left the province of Ontario on the defence for a year while we rebuilt ICU capacity, while we built up testing capacity. This is the legacy of the previous Liberal government, of which he was a member.

We moved right away to end that previous Liberal legacy of ignoring long-term care—30,000 new spaces, 27,000 new PSWs, increasing ICU capacity. We're getting the job done for the people of the province of Ontario—a job that they so miserably failed. We will get it done, unlike the previous Liberal government of which he was a member for 15 years.

1100

#### TOURISM

**Mr. Will Bouma:** My question is for the Minister of Heritage, Sport, Tourism and Culture Industries.

Over the course of this pandemic, we have seen the industries that this minister represents hit the hardest, and we know that they will likely take the longest to recover.

We are over a year into this pandemic and are heading into the summer months, which many tourism and travel

small businesses rely on for critical revenue every year. These small businesses are in dire need of financial support, and I know this minister just made an announcement of a new tourism and travel small business grant last week. I am hopeful the minister can tell us more about this new program and elaborate on who is eligible and how they can apply.

**Hon. Lisa MacLeod:** Thanks to the member for raising this important question. He and I had an opportunity to travel across his great riding last summer, when we had bit of a reprieve from COVID-19.

It's true: Many of the industries and sectors that I represent have been closed for over 400 days. That's why, in an unprecedented show of support to these sectors, almost \$1 billion in supports will be leveraged through this ministry and through other ministries to support our hardest-hit sectors in heritage, sport, tourism and culture industries.

On May 13, we launched this \$100-million grant application that will run until June 25 for up to \$10,000 to \$20,000 in one-time grants that can be used for rent, for hiring staff, for marketing, for the like. I'm pleased to say, on behalf of all of my government colleagues, that almost 1,000 people have applied since last Thursday. Over 200 travel agents who weren't captured in previous supports received it, and nearly 200 hotels and motels and nearly 200 hunting and fishing lodges.

There will be more to say in the supplemental.

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

**Mr. Will Bouma:** Thank you, Minister. This sounds like a great program and a great opportunity for these small businesses in the province, which is needed and well deserved. Every eligible business in the province should have the opportunity to apply for this grant.

What is our government doing to ensure these businesses are aware of the grant and have the support they need to apply?

**Hon. Lisa MacLeod:** We all have a role to play in supporting the hardest-hit sectors.

I can say this: We have had over 15 telephone town halls with the sectors; I have a tourism economic development and recovery task force, which will be reporting back soon; and of course, we had almost 1,000 people from the sector on a call on Thursday to tell them how to actually access the portal.

We also did a government-wide town hall for government members. I was pleased to see that over 100 staff and MPPs showed up, but I was very disappointed when only two people from the NDP and the Liberals and the Green Party showed up for these hardest-hit sectors. When you look at Niagara Falls, when you look at northern Ontario, when you look at Ottawa, when you look at Toronto, when you look at Hamilton—all really important places to visit in this province—their members didn't show up.

I have to say, there's \$100 million there.

We all have a role to play in terms of supporting them, and I call on the members opposite to do their jobs.

## COLLEGE STANDARDS AND ACCREDITATION

**Ms. Laura Mae Lindo:** My question is to the Premier.

Tomorrow, officials at PEQAB will accept or reject Charles McVety's plan to grant arts and science degrees at his so-called university. Ironically, today is the International Day Against Homophobia, Transphobia and Biphobia, and it's troubling that this application has gotten this far.

In the fall, this government rushed legislation through so the Premier's close friend could build a university for his hateful rhetoric, particularly against LGBTQ2S communities and Muslim Ontarians.

While PEQAB requested extensive changes and had numerous questions for Mr. McVety, Canada Christian College's CEO, Mr. McVety's son, flew to Disney World this winter instead of responding. This delayed the process by four months. The McVetys had to ask for not one but two extensions.

Tomorrow, PEQAB will finally give them a yes or no.

Through you, Mr. Speaker, and to the Premier: If PEQAB denies a Charles McVety university, will he immediately introduce legislation to stop them in their tracks?

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

**Mr. David Piccini:** I thank the member opposite for that question.

As we've said time and time again, this government respects the independent advice of our post-secondary PEQAB process. It's thanks to this process that we've seen independence given to places like Algoma University. It's thanks to these independent processes that we've seen greater autonomy for our institutions in the north—granting degrees and better unlocking the potential of a next generation of health care professionals in the north, better unlocking the next generation of francophone leaders in the north, Indigenous leaders in the north.

When it comes to respecting independent processes, this government will always do that.

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

**Ms. Laura Mae Lindo:** Back to the Premier: Charles McVety hosted a mask-free event at his college last month with hundreds in attendance, and video showed that there was no social distancing. It seems that following the science table is not something that Charles McVety is willing to do.

My office has received numerous emails indicating in no uncertain terms that members of Ontario's post-secondary community do not believe that Charles McVety should be offering arts and science degrees—not when he ignores the public health guidelines, and especially given his rhetoric against LGBTQ2S and Muslim communities. Yet, this Premier continues to bend over backwards every time Charles McVety asks for a favour.

Through you, Mr. Speaker, and back to the Premier: Will the government immediately bring in legislation to

rescind Charles McVety's university before this session breaks for the summer?

**Mr. David Piccini:** This is about an independent process. This is about an independent process that this government supports.

If it was up to the members opposite, it would be politicians interfering in the independent process designed to support institutions in the north; it would be politicians deciding what courses are and aren't offered.

That member might be competing with her colleagues to audition for minister of thought control, but on this side, we're going to respect independent processes. We're going to respect independent processes that have unlocked the potential for those learners in the north that I mentioned.

It's this government that lowered tuition for university students. It's this government that has expanded OSAP eligibility for our Indigenous learners, that has launched independent processes for our Indigenous institutes, for those important partners that we work with, to unlock the potential in northern Ontario.

What does that member have in common with all those things? She voted against every one of those measures to support our post-secondary learners.

#### COVID-19 RESPONSE

**Ms. Kathleen O. Wynne:** My question is for the Premier. Speaker, as we move to the end of the school year, I recognize that there are going to be some discussions about whether in the next couple of weeks we can open schools for some time. But my question has to do with the broader issue of what happens in our schools in September.

One of the hallmarks of this government's decisions on schooling has been a puzzling reluctance to actually talk with the people who are teaching our children and grandchildren. In the same way that it's important to talk with doctors and nurses who represent the doctors and nurses of this province to glean their advice, it's important that decision-makers talk with teachers and support staff, who have been working so hard this year to keep our students engaged.

Mr. Speaker, can the Premier tell this Legislature and the people of Ontario whether he and his Minister of Education have met with the leadership of the teachers' federations and the support staff unions at any time since last July, almost a year ago, in order to plan for the beginning of the school year this coming September, and if not, when will he do so?

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

**Hon. Stephen Lecce:** Indeed, the Ministry of Education regularly meets with our federation partners. Just last week, I would have met with the principals' associations, both English and French, Catholic and public; likewise, the trustees' associations representing all associations in the province; as well as CODE, the directors of education council. We're in constant contact,

listening to their perspective—but of course listening to the Chief Medical Officer of Health, SickKids and other pediatric institutions, giving us guidance on how to reduce any potential spread and maximize safety as we look to September.

It's why the government announced \$1.6 billion, a nation-leading plan of investment; \$2 billion overall, increasing the Grants for Student Needs, and a one-time increase in COVID-19 resources; more support for reading recovery and math recovery, recognizing the challenges of this disruption; a historic investment in mental health; and, of course, the provision, the choice for parents of in-class and online learning this September. We think that is an important and positive plan as we look forward to September.

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

**Ms. Kathleen O. Wynne:** Mr. Speaker, just to be clear, that answer was a no, because directors and trustees and administrators are not teachers; they are not support staff.

In fact, my question was, have the Premier and his minister met with the people who actually represent the people who are in a classroom with our students?

That is a puzzling reluctance, I will say again, because those are the people who hear from their members, who hear from the front line. That's where the information should come from.

**1110**

It's my understanding, from a news report, that at a recent cabinet meeting, there was a preoccupation with the discussion about the golf industry. I have nothing against golf. My partner, Jane, is an avid golfer. But how is it possible that understanding the intricacies of the golf industry is more important than understanding what goes on in our schools from teachers and support staff?

Will the Premier and the minister develop an ongoing and frequent dialogue with the people who represent the literally hundreds of thousands of adults who work with the children of this province?

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Stop the clock.

We're not going to have that this morning. If it continues, I'll call you out by name, and if necessary, I'll warn you and, if necessary, send you home.

Please start the clock.

The Minister of Education.

**Hon. Stephen Lecce:** It's one thing to listen to teacher unions and federations; it's another thing to be entirely beholden to them.

In the example of regulation 274, when the member opposite permitted teacher unions to hire exclusively based on seniority in the union, yes, they were listening to the teacher unions, and they were ignoring parents in this province. That's why this government ended that regulation entirely.

*Interjections.*

**The Speaker (Hon. Ted Arnott):** I just scolded one side of the House. The same thing applies to the other side of the House.

Minister of Education, please conclude your response.

**Hon. Stephen Lecce:** In addition, we've listened to parents who said they want a choice this September for in-class and online learning. We recognize that the majority are going to choose in-class, as they should, as we support that development that is stimulated in an in-class environment.

It's also why we listened to parents in the context of providing mental health supports, as they've realized the disruptions had a challenge on their child's health. We quadrupled the investment from when the former Liberal government was in power in 2017-18, because we recognized that we want to reduce wait times and increase supports and early intervention.

It's why we listened to parents as well, with a \$1.6-billion plan, making every precaution and investing every dollar to ensure students are safe—

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

#### HEALTH CARE FUNDING

**Mr. Will Bouma:** Speaker, we know that there is a gap between the number of nurses that we currently have and the future needs of our health care system. This is particularly true in sectors where front-line workers care for our most vulnerable patients, such as long-term care, home and community care, and acute care.

Speaker, I am proud that our government has committed to addressing the challenges in long-term care, by committing to an average of four hours of direct care. Of course, we need more nurses to deliver on that promise.

Can the Minister of Colleges and Universities tell us what actions the government is taking to increase the number of registered nurses and registered practical nurses in Ontario?

**The Speaker (Hon. Ted Arnott):** The member for Northumberland—Peterborough South.

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

It was because of the leadership of Premier Ford, the Minister of Long-Term Care and the Minister of Colleges and Universities that this government announced the historic \$35 million to increase enrolment in nursing in our publicly assisted universities and colleges. This will result in an additional 1,130 practical nurses and over 870 registered nurses. This is the first increase in nursing seats in over 20—yes, 20—years. It's truly historic.

We're also increasing clinical placements so that we can ensure that our next generation of learners have the hands-on experience they need.

After decades and decades of neglect, this government understands that these important investments are needed to give our health care professionals of tomorrow the important experience they need to better support Ontarians today and tomorrow.

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

**Mr. Will Bouma:** Speaker, it is great news that the government is continuing to take real action to hire more

front-line health care workers to support our long-term-care and health care system. I am sure the minister agrees that we cannot stop there. There are challenges with the supply of front-line staff, like PSWs, as well. We also know that nursing education isn't always accessible for prospective students because of where they live.

Can the minister explain how this announcement about training more nurses fits into the broader work with colleges and universities to increase the supply of health care workers in Ontario?

**Mr. David Piccini:** That member is absolutely right.

One of the reasons I got involved in seeking election after working in the health care sector was because of years of systemic neglect—years under which we weren't thinking outside the box to better unlock our learners of tomorrow and our well-trained health care professionals of tomorrow.

That's why 2,000 additional nurses are so badly needed. That's why we've also launched free tuition at our public and private colleges to support over 16,000 PSWs. Together, this will support our goal of hiring over 27,000 more health care professionals to support achieving four hours of direct care. That will place us as a leader in Canada in terms of direct hours of care to support our loved ones, like my grandparents, who fell victim to a neglected system—of all political parties.

But it's thanks to investments of this Premier and this government that we will ensure that Ontarians of today and Ontarians of tomorrow are better looked after.

#### COVID-19 RESPONSE

**Mr. Jeff Burch:** My question is to the Premier.

Citizens across Ontario were horrified when the Premier refused to open outdoor recreational activities based on an anecdotal story about his buddies going for a few pops after a game of golf.

Despite calls from municipal leaders, health experts, the Ontario Medical Association, and their own science table, this government has continued to keep outdoor recreation closed.

The scientific director of Ontario's COVID-19 science advisory table has said that outdoor activities like golf, tennis and beach volleyball are low-risk, and that with some additional instruction, the province could allow people to once again participate in sports.

I've heard from hundreds of people in Niagara, some of whom voted for this government. They tell me that lockdowns have had a devastating impact on their mental health, and they ask that outdoor activities that can be done safely be opened up.

Will the Premier listen to science, support the member from Brampton Centre's motion, and safely reopen outdoor recreational activities?

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

**Hon. Christine Elliott:** Thank you to the member for the question.

We obviously encourage people to go outdoors. Please enjoy this wonderful weather. Go outside. Take a walk. Go for a bike ride. Go play with your grandchildren outside. Garden if you're able to. There are lots of activities that people can do safely.

But today is not the day to open up all outdoor recreational activities.

We are reviewing the evidence on a daily basis, speaking with Dr. Williams and others of our medical advisers. All of our decisions are based on the data and the clinical evidence.

But today is not the day to do it. It may be very soon. It may be June 2 or perhaps even before that. But today is not the day to open everything up.

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

**Mr. Jeff Burch:** Speaker, that's not what the science says.

The people of Ontario are sick and tired of hearing the Premier's anecdotes about cheesecake, egg sandwiches and his buddies having a few pops while he ignores scientific evidence and advice.

Andrew and Jennifer own the Brock Golf Course in my riding and are struggling to pay the bills, with only a few precious months ahead to earn revenue when the weather is good. They know they're not the only small business suffering, and they're more than willing to do their part. But they don't understand why they can't serve the public when there is no scientific explanation why they are not permitted to safely operate. This is a golf course where seniors, kids and people of all ages and skill levels can get out and enjoy fresh air in a safe environment.

These safe outdoor activities are important to the people of my riding and people across Ontario.

When will the Premier finally listen to science, admit he got it wrong again, and open safe outdoor recreational activities?

**Hon. Christine Elliott:** Since the beginning of this pandemic, the health and well-being of all Ontarians has been our primary responsibility and our primary focus, and it will continue to be.

We are listening to the medical experts, including Dr. Williams, our Chief Medical Officer of Health, and the 34 medical health officers in all the public health unit regions across the province. We listen to what they're saying.

We do encourage people to be outdoors. Enjoy this weather; it's getting more beautiful each and every day.

But today is not the day to open everything up. I believe it would be irresponsible for us to do that today. We are following the evidence on a daily basis, and it will happen on or before June 2.

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#### COVID-19 RESPONSE

**Mr. Mike Schreiner:** My question is for the Premier.

The science is clear: Most COVID-19 outbreaks are happening in vulnerable essential workplaces, and outdoor activities are safe and should be open. That's why, for

weeks, I've been urging the Premier to focus on where the outbreaks are happening—vulnerable workplaces—and to reopen safe outdoor activities.

This is an equity issue. Not everyone has a yard to play in; not everyone can work from home.

So, Speaker, will the Premier follow the advice of scientists and public health experts by opening safe outdoor activities and focusing in on where the virus is spreading: vulnerable indoor workplaces?

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

**Hon. Christine Elliott:** Thank you to the member for the question.

We are encouraging people to be outdoors. Parks are open. Trails are open. People can be outdoors to enjoy it. Walking, biking, taking the dog out for a walk—whatever they wish to do. People can be outdoors.

I understand what you're saying with respect to equity, but with all due respect, parks are open to everyone to be out and enjoy. So there is no equity issue here in terms of availability of outdoor spaces. People can be outdoors, and we encourage them to do so.

But today is not the day to open up everything. We are watching this on a daily basis. This time will come. This is not forever. But today is not the day.

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

**Mr. Mike Schreiner:** Public trust is vital to combatting COVID-19, and trust is built when you make decisions based on evidence and science.

Most of the spread is happening in vulnerable workplaces, not outdoors and not by travel. And yet, the Premier seems to be focusing all of his energy on closing outdoor activities and blaming the federal government for his mistakes.

So, Speaker, I'm asking the Premier to make a pivot today. Will the Premier start focusing on what experts are calling the blind spot in the government's response to COVID-19 and mandate medical-grade PPE in vulnerable indoor workplaces, and mandate that they have proper ventilation in vulnerable workplaces?

**The Speaker (Hon. Ted Arnott):** Minister of Labour, Training and Skills Development.

**Hon. Monte McNaughton:** The health and safety of every single worker in this province is our government's top priority. That's why we've now done more than 50,000 inspections and investigations related to COVID-19 in workplaces across the province. We've now issued more than 55,000 orders to improve conditions in those workplaces. We've now shut down 91 unsafe workplaces and job sites across the province.

But we've gone even further. We've now hired more than 100 new health and safety inspectors. That brings the ministry's inspectorate to the largest number in provincial history. We have more than 200 guidance documents and posters, tip sheets and videos in dozens and dozens of languages available at [ontario.ca/covidsafety](http://ontario.ca/covidsafety).

We'll continue to protect the health and safety of every single worker in this province.

## COVID-19 IMMUNIZATION

**Ms. Suze Morrison:** There are three provincially designated hot spots and one additional hot spot in the M4Y postal code that has been prioritized by our local hospital in my community of Toronto Centre, despite being omitted by this provincial government from the list—four hot spots in total, in a riding that is barely more than seven square kilometres large. Tens of thousands of people in my community are at incredibly high risk of contracting COVID-19 because of our skyrocketing rates, these hot spot zones and the incredibly dense nature of our community.

For weeks, this government has held back vaccines from hot spots. It was nearly impossible to find an appointment. People were calling it the “vaccine Hunger Games” in my community.

Over the past week, we have finally started to receive a steady supply of vaccines and are beginning to curb the deadly outbreaks that are ravaging our downtown neighbourhoods. We’re just starting to get the situation under control.

My question to the Premier: Why is he ignoring the advice of Ontario’s science table and planning to pull that concentrated support from these hot spots in just two weeks, putting the safety of the entire province at risk?

*Interjection.*

**The Speaker (Hon. Ted Arnott):** Minister of Labour, come to order.

Minister of Health to reply.

**Hon. Christine Elliott:** In fact, our plan to allocate 50% of the incoming vaccines to the hot spot areas over two weeks has been very successful, and we do have a reliable and steady supply of vaccines coming in. I can certainly advise the member that because of this plan, we have now seen—due to this allocation of vaccines to hot spots—that the hot spot areas now have 7.9% more coverage than the non-hot-spot communities. So I would call that a success.

We’re going to continue to roll out the vaccine supply. We have almost double the supply of vaccines coming in now than we had before and that is available to each public health unit to allocate the vaccines according to their own definition of their hot spots.

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

**Ms. Suze Morrison:** I’m asking the minister to listen to the science table. Ontario’s science table gave this government clear direction that at least 50% of vaccines need to go to the 74 hot spot areas for no less than 25 days. Two weeks—14 days—does not 25 days make, the minimum standard recommendation that is coming from Ontario’s science table.

There are still too many people in these hot spots who haven’t received their first doses. If this government takes vaccinations out of those hot spots now, too early, we risk taking the province entirely backwards on our vaccination strategy.

Why is the Premier refusing to do what the experts at the science table are telling him: to stop the cycle of

lockdowns by adequately maintaining the hot spot strategy for the minimum 25 days that was recommended by the science table?

**Hon. Christine Elliott:** The plan that we had to increase the vaccine supply to those hot spot areas by 50% has been successful—overall, virtually an 8% higher dosage rate in the hot spot communities versus the non-hot-spot communities.

In addition to that, the time that the allocation and the recommendation were made by the science table was when our vaccine supplies were much lower.

Now we have almost double the supply of vaccines coming in to all areas across the province. The designation is going to be by population and by risk, so those areas that are still at risk will still receive more vaccines. It is entirely due to the discretion of the local medical officers of health to have those vaccines concentrated in the areas that are still considered to be hot spot areas. We have more than adequate supply. I have confidence in the ability of the public health officers to make those decisions. People will be receiving much higher levels of doses of those vaccines.

## COVID-19 IMMUNIZATION

**Ms. Mitzie Hunter:** My question is to the Minister of Health. I was listening to you very carefully. You know that in hot spot areas, like in my community of Scarborough–Guildwood, the test positivity still remains very high. In fact, in the Morningside area alone, the test positivity is 1,200 per 100,000 people, which is 10 times higher than the provincial average. That is a risk. You just said that hot spots where there is risk will receive more. My question to you is, how much more?

The Ontario science table says that hot spots should receive 50% more of the allocated vaccines. It doesn’t make sense to go back to a per capita distribution as if everyone bears the same risk, because we do not. Our communities that have high rates of positivity require more vaccines because that is safer for the whole province—we get the third wave under control.

My question is simply: Will you listen to the science table and go back to the 50% allocation—

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

**Hon. Christine Elliott:** You’re absolutely right. The test rates do remain very high in certain parts of the province, which is why we need to be very, very careful about any potential reopening, which has been argued on that side all morning. That is why we need to be very careful, and we are being careful.

The strategy that we brought forward to allocate 50% of the vaccines into those hot spots is working—already an 8% higher level in hot spot communities versus non-hot-spot communities.

We need to continue to allocate the vaccines, which we are doing, based on population, as we were before, but also based on risk. So the areas that have higher-risk areas are



going to receive more vaccines, which would, of course, include Scarborough.

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

**Ms. Mitzie Hunter:** What I'm seeking an answer to is how much more allocation will the communities like Scarborough receive. They need to know that—for serious reasons.

When we look at the expansion of vaccines to 18-plus across the province—that's good news.

But over the weekend, I spoke to a gentleman in my riding who is 96 years old. His name is James. He lives by himself. He is homebound. He does not leave his home, but he has support that comes into his home through the LHIN. He is still waiting for his vaccine, despite being eligible for the past five months, as part of phase 1. James demonstrates that now is not the time to turn our focus away from the hot spots because we still have vulnerable people who remain in the communities who are at serious risk.

1130

There are thousands of homebound residents like James living in hot spots who are still waiting for their turn and want to know: Will the minister commit to 50% more vaccine supplies to hot spot communities?

**Hon. Christine Elliott:** Going forward, the vaccine allocation will be based on population and based on risk. I know that Scarborough has had a number of hot spot areas and will continue to do so, but all areas are now receiving much larger quantities of vaccines because we now do have a reliable and steady supply of vaccines.

We want to make sure that people such as James do receive their first dose, so we are working with our paramedic services and with our home care services to make sure that everybody who wants to receive a vaccine will receive a vaccine. James will not be missed out—he will receive his first dosage and his second dosage at the appropriate time.

#### SMALL BUSINESS

**Mr. Tom Rakocevic:** My question is for the Premier.

Thousands of small businesses in my community and across Ontario have been forced to lock down during the stay-at-home order. These businesses have been doing their part to slow down the spread of COVID-19, but without help from this government, they risk losing everything they have worked so hard for, through no fault of their own.

Many local small business owners have contacted my office, frustrated with the lack of transparency from this government regarding the Ontario Small Business Support Grant program. They listened to this government and applied for the grant and patiently waited for weeks, only to be denied with no explanation given. When they tried to contact this government's call centre, they still couldn't get an answer.

Now the program deadline is closed, with countless thousands of businesses still needing the support to keep their lights on and their doors open.

Why is this government hanging these small business owners out to dry?

**The Speaker (Hon. Ted Arnott):** To reply, the Minister of Economic Development, Job Creation and Trade.

**Hon. Victor Fedeli:** Thank you very much for the question.

First of all, we are absolutely thrilled that 109,700 small businesses in Ontario have received almost \$3 billion; in fact, it's \$2.82 billion already. That is an unprecedented amount of money that has gone out in three and a half months from this government to small businesses.

We're very, very upset to see that the NDP did not support the doubling of that small business grant. That was \$1.5 billion—

*Interjection.*

**The Speaker (Hon. Ted Arnott):** Member for Scarborough—Guildwood, come to order.

**Hon. Victor Fedeli:** —that they voted to hold back from small businesses. We're very sad to see that they did not support the new grant in the budget for the small business tourism and travel groups as well—very disappointed.

JESSICA LIPPERT

**Hon. Paul Calandra:** Point of order?

**The Speaker (Hon. Ted Arnott):** Point of order, government House leader.

**Hon. Paul Calandra:** I hope the House will indulge me. I'd just like to wish my chief of staff, Jessica Lippert—I know a lot of you who have served for a long time will know her. Jessica celebrated her 30th birthday, so I just want to wish her a very happy birthday.

#### DEFERRED VOTES

MINISTRY OF HEALTH  
AND LONG-TERM CARE AMENDMENT  
ACT (SUPPORTING INDIVIDUALS  
IN THEIR HOMES AND COMMUNITIES  
WITH ASSISTIVE DEVICES  
FOR MENTAL HEALTH), 2021

LOI DE 2021  
MODIFIANT LA LOI SUR LE MINISTÈRE  
DE LA SANTÉ ET DES SOINS DE LONGUE  
DURÉE (APPUYER LES PARTICULIERS  
À LA MAISON ET DANS LA COLLECTIVITÉ  
GRÂCE À DES APPAREILS ET ACCESSOIRES  
FONCTIONNELS POUR LA SANTÉ  
MENTALE)

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

Bill 277, An Act to amend the Ministry of Health and Long-Term Care Act with respect to assistive devices to

support individuals with mental health needs in their homes and communities / *Projet de loi 277, Loi modifiant la Loi sur le ministère de la Santé et des Soins de longue durée en ce qui concerne les appareils et accessoires fonctionnels destinés à appuyer, à la maison et dans la collectivité, les particuliers ayant des besoins en matière de santé mentale.*

**The Speaker (Hon. Ted Arnott):** We have a deferred vote on the motion for second reading of Bill 277, An Act to amend the Ministry of Health and Long-Term Care Act with respect to assistive devices to support individuals with mental health needs in their homes and communities.

The bells will now ring for 30 minutes, during which time members may cast their votes. I'll ask the Clerks to please prepare the lobbies.

*The division bells rang from 1135 to 1205.*

**The Speaker (Hon. Ted Arnott):** The vote on the motion for second reading of Bill 277, An Act to amend the Ministry of Health and Long-Term Care Act with respect to assistive devices to support individuals with mental health needs in their homes and communities, has taken place.

**The Clerk of the Assembly (Mr. Todd Decker):** The ayes are 21; the nays are 64.

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

*Second reading negatived.*

#### COVID-19 RESPONSE

**The Speaker (Hon. Ted Arnott):** Next we have a deferred vote on private member's notice of motion number 162. 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 1208 to 1223.*

**The Speaker (Hon. Ted Arnott):** The vote on private member's notice of motion number 162 has taken place.

**The Clerk of the Assembly (Mr. Todd Decker):** The ayes are 21; the nays are 63.

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

*Motion negatived.*

**The Speaker (Hon. Ted Arnott):** There being no further business at this time, this House stands in recess until 1 p.m.

*The House recessed from 1224 to 1300.*

#### REQUEST TO INTEGRITY COMMISSIONER

**The Speaker (Hon. Ted Arnott):** I beg to inform the House that I have today laid upon the table a request by the member for Essex to the Honourable J. David Wake, Integrity Commissioner, for an opinion pursuant to section 30 of the Members' Integrity Act, 1994, on whether the member for Scarborough–Rouge Park, Vijay Thanigasalam, has contravened the act or Ontario parliamentary convention.

## REPORTS BY COMMITTEES

### STANDING COMMITTEE ON GENERAL GOVERNMENT

**Mr. Mike Schreiner:** I beg leave to present a report from the Standing Committee on General Government and move its adoption.

**The Clerk-at-the-Table (Ms. Tonia Grannum):** Your committee begs to report the following bill without amendment:

Bill 282, An Act in respect of various road safety matters / *Projet de loi 282, Loi concernant diverses questions de sécurité routière.*

**The Speaker (Hon. Ted Arnott):** Shall the report be received and adopted? Agreed? Agreed.

*Report adopted.*

**The Speaker (Hon. Ted Arnott):** The bill is therefore ordered for third reading.

### STANDING COMMITTEE ON JUSTICE POLICY

**Mr. Daryl Kramp:** I beg leave to present a report from the Standing Committee on Justice Policy and move its adoption.

**The Clerk-at-the-Table (Ms. Tonia Grannum):** Your committee begs to report the following bill, as amended:

Bill 251, An Act to enact, amend and repeal various Acts in respect of human trafficking matters / *Projet de loi 251, Loi édictant, modifiant et abrogeant diverses lois en ce qui concerne les questions de traite des personnes.*

**The Speaker (Hon. Ted Arnott):** Shall the report be received and adopted? Agreed? Agreed.

*Report adopted.*

**The Speaker (Hon. Ted Arnott):** The bill is therefore ordered for third reading.

## INTRODUCTION OF BILLS

### NIKOLA TESLA DAY ACT, 2021

#### LOI DE 2021 SUR LE JOUR DE NIKOLA TESLA

Mr. Rakocevic moved first reading of the following bill:

Bill 293, An Act to proclaim July 10 as Nikola Tesla Day in Ontario / *Projet de loi 293, Loi proclamant le 10 juillet Jour de Nikola Tesla en Ontario.*

**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):** I'd like to invite the member for Humber River–Black Creek to briefly explain his bill.

**Mr. Tom Rakocevic:** Nikola Tesla, a prolific Serbian American inventor and engineer, created the polyphase alternating current system—AC production—and long-distance transmission system in 1888 and subsequently changed the world. The advent of AC is inexorably linked to Ontario's own history. Tesla's system was used in the creation of the world's first hydroelectric power plant, at Niagara Falls. Within 25 years, every major municipality and township in southern Ontario had access to electric power.

Our world reflects the realized dreams of countless scientists, engineers and people of medicine. As our daily lives have been greatly improved through their visionary work, it is important that we acknowledge their lives. Observing Nikola Tesla Day on July 10 will serve as an inspiration to future generations.

SECURITIES AMENDMENT ACT  
(CLIMATE RISK FINANCIAL  
DISCLOSURE), 2021

LOI DE 2021 MODIFIANT LA LOI  
SUR LES VALEURS MOBILIÈRES  
(DIVULGATION DE RENSEIGNEMENTS  
FINANCIERS PORTANT SUR  
LES RISQUES CLIMATIQUES)

Ms. Bell moved first reading of the following bill:

Bill 294, An Act to amend the Securities Act with respect to the disclosure of climate-related risks / Projet de loi 294, Loi modifiant la Loi sur les valeurs mobilières en ce qui concerne la divulgation des risques liés au climat.

**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):** The member for University–Rosedale to briefly explain her bill.

**Ms. Jessica Bell:** The bill amends the Securities Act to require issuers and reporting issuers to conduct climate-related risk assessments in order to identify facts and changes for the purposes of the act. A climate-related risk assessment involves an analysis of the risks stemming from the impact of climate change as they relate to the issuer or reporting issuer in the context of various scenarios. Essentially, this asks businesses that are regulated by Ontario to identify and report on how exposed they are to climate risk.

STATEMENTS BY THE MINISTRY  
AND RESPONSES

PERSONAL SUPPORT WORKERS

**Hon. Christine Elliott:** As we continue in our fight against the third wave of the COVID-19 pandemic, it's critical that we recognize the incredible efforts and sacrifices made by personal support workers across the province, and offer them our sincere gratitude. That's why

I am pleased to rise in the House today as health minister to recognize that this Wednesday, May 19, is Personal Support Worker Day in Ontario, and I have the opportunity to thank all of Ontario's personal support workers for their courage and commitment to Ontarians each and every day.

Ontario's health care workers are truly our heroes. Throughout the pandemic, personal support workers have been on the front lines of the province's pandemic response. They have sacrificed precious time with their families and loved ones, experienced significant stress, and have made the health and well-being of their patients their utmost priority. In the face of unprecedented and complex challenges, Ontario's personal support workers have demonstrated incredible courage and compassion, never wavering in their commitment to keep all Ontarians safe and healthy.

Days like this remind us all to recognize and celebrate the incredible contributions of personal support workers in Ontario. I'm sure that I do echo the sentiments of the members of this House and Ontarians across the province when I say we cannot thank them enough for their dedication and service to all of us.

Ontario has more than 100,000 personal support workers who play an especially vital role in our health care system by caring for some of our most vulnerable, including children, seniors and persons with disabilities. They deliver a range of services in both home and community settings, helping to provide flexible supports so that Ontarians are enabled to live in their own communities—the communities that they love.

Since being elected, our government has been committed to ensuring that personal support workers and Ontario's health care workforce have the supports and resources that they need in order to continue delivering the exceptional care that Ontarians both expect and, of course, deserve. These efforts are especially critical as personal support workers play an increasingly vital role in our health care system.

Some of the investments our government has made include allocating \$461 million to temporarily enhance wages for personal support workers and direct support workers in home and community care, long-term care, public hospitals and the social services sector. We've also recently extended this temporary wage enhancement through an additional investment of \$239 million as part of our strategy to strengthen and build up the personal support workforce to meet the needs of Ontarians during the COVID-19 pandemic and beyond. We've also increased our intensive care capacity in hospitals, taking further action to address the third wave of this terrible virus that is impacting jurisdictions around the world and the variants of concern that are putting more lives at risk.

Last year, through the COVID-19 fall preparedness plan, our government also invested \$52.5 million to recruit, retain and support over 3,700 more front-line health care workers and caregivers. Speaker, this is one of the largest health care recruiting and training programs in the province's history. To date, more than 600 personal

support workers, 500 nurses and 130 supportive care workers have been added across the province.

### 1310

The COVID-19 pandemic has also further exposed long-standing challenges in the long-term-care sector. Residents, caregivers and staff and their loved ones deserve better, which is why our government is investing an additional \$650 million in long-term care in 2021-22, bringing the total resources invested since the beginning of the pandemic to over \$2 billion to support our most vulnerable.

In order to further address decades of neglect and underfunding, we also created a long-term-care staffing plan, which is one of the largest personal support worker recruitment and training drives in the province's history. This plan focuses on improving working conditions for existing staff, driving effective and accountable leadership and implementing retention strategies to make long-term care a better place for residents to live and a better place for staff to work.

Building on this commitment, we are also investing \$4.9 billion over the next four years to create more than 27,000 new positions for personal support workers, registered nurses and registered practical nurses in long-term care. This significant investment is yet another measure to deliver on our commitment to increase the average daily time of direct care for long-term-care residents from 2.75 hours to four hours. Furthermore, our government is providing a 20% increase in direct care time administered by allied health professionals such as physiotherapists and social workers.

Another important aspect of our long-term-care staffing plan is to invest in scaling up education and training to increase the supply of workers in the long-term-care sector. We have already committed \$115 million to train up to 8,200 new personal support workers for high-demand jobs in Ontario's health and long-term-care sectors through all 24 publicly assisted colleges.

Last month, our government announced an additional investment of \$86 million to train up to 8,000 more personal support workers through private career colleges and district school boards. This includes providing financial support to cover the costs of tuition, books and other mandatory fees, as well as a stipend for a clinical work placement being made available to new students enrolled at a personal support worker program at a participating private career college or Ontario district school board.

Just last week, our government announced we are investing \$35 million to support the expansion of clinical education placements for personal support workers and nurses in the long-term-care sector. And on April 27, our government introduced the Advancing Oversight and Planning in Ontario's Health System Act, 2021. If passed, this proposed legislation would recognize the valuable role of personal support workers, physician assistants and behaviour analysts in providing health care and other services across the province each day to Ontarians, allowing them to stay safe and healthy.

The proposed legislation would establish a new statutory oversight authority called the Health and Supportive

Care Providers Oversight Authority. This authority would be empowered to register and regulate the activities of registered personal support workers and would support enhanced consistency in education, training and standards of practice for registrants, regardless of personal support workers' setting or employment type. This proposed legislation is another way for us to recognize their contribution and foster an environment that supports their personal and professional aspirations. Together, these efforts are working to strengthen and build up our personal support workforce to ensure our most vulnerable Ontarians can receive the care that they expect and deserve. This is yet another significant step forward in our commitment to support the delivery of integrated, high-quality care that is centred on patient needs.

Speaker, I would also like to point out that we continue to make tremendous progress with our vaccine rollout. Now that Ontario is receiving a stable and predictable supply of vaccines, we continue to rapidly ramp up capacity and make it even easier for Ontarians to book a vaccine to help stop the spread of COVID-19 and save lives. As we continue to accelerate our vaccination rollout, we will reduce transmission of this deadly virus and protect our communities and all of the brave men and women who work every day to keep us healthy.

Recently, our government was proud to announce that high-risk health care workers, including many of the province's personal support workers, can book their second vaccine appointment earlier than the extended four-month interval, offering them the full level of protection from the vaccine.

During my time as Minister of Health, I've had the opportunity to meet many of our incredible personal support workers. Recently, I had the honour to meet with the first Ontarian to receive the COVID-19 vaccine, Anita Quidangen, when she received her second dose of the vaccine. Anita has been a personal worker at the Re kai Centres in Toronto since 1988. For over 30 years, Anita has been rolling up her sleeves to care for our most vulnerable, and she once again rolled up her sleeve to receive the vaccine. Anita, like so many of our personal support workers and health care heroes, embodies the Ontario spirit: courageous, compassionate and resilient.

So today, on behalf of our government and all Ontarians, I want to once again thank all of Ontario's personal support workers for their service during these unprecedented times and for keeping Ontarians safe.

In closing, I would also like to take this opportunity to raise awareness to this House that the month of May is Brain Tumor Awareness Month. We should take this time to recognize all those impacted by brain tumors, and I share my heartfelt support to those affected and express gratitude to the wonderful teams that are supporting them.

Thank you for the opportunity to speak today, Mr. Speaker.

**The Speaker (Hon. Ted Arnott):** Responses?

**Mr. Joel Harden:** It's a pleasure to rise today to respond to what the minister has said, notably that all of the members of this House, I know, care a great deal about

personal support workers. I also know we've all read the long-term-care-commission report, and we all know the kind of trauma and grotesque scenes many of our personal support worker friends have had to see during this pandemic.

I want to take a moment to say that folks who have done that have not only done this province a great service; you were the firewall. You were the firewall in the moment when the province did not have an appropriate backstop to ensure that people with disabilities and seniors would be safe, particularly in for-profit homes in this province.

But, Speaker, I want to say, respectfully disagreeing with one thing the minister said, that I think it's an incomplete act, to be honest—to acknowledge PSWs on a day of their significance, which is an honourable thing, but then to maintain the status quo in this industry which hands out millions of dollars to for-profit operators when that money, the people's money, should be properly going into the working conditions and salaries of those PSWs in the first place.

What do I mean by that? Well, Speaker, I've had occasion to talk to long-serving community nurses and PSWs back in Ottawa Centre, and the home care and long-term-care system they tell me about that existed when there was an NDP government in this province was predominantly a full-time employment occupation where people had pensions and benefits, including sick days. It is amazing what has happened in this province in the course of a few decades when we allowed a managed competition model to enter into this crucial sector, because what happens? When we look to give contracts to employers that would employ PSWs, particularly for-profit employers, what were they competing on to get the contracts? Wages and benefits.

Pat and Hugh Armstrong, who are two of Canada's foremost experts in the area of long-term care and home care—people who understand, who have talked to hundreds of personal support workers—tell me the managed competition model introduced into this province by then-Premier Mike Harris was an affirmative action program for for-profit employers. It starved great organizations like the Victorian Order of Nurses, who used to give people, predominantly women, full-time work to do important caring work. It pushed them out of the industry and it made every single not-for-profit and public organization compete on the lowest common denominator.

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As the long-term-care-commission report said very clearly to us, Speaker, we have presided over decades of funding. But where I will disagree with the government and with the Premier, whom I've heard hold forth on this in this House: This is not a problem with the stain of all political parties in this place. My neighbour back home in Ottawa Centre is the great Evelyn Gigantes, once a member of Parliament in this place who served in cabinet. Evelyn tells me about a time when there were full-time caring occupations in the province of Ontario. She is pushing me—she is pushing all of us—to build that kind of home care and long-term-care system for personal support workers in this province.

The member for Algoma–Manitoulin's son is a developmental service worker. I want to make sure that the member's son has full-time hours, decent wages and working conditions, because, quite frankly, Speaker, if there is any massive act of disrespect we could do, it is scaring people out of the personal support worker profession. We don't want to do that. We want to tell people, particularly young people, that it is as honourable to be a personal support worker in our society as it is to be a firefighter, as it is to be a lawyer, as it is to be a business person or an engineer.

Caring work is some of the most important work we can have, but we don't compensate it that way, Speaker, and a big reason why is because we let intermediaries and for-profit companies run this industry into the ground. So, let us commit to do one thing very clearly in this place: Let's commit to transforming this industry. That's what people on this side of the House want to do. We want to take profits out of home care and long-term care. The Chartwells, the ParaMeds, the CarePartners—their days of eating at the trough of the public purse are over. They're over. And we will do it, thanks to Christine Mandegarian and other PSWs who lost their lives in this moment.

We'll give thanks on PSW Day, but we'll also build a system that gives those PSWs respect. We can do it, and we must do it.

**Mr. John Fraser:** It's a pleasure to say thank you to PSWs across this province on the occasion of personal support worker appreciation day this Wednesday.

Someone said this to me once and it stuck in my head: It's amazing how important that man or woman is who is caring for your mom, your dad, your brother or your sister, because you can't be there.

In our family, there's a couple of people, Kim and Sue, who have helped my mom stay at home. They haven't just cared for her; they've been her friends, been a companion. That's really important when you get older. We've had lots of PSWs affect our family's lives, whether it was when my dad was at home in the last few months of his life or when my mother-in-law and father-in-law were in long-term care. They made a huge difference for our family. And it's good that we appreciate them.

The member from Ottawa Centre is right. It's hard to square dividends against the people that we value to take care of the people we care for most. That's a big challenge in private, for-profit long-term care. Executive bonuses—but I don't want to talk about that.

If we're going to show PSWs that we appreciate them, then we have to give them stable, full-time jobs. We can't tell them, "We'll figure it out at the end of June, whether we're going to keep that raise that we gave you a few months ago, that was less than the raise that we gave you before." We have to tell them, "Yes, we're going to find you a job with benefits. Yes, you're going to need a job with pensions."

If we actually value the people who we love most in our lives and the people we care about, how is it there's a disconnect with the people who are caring for them? We have to put our words into deeds. So while we all

appreciate PSWs, and I think we're all saying the things that we need to say about how valuable they are to us, we actually need to show them. The way to do that is stable, full-time work, so they can raise a family and they can care for the ones that they love.

**Mr. Mike Schreiner:** It's an honour to rise today and say thank you to PSWs for the vital work you do caring for our loved ones in our health care system, in our long-term-care homes and in people's homes, so they can age in place.

Speaker, I will never forget the first wave of the COVID-19 pandemic last year at this time, when we saw photos of PSWs wearing garbage bags for PPE, when people were desperately calling my office and, I'm sure, many members', if not all members', offices in this House, begging for access to PPE. We can never let that happen again, and it starts with treating PSWs with the respect and dignity they deserve.

If we're going to call them heroes, we have to treat them like heroes. That begins by offering a permanent pandemic raise. Don't let it expire in June; pay PSWs what they deserve. It's not right that in Toronto, the average PSW has to work 50 hours a week just to pay the basic cost of living—no extras, just the bare minimum. It's not right that only half of PSWs have full-time work. So let's guarantee them full-time work, full-time benefits and living wages—and proper working conditions.

One of the things that came out of the long-term-care-commission report, the military report and all the other reports—I think RNAO told me there have been 35 reports in the last 20 years on long-term care—is that we have to improve working conditions. We can't wait four years to do this, Speaker; we have to do it right now. We need to hire enough staff now to provide a minimum standard of care of four hours. We have to ensure that PSWs who care for our loved ones at home are paid for their travel time. In many places in northern Ontario, they actually make less money than somebody who works serving drinks in a bar because they don't get paid for their travel time.

Let's treat these heroes like the heroes they are.

## PETITIONS

### TUITION

**Ms. Laura Mae Lindo:** I have a petition from Trina Sheppard in Waterloo region entitled, "Support Our Students Through Pandemic: Remove the Boundaries to Obtaining Post-Secondary Education."

"To the Legislative Assembly of Ontario:

"Whereas the COVID-19 pandemic has had a direct impact on the employment income of many students and their parents, making it" very "difficult to afford tuition fees;

"Whereas students paid full tuition for substandard education while attending remotely, no access to labs, group assignments with no direct access to peers, unattainable certifications;

"Whereas students had no opportunity to work part time to supplement their income due to lack of job availability and increased effort to achieve school assignments;

"Whereas students that chose to work for the limited summer months were disqualified from receiving CESB financial support;

"Whereas students are ineligible to apply for the Canada workers benefit that supports low-income Canadians simply because they attend school for 13 weeks or more in the year;

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

"Direct the Minister of Training, Colleges and Universities to:

"—convert loans to grants for any student who received OSAP support for the 2019-20 school year;

"—make CESB available to all students through the period May to August 2020, regardless of whether they worked or not, provided that they were enrolled in programs ...;

"—remove the qualification for the Canada workers benefit that states 'You are not eligible for the CWB if you are enrolled as a full-time student at a designated educational institution for more than 13 weeks in the year unless, on December 31, you have an eligible dependent.'"

I fully support the parents in my community and will affix my signature to the petition.

## PROTECTION FOR WORKERS

**Mr. Stephen Blais:** I have a petition led by Nancy O'Brien, Stephanie Dobbles and Victoria Laaber in Ottawa to help hold municipal leaders accountable for their actions.

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"Whereas the province of Ontario is committed to fostering a harassment-free workplace, where all employees are treated with respect and dignity;

"Whereas municipalities in Ontario are required to have occupational health and safety policies;

"Whereas elected members of municipal council should be held to the same, if not higher standards as all employees of the municipality;

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

"That a legal framework be created by which elected members of municipal councils can be removed from office for occupational health and safety violations related to emotional or sexual harassment and physical or sexual violence."

I wholeheartedly agree with this petition, will sign it and present it to the table.

## LAND USE PLANNING

**Mr. Mike Schreiner:** This is a stack of petitions I received from Ms. Ellwoods's grade 7 virtual class in the Durham District School Board. These young folks say,

“Whereas the city of Pickering wants to develop a warehouse and parking lot on a protected wetland in Pickering; and

“Whereas the Ministry of Natural Resources and Forestry designated this wetland provincially significant and therefore the TRCA would not allow it to be zoned for this type of development; and

“Whereas the city of Pickering, region of Durham and the provincial government avoided consultation by using a minister’s zoning order (MZO) to approve the development; and

“Whereas wetlands protect our homes, businesses, roads and infrastructure from flooding and provide a natural filter for our drinking water free of charge; and

“Whereas wetlands are important habitat for plants and animals including migratory birds, endangered species, and native plants; and

“Whereas this is part of the territory of the Mississaugas of Scugog Island First Nation, who have not been consulted as part of their treaty rights; and

“Whereas there are three other locations proposed by the TRCA where the warehouse and parking lot can be built that won’t have such a negative impact on this important watershed;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to revoke the MZO and stop the warehouse development on provincially significant Duffins Creek wetland.”

I fully support these young people, will sign the petition and send it to the table.

#### CAREGIVERS

**Mr. Joel Harden:** I want to thank Al Berniquer from Cornwall, Ontario, and others for sending these petitions our way. The petition reads:

“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’m happy to sign this stack of petitions and send it to the Clerks’ table.

#### INJURED WORKERS

**Ms. Peggy Sattler:** I have a petition to the Legislative Assembly of Ontario entitled “Workers’ Comp is a Right.

“Whereas about 200,000 to 300,000 people in Ontario are injured on the job every year; and

“Whereas over a century ago, workers in Ontario who were injured on the job gave up the right to sue their employers, in exchange for a system that would provide them with just compensation;

“Whereas decades of cost-cutting have pushed injured workers into poverty and onto publicly funded social assistance programs, and have gradually curtailed the rights of injured workers;

“Whereas injured workers have the right to quality and timely medical care, compensation for lost wages and protection from discrimination;

“We, the undersigned, petition the Legislative Assembly of Ontario to change the Workplace Safety and Insurance Act to accomplish the following for injured workers in Ontario:

“Eliminate the practice of ‘deeming’ or ‘determining,’ which bases compensation on phantom jobs that injured workers do not actually have;

“Ensure that the WSIB prioritizes and respects the medical opinions of the health care providers who treat the injured worker directly; and

“Prevent compensation from being reduced or denied based on ‘pre-existing conditions’ that never affected the worker’s ability to function prior to the work injury.”

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

#### LONG-TERM CARE

**Ms. Laura Mae Lindo:** I have a petition collected from my riding of Kitchener Centre entitled “Seniors’ Advocate Act, 2020.”

“To the Legislative Assembly of Ontario:

“Whereas the COVID-19 pandemic highlighted what older adults, advocates, family members and front-line workers in this sector have been saying repeatedly—older adults’ care has been chronically understaffed and underfunded for decades;

“Whereas a generation of older adults were left exposed as the deadly virus spread through long-term-care and retirement homes, where they’ve been forced to live in appalling conditions with overstretched staff and without the level of care they should expect and deserve;

“Whereas there has been a failure to protect older adults and that has allowed pandemic-related infection rates to get out of control;

“Whereas the shameful neglect and abuses revealed by the Canadian military’s report only begin to show how the system has often been overlooked and ignored;

“Whereas Ontario needs provincial standards to ensure that all older adults across the province receive safe, equitable and high-quality care;

“Whereas older adults in Ontario would benefit from an independent officer of the Ontario Legislature with the power and responsibility to safeguard the welfare of seniors, caregivers and families, to ensure their voices are not only heard but acted upon;

“We, the undersigned, petition the Legislative Assembly of Ontario to:

“Direct the Legislative Assembly of Ontario to pass Bill 196 to appoint a seniors’ advocate for Ontario.”

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

### ÉDUCATION POSTSECONDAIRE DE LANGUE FRANÇAISE

**M. Michael Mantha:** Je veux remercier le Regroupement étudiant franco-ontarien. La pétition est intitulée « Pour une université de langue française dans le nord-est de l’Ontario.

« À l’Assemblée législative de l’Ontario :

« Alors que l’Université Laurentienne a annoncé, le 12 avril 2021, son plan de restructuration, qui incluait la fermeture de 69 programmes (dont 28 programmes francophones), la dissolution de la Fédération laurentienne, et la mise à pied de plus de 100 professeur(e)s, et que ces annonces ont un effet dévastateur aux niveaux social, économique, et humain pour la communauté francophone du Moyen-Nord;

« Alors que la communauté franco-ontarienne exige des institutions postsecondaires de langue française depuis les années 1960, et que les manifestations du 1<sup>er</sup> décembre 2018 ont montré l’engagement et la volonté d’avoir des institutions postsecondaires gérées par, pour, et avec la communauté francophone;

« Alors que le 12 mars 2021, l’Université de Sudbury et l’Assemblée de la francophonie de l’Ontario ont annoncé le souhait que l’Université de Sudbury devienne une université de langue française et laïque;

« Nous, soussignées, pétitionnons l’Assemblée législative de l’Ontario pour qu’elle entreprenne les actions suivantes :

« —assurer dans les plus brefs délais le rapatriement à l’Université de Sudbury de tous les programmes et les cours offerts en français, et le transfert de toutes les ressources matérielles, physiques, humaines et financières (incluant de façon non limitative les archives, bourses, dons et droit d’auteur) en lien avec l’offre de services en français et la programmation francophone de l’Université Laurentienne, disponibles et offerts en date du 9 avril 2021;

« —mettre en place un moratoire d’un an, renouvelable, sur tous les programmes francophones de l’Université Laurentienne et de ses universités fédérées offerts en date du 9 avril 2021, afin d’assurer qu’ils puissent être offerts dans leur intégralité d’ici la fin de la transition des ressources et programmes francophones vers l’Université de Sudbury;

« —établir une commission de mise en oeuvre qui sera chargée d’assurer le transfert des programmes vers

l’Université de Sudbury et d’appuyer cette dernière dans son développement, dans un contexte de pérennité de l’enseignement postsecondaire en français dans le nord de l’Ontario; laquelle considérera en priorité les besoins des étudiant(e)s francophones actuel(le)s et futur(e)s;

« —s’assurer, par tous les moyens, que les étudiant(e)s actuel(le)s des programmes francophones touchés par la restructuration de l’Université Laurentienne puissent obtenir un diplôme dans le programme au sein duquel ils/elles étaient inscrit(e)s en date du 9 avril 2021, sans cours ou coûts supplémentaires à ceux déjà prévus initialement. »

Je suis d’accord avec cette pétition. J’y affixe ma signature, et je la présente à la table des greffiers.

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### TUITION

**Ms. Laura Mae Lindo:** I have a petition from the people of Kitchener Centre entitled “Support our Students: Stop Cuts to OSAP.”

“To the Legislative Assembly of Ontario:

“Whereas Ontario has the highest tuition rate in Canada, second-lowest per-student funding and highest student debt;

“Whereas Ontario students already have the highest student debt in Canada and are saddled with an average of \$28,000 in debt;

“Whereas removing the interest-free six-month grace period means students will end up paying more, and are pressured to pay their loans even before finding a job or starting a career;

“Whereas the Premier only made things worse in Ontario’s 2019 budget by reducing the ratio of grants to loans, and cutting \$700 million (about 30%) from the government’s overall funding for OSAP and student financial assistance; and

“Whereas the COVID-19 pandemic has had a direct impact on the employment income of many students and their parents, making it more difficult to afford tuition fees;

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

“Direct the Minister of Training, Colleges and Universities to:

“—reverse the recently announced OSAP cuts, protect the existing tuition grants, and reinstate the six-month interest-free grace period after graduation;

“—allocate new funding to provide direct, immediate funding to support full- and part-time students;

“—amend the rules to ensure all funds received from the Canada Emergency Student Benefit and Canada Emergency Response Benefit are exempt from calculations of other income on OSAP applications;

“—convert all future OSAP student loans to grants and eliminate interest on the existing student debt.”

I fully support this petition, will affix my signature to it and send it down to the Clerk.



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

Orders of the day.

**Hon. Paul Calandra:** Before that, Speaker, if I could just inform the House that there will be no night sitting tonight

## ORDERS OF THE DAY

### REPORT ON ONTARIO'S PROVINCIAL EMERGENCY

**Hon. Sylvia Jones:** I move that this House take note of the report on Ontario's second declared provincial emergency from January 12, 2021, to February 9, 2021.

**The Acting Speaker (Mr. Percy Hatfield):** Ms. Jones has moved that the House take note of the report on Ontario's second declared provincial emergency from January 12, 2021, to February 9, 2021.

I return to the Solicitor General—I was going to call on the member from Sarnia–Lambton, who was standing at the time, but I believe the Solicitor General has the floor.

**Hon. Sylvia Jones:** Last week, our government tabled the Report on Ontario's Second Declared Provincial Emergency related to the ongoing COVID-19 pandemic. The report details the action our government took from the beginning of the declared emergency on January 12, 2021, to its conclusion on February 9, 2021, as Ontario battled the second wave of COVID-19.

For over a year now, Ontarians confronted a pandemic unprecedented in over 100 years. The impacts have been immeasurable. COVID-19 has forced us to change how we work, how we interact with our friends and families, how our children learn and how we live our lives each and every day.

During this time, all 14 and a half million Ontarians have made extraordinary actions and made sacrifices to save lives. This has taken so many different forms, Speaker: the medical professionals and health care workers who support us; front-line and emergency responders who protect us; farmers, truck drivers and workers who keep the store shelves stocked in essential goods and services available; and all of the other Ontarians who have given up so much to help us cope with this deadly virus as we work to defeat it.

And that day is coming, Speaker. It's important to remember that, even as the last number of weeks have been challenging for everyone, that hope is here. Over 50% of Ontario adults have received their first dose of COVID-19 vaccines, and we are continuing to expand eligibility and access through multiple channels as Ontario's vaccine campaign ramps up. It's vital that we do not lose sight of the miracle of science that is a major vaccination campaign for a virus whose history is measured in months.

With an increased and stable supply of vaccines, Ontario's vaccine rollout has had so many successes. On

Friday, we surpassed 150,000 doses administered in a single day. Innovative campaigns by mass vaccination clinics have made the vaccine more accessible to all Ontarians, such as a 32-hour-long Doses After Dark campaign in Peel to provide overnight access; a 10,000-plus-dose strong weekend campaign, courtesy of Michael Garron Hospital; and workplace, pop-up and mobile clinics have sprouted up in many hot-spot regions to bring the vaccine directly to the people, such as at the Ontario Food Terminal, which administered over 6,000 doses last week.

Our government's first priority has been, and continues to be, the health, safety and well-being of Ontarians. We are, and have been, committed to doing everything necessary to keep Ontarians healthy and safe, protect our most vulnerable and support our front line. Examples of our commitment are contained in the pages of this report, Speaker.

Ontario's second provincial declaration of emergency in response to COVID-19 was made on January 12, 2021, in consultation with the Chief Medical Officer of Health and many other health experts. This declaration was in direct response to a doubling of COVID-19 cases and high transmission rates between December 29 and January 12, the threat to the province's health care system, and alarming risks posed in long-term-care homes.

This declaration was not how anyone wanted to start 2021. At that time, the critical data points showing the spread of COVID-19 were particularly alarming:

- 40% of long-term-care homes were in outbreak;
- hospitalizations had increased over 72% in four weeks;
- intensive care unit occupancy was up over 61%; and
- one in four hospitals had run out of intensive care unit beds.

Without stricter measures, the modelling forecast presented to us by the Ontario science table suggested that we could see as many as 40,000 new cases a day by mid-February. The situation was, quite frankly, an emergency.

Tough decisions had to be made that would have an immediate impact to avoid the significant threat that we were facing. And so, our government declared its second provincial emergency in response to COVID-19. This declaration was essential to enable new emergency orders that were necessary to protect the health and safety of individuals, families and communities from the threat of the second wave of COVID-19, which included highly transmissible new variants of concern. These orders were in addition to those in effect under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020. These actions were taken with the understanding and support of Ontarians, who have shown that during adversity, we have the resilience to rise to any challenge.

The Emergency Management and Civil Protection Act requires that the government table a report with respect to a declared provincial emergency in the Legislature within 120 days after the termination of the emergency. This report includes information on the orders made during the second declared provincial emergency, including why

each emergency order was considered necessary at the time and why each was considered to be a reasonable alternative to other measures that could have been taken.

The second declared provincial emergency was in effect for 28 days. During that time, 35 emergency orders were issued and amended, as needed, to protect Ontarians. All emergency orders were developed based on public health information available at the time, with the intent to address COVID-19 challenges while limiting intrusiveness. The province considered the advice of the Chief Medical Officer of Health, local public health officials and other partners across the health care system.

As those members of the Select Committee on Emergency Management Oversight have heard me do nearly a dozen times, I will briefly speak to each of the emergency orders enacted during the emergency. Emergency orders were designed to limit the impacts of the COVID-19 pandemic and reduce the risk of COVID-19 transmission. To support their effectiveness, appropriate enforcement is necessary.

During the second declared provincial emergency, an emergency order was issued to provide support to enforce orders under the Emergency Management and Civil Protection Act, the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, and the Health Protection and Promotion Act.

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For example, this enabled provincial offences officers who had reasonable and probable grounds to believe an individual had committed an offence under the EMCPA to provide the officer with the individual's correct name, date of birth and address. Additionally, an emergency order was issued to temporarily pause the enforcement of residential evictions to ensure people weren't evicted from their homes when a stay-at-home order remained in force. Also, an emergency order was issued to allow the registrar of the Retirement Homes Regulatory Authority to require retirement homes to implement measures to prevent, respond to and alleviate the effects of COVID-19.

A province-wide stay-at-home order was issued, followed by 31 associated stay-at-home orders to apply its terms to individuals residing in specific public health unit regions. The stay-at-home emergency orders were intended to limit the purposes for which people could leave home, to reduce the number of contacts with those outside of one's household. Based on data, COVID-19 cases were spreading rapidly through communities and across a variety of settings and sectors. It was necessary to apply a province-wide stay-at-home order to mitigate the risk of the health care system becoming overwhelmed and unsustainable.

Once data showed public health trends were improving at different rates depending on the region, we implemented a regional approach to restrictions and measures by making 31 new emergency orders that applied the terms of the original stay-at-home order to specific public health unit regions. Decisions were based on public health criteria being met locally, as outlined in the revised framework for reopening the province, including consideration of key

public health indicators and consultation with the local medical officers of health. In all instances, emergency orders were reviewed at least every 14 days and amended, where necessary, or revoked as they were no longer necessary.

The second provincial declaration of emergency gave the province a platform to quickly implement actions necessary to keep our communities safe and reduce burdens on our health care system and other critical services. It played an essential role in reducing the spread of COVID-19 when we were in a crisis and immediate action was needed. In addition to the extraordinary actions taken by this government to stop the spread of COVID-19, so too have communities and people from across the province stepped up to do their part during this pandemic.

We know it hasn't been easy; nothing about this pandemic has been. Extraordinary actions have been needed, but every order, every decision has been about stopping the spread and saving lives. Speaker, we will beat COVID-19 together.

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

**Mr. Jeff Burch:** It's an honour to rise today to discuss the report on Ontario's second declared provincial emergency. I'd like to start, in a good place, by talking about long-term care, which was what we were struggling with at the time, possibly more than at any other time in this outbreak. The declaration we're discussing today was in response to a doubling of COVID-19 cases and high transmission rates between December 29, 2020, and January 12, 2021, and the threat posed to the province's hospital system and long-term-care homes.

January was the worst month on record for COVID-19 cases in Niagara. We lost 168 people in a single month. By February, our relatively small community had Ontario's third-highest COVID-19 death rate but was not considered a hot spot. The majority of these deaths were residents in long-term care. Just a few weeks earlier, this government diverted a shipment of 5,500 doses of Moderna, which to this day has not been explained.

We now know that leading up to this catastrophic situation in long-term care, the province was repeatedly warned. In April, they were told that there was a dire need to train and hire more infection prevention experts. They did nothing. In July, they were warned that long-term care and public health were significantly under-resourced to protect the basic needs of residents. Again, they did nothing. In September, there were still significant concerns about staffing in every region. Incredibly, this government did nothing. Doctors report that Ontario missed a crucial window between the first and second wave, six months when every measure should have been taken. Efforts to address the crisis were only started later into the fall. We have reports of seniors dying of neglect. In my riding, family members called my office in tears that their parents were sitting in soiled diapers for hours. Staff did not have appropriate PPE and were watching their friends pass away.

Over a year into this pandemic, the government is still not following the advice of experts. The horrific situation

in January and February could have been avoided if proactive action had been taken. These issues still persist. Speaker, this government failed Ontario's seniors and their families.

I'd like to talk about paid sick days. One of the biggest things I heard when speaking to people during the second provincial emergency was the need for paid sick days. After months of pressure from the official opposition, every local public health agency, Ontario mayors and their councils, the Registered Nurses' Association of Ontario, the Ontario Medical Association and the government's own science table, the people of this province have three paid sick days.

Speaker, people in my riding of Niagara Centre have told me that the three paid sick days provided by this government are too little, too late. After being promised the best sick pay program in North America, workers are frustrated that they have to go through various programs at different levels of government that are hard to access, just to try to make ends meet. It's ridiculous to make Ontarians jump through hoops in the middle of a pandemic, while the Premier was able to self-isolate hassle-free and not lose a penny of his income.

People are tired of this government's disastrous half measures, passing of the buck and meaningless rhetoric. Even the government's science table said that the current sick pay program is not enough to slow the spread of COVID-19. Ontario needs a government that will make decisions backed by science.

When someone is exposed to COVID-19 or contracts the virus, they need to isolate for at least 14 days. Anything less, and they risk spreading the virus. We told that to this government over and over and over again. It can also take several days to receive the results of a COVID-19 test. During this time, workers must be able to self-isolate at home without having to worry about losing income. It's imperative that we increase the number of government-funded sick days offered during a pandemic to at least 14—something, again, that we told this government over and over. These must be universal and easily accessible to all workers. This will not only help workers to keep safe, but will also help to slow the spread of this deadly virus and end the cycle of lockdowns. Why has this government failed workers so miserably during this pandemic?

I'd like to talk about unpaid isolation pay, something that I've talked to many health care workers in my riding about and that I've talked many times in this House about. Another issue that was particularly challenging during the second declaration of emergency was this issue of isolation pay. I've written the minister, to no avail. Niagara Health system staff, when exposed to COVID at work, were being sent home without pay. People were putting themselves in the line of fire with COVID—people who have families at home that they need to support—and being sent home without pay, having to choose between paying their mortgage and keeping the community safe.

This practice was a marked departure from the first wave, where staff in self-isolation actually continued to receive their full pay. Why take that away in the second

wave? The result was that many nurses reported that they were unsure how they were going to pay their mortgage. Many health care workers were concerned that if they reported their child had a stuffy nose, they would face the loss of an entire paycheque. The Niagara Health system stepped up, and in February provided staff with paid time for isolation pay. That program expired in March.

It is inexplicable that through these emergency declarations, this government has continued to put the burden on front-line health care workers. Front-line health care heroes should never have to choose between feeding their family and keeping their co-workers and communities safe.

Finally, Speaker, I'd like to talk about small business. With the second declaration of emergency came the first province-wide stay-at-home order. Businesses were reporting that they were on their last legs. Cultural clubs in my community were saying that they were facing closure due to unprecedented fiscal constraints. Club Castropignano in Port Robinson was forced to sell their club building. Many were applying for Trillium grants and not hearing anything from this government.

#### 1400

We've seen similar issues with the Ontario Small Business Support Grant. Imagine taking the time during this pandemic to put together an application for a safe re-opening and not even getting a response from this government. Niagara Air Tours in Thorold applied for the grant on January 15, just days after the second emergency declaration. As of March 24 the government was still reviewing their application.

Businesses in Niagara and across the province are desperate for appropriate supports, including consistent and clear directives from the provincial government. Business owners across my riding have said that the government's programs are not enough to support businesses. They're difficult to access and frequently don't offer enough to compensate for the time of putting together an application.

Now we are in the midst of another stay-at-home order, yet applications for the Ontario Small Business Support Grant closed on April 7. Small businesses are struggling and this government has made things harder with a lack of support, unclear directives and eleventh hour announcements, making it difficult for them to plan.

These are lessons we could have learned in the first and second emergency declarations, Speaker. Unfortunately, this government let small business down.

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

**Mrs. Belinda C. Karahalios:** Thank you, Speaker, for the opportunity to participate in this take-note debate. There are four areas I'd like to focus on:

First, I would like to address the format of a take-note debate for such government legislation; second, these emergency declarations; third, this report is missing any type of cost-benefit analysis or data to show the efficacy of the orders implemented; and, finally, I'd like to specifically focus on enforcement regulation 8/21.

I find the format of a take-note debate to discuss this unprecedented use of emergency powers totally inadequate. To review: A take-note debate is used in Parliament to allow members to give their perspective to the other members of the House, and perhaps to inform the government of a different perspective, but without any questioning or exchange occurring, without a vote being held and without the Legislature having to make a decision on the matter.

In general, the imposition of government on the day-to-day lives of Ontarians requires a fuller debate than this. The decision to call a stay-at-home order requires more than just this Legislature taking note and canvassing the opinions of members. It should require a full debate, with a vote, every time this government decides such measures.

Unfortunately, thanks to the reopening Ontario act—which should have been called the lockdown act—and every single government member voting away their own rights and handing them over to the Premier for the last year and a half, all we have is a take-note debate to review and challenge the government, a debate that government doesn't even need to respond to. And the Premier and this government can continue to make these decisions in private, without a vote or a full debate.

In effect, this Legislature and its members have been muted as a result of that legislation. And we haven't even seen effective results with this power grab, as we are now into our third emergency declaration in a year and a half, and all the members can do is offer up their opinions in the form of a take-note debate—totally inadequate.

In addition, the timing of this debate makes the take-note debate totally moot. We are holding this debate four months after the emergency declaration started—that this report is based on—and well into our third emergency declaration. As a result, there is no interest in this government to get feedback from members or this Legislature.

In fact, the timing of this debate, which is supposed to canvass opinions from elected members, shows a contempt for this Legislature and the democratic process. Perhaps if these debates were held earlier we would have provided more clarity to Ontarians or we could have discussed provisions that were an overreach prior to them coming into effect and then watching the government reverse course, further frustrating and confusing Ontarians.

But the Premier apparently has it all figured out. He doesn't take kindly to criticism or other perspectives. He doesn't; his cabinet doesn't. They don't provide an opportunity for discourse, as is most evident with me sitting as a New Blue Party member in this House and as further evidenced by this debate occurring months after the declaration was started.

The second item I'd like to address is the fact that the orders made under the second emergency declaration are permitted to continue to live on as a result of the reopening Ontario act. The way emergency declarations are supposed to work is that once a declaration is over, the orders go away. But as we see with this report, the Premier and his government, without the approval of the

Legislature, have the right to extend for a period of time—over a year—orders that many would say are more permanent than temporary. As a result, the temporary nature of emergency orders has been done away with.

It's no surprise Ontarians wonder, "Why are they calling these second emergency declarations and third emergency declarations and adding end dates to them?" Because by their calculations and their lives, it feels like one long emergency declaration, starting in early 2020 and continuing halfway through 2021. In substance they would be correct, because many of the emergency orders found in these emergency declarations continue on after the declaration ends. This doesn't provide clarity to Ontarians as to what is going on, or the timing of when things will end, or the government's intentions. It clouds everyone's understanding. Making it sound like an emergency declaration has come to an end, but then continuing on with certain orders made under that declaration only adds to the level of frustration and distrust of Ontarians.

Such a report on the second emergency declaration—since it is happening three months later, most voters would assume it would include some kind of cost-benefit analysis or some kind of result on the efficacy of the measures introduced. But this report lacks this analysis of the effectiveness of these orders entirely.

Recently, a few studies have been published analyzing the effectiveness of lockdown measures and stay-at-home orders. Dr. Ari Joffe of the University of Alberta published a paper suggesting lockdown harms are 10 times greater than the benefits. Another study from Stanford University took a look at non-pharmaceutical interventions, such as stay-at-home orders and business closures used in European jurisdictions. The four researchers concluded they did not see significant benefits to severe restrictions and that similar reductions in case growth may be achievable with less restrictive interventions.

Another study of five researchers, all from different universities, from Toronto to Greece to Texas, found that increasing caseloads had more to do with obesity rates and the lapse in time to border closures from the first reported case. The latter is something this government had no problem with last year, when border controls could have slowed the spread, but the Premier was too busy praising the Prime Minister for doing a great job, rather than pushing him to respond with proper border controls.

Most recently, a study out of Simon Fraser University reviewing over 80 studies concluded that research done over the past six months has shown that lockdowns have, at best, a marginal effect on COVID deaths. The ineffectiveness of lockdowns is partly due to the voluntary change in behaviour by citizens. Lockdown jurisdictions were not able to prevent non-compliance, and non-lockdown jurisdictions benefited from voluntary changes in behaviour that mimicked lockdowns.

The limited effectiveness of lockdowns explains why after one year, the unconditional cumulative deaths per million and the pattern of daily deaths per million is not negatively correlated with the stringency of lockdown across countries.

There are other studies out there that we should be reviewing when considering making such unprecedented decisions and draconian measures. But instead, this government doesn't provide a cost-benefit analysis in its report, even though this debate is taking place four months after the second stay-at-home orders were implemented.

Wouldn't it be nice if we had that, some numbers or data on the effectiveness of these measures? Why are they being done again and again and again? Why are caseloads going up repeatedly, even though we are now on stay-at-home-order number 3? Why are other jurisdictions returning to normal while in Ontario, we're getting worse results, more draconian measures, OPP officers threatening parents with calls to children's aid? Where is the science to look at to inform the debate? It is missing from this report.

The science, the data, is missing probably and most likely because the government isn't looking at any science. So what can we say about the 32 stay-at-home orders implemented in late January, four months later, in this take-note debate? Not much, because we have no attempt from this government to assess the effectiveness, look at data, provide a cost-benefit analysis—nothing. It is just draconian decisions, and Ontarians must accept them. That's not good enough.

Finally, I'd like to focus on O. Reg. 8/21 on enforcement. This emergency declaration saw a further expansion of power given to provincial offences officers which, some would argue, was entirely inappropriate for their training and for their purpose. Three powers were granted to provincial offences officers: the power to gather information on citizens, the power to end a public gathering or disperse a crowd and the power to temporarily close a premises that may be the site of a number of people gathering together.

We've seen enforcement measures get worse and more over the top since the second declaration to the third, providing evidence that the caution to the slippery slope that is state intrusion is a compelling argument, as this government has shown a lack of refrain in imposing itself on Ontarians, with little beneficial result to show for it, because in the second emergency, those enforcing the orders had to have reasonable grounds to compel citizens for information or to close a premise or disperse a gathering. But as I have previously said in the House, by the third, even the reasonable grounds requirement was done away with, so provincial officers could just demand whatever information they wanted, even without having reasonable grounds to demand the information.

As previously mentioned, this enforcement order, O. Reg. 8/21, was extended and continued even after the emergency declaration ended. As troubling as this enforcement measure is, the draconian powers given to a wide variety of provincial offences officers over citizens—another element we have seen over the last four months as to why this regulation is troubling—it is the randomness or inconsistent application of its use.

One principle of our legal system is that laws are to be applied equally, yet it has become very clear that this enforcement regulation and others since then are not being

applied the same. They are being applied by provincial offences officers to target and ticket those who protest the stay-at-home and lockdown orders. But if citizens gather for any other purpose, enforcement regulations are not being followed. That isn't how the regulation is drafted. It's supposed to be applied to everyone, which begs the question: Is this enforcement regulation being used as a means to control a virus, or as a political tool to punish those—including politicians—who disagree with government policy?

When you see protests on international matters or other political issues, where fines are not issued and the premises are not blocked off, but smaller protests are punished with fines, it is easy to see why people think they are being silenced from criticizing the government. Such broad enforcement powers as included in this regulation are troubling, not only because it infringes on civil liberties, but because by their very nature they are not going to be applied equally. Enforcement is impossible.

**1410**

Mr. Speaker, I would like to conclude by saying that I am concerned about the precedent that we, as elected public servants representing the voters, have and continue to set on our future generations on how our democracy operates and what our government can and cannot do. A truly unprecedented overreach of government: a power grab, one that we have never seen before in Ontario's history and one that is not getting better but getting worse, from a government that can't seem to help itself and that is getting tired. The decisions continue to harm the livelihood of Ontario residents and their health. The cure is increasingly looking worse than the disease. Finally, these measures have set a precedent that puts the democratic system in this province and the function of this Legislature—two things that we all take for granted—at risk.

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

**Ms. Christine Hogarth:** It's a pleasure to rise today to join this take-note debate. Last week, the Report on Ontario's Second Declared Provincial Emergency was tabled in the Legislature. The Emergency Management and Civil Protection Act requires the government to table a report with respect to a declared provincial emergency in the Legislature within 120 days after the termination of the emergency, and we are ahead of that deadline.

As part of the second declaration, all emergency orders were developed based on public health information available at the time and informed by the advice of the Chief Medical Officer of Health, local public health officials and other partners across the system. This report focuses on the 28-day period that the second declared provincial emergency was in effect and outlines the 35 emergency orders the Ontario government issued and amended, as needed, to protect the people during this time.

O. Reg. 8/21, enforcement of COVID-19 measures: This regulation is to support the compliance. Effective enforcement is essential. A greater authority was provided to enforcement personnel and provincial offences officers

across Ontario to ensure orders and restrictions were followed. For example, if a provincial offences officer had reasonable and probable grounds to believe an individual has committed an offence under the EMCPA, they may require the individual to provide the officer with the individual's correct name, date of birth and address.

O. Reg. 13/21, residential evictions: Additionally, an emergency order was issued to temporarily pause the enforcement of residential evictions to ensure people were not forced to leave their homes while a stay-at-home order remained in force. Due to the imminent public health risk, this emergency order was considered necessary to help reduce the potential spread of COVID-19 by ensuring people would not be forced to leave their homes when they should stay in place.

Another regulation, O. Reg. 55/21, compliance orders for retirement homes: An emergency order was issued to allow the registrar of the Retirement Homes Regulatory Authority to require retirement homes to implement measures to prevent, respond to and alleviate the effects of COVID-19.

The stay-at-home emergency orders: At the start of the declaration, a stay-at-home order was issued to restrict mobility and help limit the transmission of COVID-19. Daily cases were spreading rapidly through communities and across numerous settings and sectors. It was necessary to provide a provincial stay-at-home order. Without it, the health care and the public health system would have become overwhelmed and unsustainable, resulting in more deaths and illnesses.

Once data showed public health trends were improving at a different rate in different regions, the province implemented a regional approach to restrictions and measures by making 31 new emergency orders that applied in terms of the original stay-at-home order to specific public health unit regions. Decisions were based on public health criteria being met locally as outlined in the revised provincial framework, including considerations of key public health indicators and consultation with the local medical officers of health. In all instances, emergency orders were reviewed by the government at least every 14 days and amended, where necessary, or revoked if they were no longer necessary.

Mr. Speaker, the second provincial declaration of emergency allowed the Ontario government to make new emergency orders that were necessary to protect the health and safety of individuals, families and communities from the threat of the second wave. It was a response to a doubling of the COVID-19 cases and high transmission rates between December 29, 2020, and January 12, 2021, the threat of the collapse of the province's health care system and alarming risks posed in the long-term-care homes.

New case counts and deaths were at the highest level we had experienced since the beginning of the pandemic. The numbers were alarming: 40% of long-term-care homes were in outbreak; hospitalizations had increased by 72% in four weeks; ICU occupancy was up over 61%; and one in four hospitals had run out of ICU beds. We were

vulnerable. Our hospitals were vulnerable. Our communities were vulnerable.

Without stricter measures, the modelling forecast told us that we could see more than 20,000 to as many as 40,000 new cases a day by mid-February and an increase of up to 100 deaths per day by the end of February. Ontario was in a crisis, heading for a health disaster. Strengthened measures were necessary to keep the people of Ontario safe by further reducing contact and exposure to people outside one's immediate household.

This was why a second provincial emergency order was declared in response to COVID-19. The declaration enabled the government of Ontario to make new emergency orders to protect the health and safety of individuals, families and communities from the threat of COVID-19. These new orders were in addition to those already in effect under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, also known as the ROA.

For a year now, Ontarians have been confronted with a new reality, one that puts our lives at jeopardy. COVID-19 has forced us to change how we work, how we interact with our friends and families, how our children learn and how we live our lives each and every day. During this time, extraordinary actions have been required and sacrifices have been made to save lives.

I want to take this time to recognize the hard work of the dedicated medical professionals and health care workers; the teachers; those who support us; farmers, truck drivers and workers who keep our stores stocked every day; the essential goods and service workers; and all Ontarians, all the members of all our communities who have sacrificed so much. Thank you.

Mr. Speaker, our government has continued to take action to fight against COVID-19. Thanks to the collective efforts of Ontarians and following public health and workplace safety measures, the province continues to make considerable progress. The week of May 2 to May 8, the provincial COVID cases count decreased by 14.8% and the number of patients with COVID-related illnesses in intensive care units had decreased from 877 to 776.

The government has administered the first dose of the COVID-19 vaccine to over 50% of adults in Ontario. This is great news, and our province remains on track to administer first doses to over 65% of adults by the end of this month.

While this is tremendous progress on the vaccination front, this fight is still far from over. Our daily COVID-19 cases and ICU occupancy numbers are still too high. People are still dying, and COVID-19 variants of concern remain a threat to public safety.

Our government's first priority has been and continues to be the health and safety and well-being of all Ontarians. We committed to do what is necessary to support our front line, protect our most vulnerable and keep Ontarians healthy and safe. That is what we did and that is what we will continue to do. The proof of our commitment is contained in the pages of this report. The document tells a story of a government that took decisive action to combat this deadly virus.

1420

We know it hasn't been easy. Nothing from this pandemic has been easy. We ask our neighbours. We ask our friends. We ask our family members. We are getting through it. Stopping the spread of COVID-19 can only be done if we all band together to make an extraordinary effort to protect our families and the communities that we all call home. Speaker, Ontarians are strong, Ontarians are resilient and we will get through this together.

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

**Mr. Tom Rakocevic:** It's always an honour to rise in the House. Speaker, on February 11, Ontario had reported 1,076 new COVID-19 cases. Of those, 278 were variants of concern. On February 11, there were 295 patients in the ICU; 204 were on ventilators. That same day, just over 442,000 out of the nearly 15 million Ontarians had received at least one vaccine dose. While COVID-19 cases were trending downwards, Ontario was still very much in the midst of the second wave, and public health experts had warned that there was a third wave on the horizon. The next day, on February 12, much of the province was opened up again, and now we're locked down again. Since that day, we've seen over 2,000 more deaths and over 280,000 new cases.

Speaker, this pandemic has hardest hit communities like mine in northwest Toronto, which is home to a large number of low-income, essential front-line workers. Many of these workers identify as Black, Indigenous or from other racially marginalized backgrounds who, throughout the pandemic, have accounted for more than two thirds of all COVID-19 cases in Toronto, despite making up just over half of the city's population. But did communities like mine and like the Premier's receive the targeted resources they needed during this pandemic? No.

Every day during rush hour, you can find many cramming into crowded buses, like the 35 Jane or the 36 Finch West, which goes through my riding as well as the Premier's, just to get to work to keep our province moving. I know this is something that the Premier is well aware of. The exact same thing is happening in his community, which is just next door to mine. Despite this, the Premier refused to listen to experts like Dr. Brown and the COVID-19 science advisory table, both of which recommended that the government should offer a paid sick program as a measure to help bring down COVID-19 case counts. Many essential workers have gone to work sick with COVID-19 because they did not have paid sick days and they relied on their meagre salaries to put food on the table for their families and keep a roof over their heads. Even now, the three paid sick days that this government was forced to provide by the pressure of medical experts, Ontarians and the official opposition is still not enough to eliminate the impossible choice that many low-income essential workers continue to be forced to make, even when combined with the federal program. That choice is between going to work sick and risking furthering the spread of COVID-19, or staying home and not being able to feed their families.

Even during the stay-at-home order, I continue to hear reports and see pictures of overcrowded buses where

riders are forced to stand shoulder to shoulder, where there is no hope of maintaining physical distance. In fact, many of these buses continue to be so overcrowded that if it weren't for the masks on riders' faces, you would have thought these photos had been taken pre-pandemic, let alone during a stay-at-home order at a time when our ICUs are well above capacity. Still, this government continues to refuse to provide transit agencies with the additional necessary funding to put more buses on crowded routes so that riders can keep at least six feet apart.

But while this government was busy opening up the province while continuing to deny paid sick days for essential workers and refusing to take any meaningful action to alleviate the overcrowding of buses in communities like mine, the government did protect some. The government protected private, for-profit long-term-care operators—operators of homes like Downsview Long-Term Care centre just outside of my community, where the Canadian Armed Forces reported that 26 residents died of dehydration when all they needed was “water and a wipe down,” or places like Hawthorne Place in my community, where the Canadian Armed Forces told the long-term-care commission that they suspected that the 51 residents who died of COVID-19 there could “pale in comparison” to those who had died from other causes. But rather than investigate these incidents of neglect and hold those responsible accountable, this government was busy passing legislation that would protect private long-term-care operators from being sued.

We must take the profit out of long-term care to ensure our loved ones get the dignity and respect they deserve. Instead of fixing our long-term-care system that has been broken long before COVID-19, this government would rather reward their developer friends and donors who reach into the back of their pockets to fund organizations that put out media ads attacking teachers' unions and who spend \$1,000 a pop just to get on a Zoom call with the Premier. While Ontario was logging thousands of new COVID-19 cases a day and our emergency rooms continued to overflow and many essential workers did not have sick days, this government was busy writing legislation to help one of their developer friends and donors to pave over a wetland so they could build a warehouse.

Even now, the government continues to move forward with the Highway 413 project that studies have shown will only cut 30 seconds off an average commute from Vaughan to Milton. This government is also moving forward with the Bradford Bypass, a project that cuts through the Holland Marsh, which contains some of the best agricultural land in the entire province. A significant portion of the land surrounding these projects is owned by some of the province's biggest developers and they are some of this government's biggest donors as well.

Another group that this government has been protecting during the pandemic has been insurance companies. While driving and accidents have both been down and the insurance industry has reported record profits, drivers in my community continue to pay some of the highest auto insurance premiums in North America. At a time when

many have lost their jobs and have been struggling to pay the rent, and while many small and medium-sized business owners are struggling to keep the lights on, this government has taken no meaningful action to force insurance companies to pass on the money they have saved during the pandemic back to Ontario drivers. In fact, there are times where I have seen the former finance minister do PR for the insurance companies. As well, while we are talking about insurance, business insurance has gone up by huge amounts. Consider, business insurance is going up by huge amounts while businesses are locked down. People are not in the stores. Business insurance is going up through the roof—and that's happening under this government's watch.

During the lockdown, the revenues of many businesses have been severely impacted. This morning in question period, I asked the Premier about many small business owners in my community I have heard directly from who have told my office that they have been rejected by this government's Small Business Support Grant and they couldn't even get a reason why, even after they called the government hotline. Without government assistance, many of these businesses may be forced to shut down forever. But instead of making sure these business owners who bring so much to our province don't lose everything they have worked their whole lives for and through no fault of their own, this government has helped big, multinational corporations, insurance companies and others.

Speaker, in so many other jurisdictions the lockdowns and the state of emergency have been tied to vaccination rates. Problems with the vaccines—and this is true—started from the top. During the vaccine rollout, there have been many supply issues in procuring vaccines. Canada was way behind many other countries in terms of the number of needles going into arms.

My colleagues in the official opposition and I have long argued that the vaccine distribution should be prioritized as well, based on those who are most at risk of contracting COVID-19 and upon communities where there are the most cases and where spread is the most likely. When the federal government, who didn't procure enough vaccines throughout this process, distributed vaccines to the province, did they distribute them equitably and based on provinces that recorded the most cases? Was it done properly? And when vaccines arrived here in Ontario—and I know the government may agree in criticism of the federal government, but when they arrived in Ontario, how were they distributed here? Did they distribute them equitably and based on risk? In both cases, the data shows otherwise.

A little over a month ago, while public health experts like those who sit on the COVID-19 science advisory table were urging this government to prioritize their vaccine rollout to target some of the hardest-hit communities, ICES data showed that designated hot spot communities like mine and like the Premier's were vaccine deserts. It showed that communities with the highest incomes and the lowest rates of infection also had the highest percentage of residents vaccinated.

Meanwhile, despite having some of the highest recorded numbers of COVID-19 cases in the entire province, the Jane and Finch community in my riding had also the lowest percentage of vaccinated residents in the city of Toronto. Once this data came out, this government, under increasing pressure, announced that anyone 18-plus living in a designated hot spot community could get a vaccine; but this announcement was made without a plan, details, a timeline or even a dedicated vaccine supply.

At this point, local health partners and I had to take matters into their own hands. I joined with a team of incredible and tireless health providers and organizers to formulate a plan to distribute a large number of mobile vaccinations within our community. Together, we helped to organize numerous pop-up vaccination clinics throughout our riding, and within a week we were able to double the amount of people vaccinated within some of the hardest-hit communities in my riding. In fact, at some of these pop-up clinics, 2,300 doses were given out in a single day. Mobile vaccinations have also gone into workplaces, places of worship and apartment buildings, where many were vaccinated at their doors. I thank all of them for this incredible effort.

**1430**

When this was happening—and I have to say, when I talked to these experts and professionals, they said that a lot of these announcements that are getting made, they hear from on the news. There's no preparation. Expectations are developed as a result of this, and they're struggling to make things meet. But I know, in my community, I thank them dearly for all of their work.

We're still not out of the woods yet. I hope that this government does not repeat the same mistakes it has made before, so that when the province finally opens up, we can avoid a fourth wave of this pandemic.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate? The member for Sarnia–Lambton.

**Mr. Robert Bailey:** Thank you, sir—or Mr. Speaker. Sorry, Mr. Speaker; I'll get your title right yet.

It's a privilege to rise today and add my comments to the debate on the Report on Ontario's Second Declared Provincial Emergency from January 12, 2021, to February 9, 2021, and also announce how honoured I am to serve with a number of my colleagues, from all sides of the House, on the all-party committee, the select committee on the emergency measures. As stated in the report, this declared provincial emergency enabled Ontario to make and enforce new emergency orders that were necessary to protect the health and safety of individuals, families and communities from the second wave of the COVID-19 pandemic.

Mr. Speaker, let me reiterate that point: that everything this government has done in response to the pandemic over the last 14 months has been to protect the health and safety of individuals, families and communities like mine in Sarnia–Lambton. Our government has never hesitated to take action in response to the ever-changing nature of this pandemic, by supporting our front-line response, avoiding overwhelming hospitals, protecting our most vulnerable,



helping business and workers whose livelihoods have been disrupted by COVID-19 and keeping Ontarians healthy and safe.

The report tabled in this Legislature is a demonstration of exactly what this commitment to Ontario looks like. The crisis that we face in COVID-19 has been and continues to be unlike anything we have seen before. However, thanks to the framework established through the declaration of emergency and continued through the reopening Ontario act, we have been able to protect Ontarians and navigate this province through this uncharted territory. This report tells the story of a government that continues to take decisive action to combat the COVID-19 pandemic, to reduce the spread and position Ontario for the upcoming recovery.

But I also want to acknowledge that our government couldn't do any of this without the support of the people of the province of Ontario: the people who are, in big and small ways, making a difference every single day in this fight against the spread of the virus. In my riding of Sarnia–Lambton, we all owe a great debt of gratitude to our front-line health care workers. First and foremost, the teams in our long-term-care facilities, the primary care physicians and the nurses, Lambton Public Health and Bluewater Health have been doing a tremendous job responding to the challenges of this pandemic. Our community has certainly faced some serious moments over the last year, but throughout it all, our front-line health care workers have shown the resolve and determination to come together and do everything they can to help stop the spread of the virus in our community.

Most recently we have seen tremendous success by Lambton Public Health with the administration of vaccines in Sarnia–Lambton through mass vaccination clinics and pop-up clinics that they have been running. This week, when the vaccination numbers are updated, we will see that well over 50% of the eligible population in Sarnia–Lambton has received at least one dose of this life-saving vaccine, and as more vaccine supply is made available from the federal government, Lambton Public Health is already prepared to significantly increase its capacity to deliver shots to this community.

Today's announcement that 2.2 million doses of the vaccine will arrive this week—this week we're speaking about—and the province's expanding vaccine bookings to all Ontarians 18-plus is great news. This means, Mr. Speaker, that we have the opportunity in Sarnia–Lambton to really see our vaccination rate quickly climb.

This is really an amazing achievement, when you think about it. Sarnia–Lambton's first vaccine dose was only given on January 26, to a Ms. Valerie Verberg, a resident of Trillium Villa nursing home. Now, just about 111 days later, we have over 50% of our community receiving their first dose, and based on the number of vaccines delivered this week, that percentage will increase significantly in the next two weeks.

As I mentioned earlier, this report on the second provincial emergency highlights all of the things that our government has done to combat the virus and support the

people of Ontario. I won't get into those. Rather, I'd like to focus a little time on some of the ways that people in Sarnia–Lambton are supporting each other through this challenging time.

Of course, in Sarnia–Lambton, our local health unit, Lambton Public Health, is led by Dr. Sudit Ranade, a gentleman I have come to know very closely over the last 14 months. He does a radio show twice a week in the morning, Tuesday and Thursday, on the local CHOK radio station, where he answers all kinds of questions from concerned listeners. I have also appeared with him on county council, the local county council, every Wednesday. He makes an appearance there, and when I am home, I try to tune in and also join in. Dr. Ranade has been doing a really good job in regular media appearances and in meeting with local elected officials in answering difficult questions on how people can protect themselves with the vaccine and stay safe.

The education piece is a really important factor, with all the different sources of information—and, unfortunately, misinformation—available these days. Dr. Haddad, the chief of staff at Bluewater Health in Sarnia–Lambton, has also been doing a tremendous job through his Twitter account of educating the public about COVID-19, strategies to protect oneself and details on the latest research and evidence—all of this in addition to his duties at Bluewater Health, where, as part of the leadership team, he has been guiding the treatment of patients with COVID-19 and also preventing the spread of the virus within the hospital and the wider community. Dr. Ranade and Dr. Haddad are really exemplifying leadership at the organizational level during this pandemic.

But there are also many other individuals doing things at the grassroots level that are also making a difference. I want to highlight just a few of those folks that were recently honoured by the Rotary Club of Sarnia for their contribution to the Sarnia–Lambton community over the last year and during the period of the second provincial emergency.

First, I would like to mention the work of Sharon LaPier of LaPier's Flowers and Gifts, in Corunna. Sharon was honoured by the Rotary Club with the Service Above Self award for spearheading a mask-making team who made and distributed over 3,000 free masks to children and adults in our community during this pandemic. The team has given masks to schoolchildren, nursing homes, the Aamjiwnaang and Kettle and Stony Point First Nations, and also the Inn of the Good Shepherd for emergency use—a really remarkable contribution by Sharon.

Of course, during the second provincial emergency, stay-at-home orders were issued to help limit the spread of the virus. I know we hear from many individuals who find this particularly challenging for many different reasons, including the loss of access to many of the things they like to do; for one, like listen to live music. However, rather than view the pandemic as a setback, one local musician who I know very well, Joan Spalding, has seen this as an opportunity. Since last March, Joan, a singer-songwriter who plays many instruments, including the guitar, double-

reed harmonica, banjo and mandolin, has performed daily online concerts to everyone staying at home, over Zoom and through the media. The concerts have been a huge hit and a welcome distraction for many.

Finally, I'd like to acknowledge Melanie Rogers and Jenn Cooper, also winners of the Rotary Service Above Self award. Melanie and Jenn have organized two very successful drives for the Inn of the Good Shepherd during the pandemic: Drive by Food and Drive by Bottle. The food drive saw over 45 volunteers collect over 16,000 pounds of food over four days. The bottle drive raised an amazing \$27,000. Sorting, counting, and bagging all those cans and bottles took 13 days and filled four Beer Store transport trucks to capacity—a truly remarkable accomplishment.

Mr. Speaker, there are so many more great stories of the people in Sarnia–Lambton rising to the occasion to help out where they can that we could fill a whole week of debate highlighting them. It really is a silver lining to this pandemic. Of course, our job here as legislators is to be a reflection of that spirit in our communities in this House. Our government is doing that, putting aside some of these outdated beliefs of what a provincial government can and can't do to support the people of the province. On every single thing, when it comes to COVID-19, this government, led by the Premier and members of all of the Legislature, have been leaders not just in Ontario but right across the country.

We should be very proud of what has been accomplished through the measures outlined in the report we're discussing today. This has been a true Team Ontario effort. I'm really optimistic that the efforts we are making today, which will be included in a future report, are really going to make a difference going forward.

**1440**

Like everyone else, I look forward to the day in the not-too-distant future when we can shop, take a look around, and feel like everything else is back to some semblance of normalcy. Until that day, our government will continue to take action in response to the ever-changing nature of this pandemic by supporting our front-line response, protecting our hospitals, caring for our most vulnerable, supporting businesses and workers whose livelihoods have been disrupted, and keeping Ontarians healthy and safe.

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

**Mr. Joel Harden:** Thinking about this report and its import for us, I'm rising this afternoon to talk about a constituency that, as the critic for people with disabilities, I feel obliged to as often as I can. There has been an emergency in this province for a long time before the pandemic, and that's the emergency of legislated poverty for people with disabilities. What do I mean by that? Right now, if you're surviving, for the maximum benefit under the Ontario Disability Support Program, you're entitled to an income of \$1,169 a month—the maximum benefit. Most people don't qualify for that. You can already imagine, Speaker, if you multiply that number by 12, what

people who live on the Ontario Disability Support Program have at their disposal.

To qualify for the program, you basically have to be unable to find much by way of employment. To pass the test in order to qualify for the benefit, you're pretty much not capable of maintaining a full work week—although I have to say, before I get too far into this, ODSP recipients contribute a lot to our communities, regardless of their relationship to paid employment. But finding your way into this program is “an adventure of humiliations,” as one person described to me. Finding yourself all of a sudden unable to hold down full employment is one humiliating adventure, and then to have things clawed back often is another common experience.

People who have been ODSP recipients for many years have told me that they've experienced the trauma of not being able to fall in love, if you can imagine it, because if you're in a relationship with someone, there's a chance that you will be a burden to that person, or there's a chance that you're going to lose your benefits. Can you imagine, Speaker?

We have wired into the Ontario Disability Support Program right now—it's generic to the report, and I will get there—a different kind of virus, sadly, that we have inherited from the British Commonwealth, the place in the world that designed the notion of the poorhouse and the fact that government policy should be about distinguishing between the deserving and the undeserving poor—that there is a bias in public policy that we have to observe, to say, “We are assuming people are trying to game the system, to live off the public purse, and we have to push them, with low, miserly benefits, out into the paid workforce, because if we make them a wage that you can actually exist on, too many people will claim it.” That is a virus, sadly, we picked up from British public policy, and it still exists in the Ontario Disability Support Program.

I bring all this up, Speaker, because when the pandemic hit, our office was getting contacted by ODSP recipients in Ottawa Centre and across the province of Ontario talking about legislated poverty, people furious that this government had cancelled the Basic Income Pilot in four communities across Ontario that was actually giving people, for the first time in generations, hope that they could feed themselves with nutritious food, that they could live in sustainable housing—that they can imagine a future for them. Hope was taken away by this government before the pandemic.

And then, when the pandemic hit, Speaker, you can imagine that for people with disabilities, ODSP recipients, the costs of life massively increased: for food, for getting around town, for people who are immunocompromised having to do crucial errands. Many contacted us to tell us about resorting to Ubers because they were afraid of public transit, because they were fearful that the Para Transpo service we have in our city in Ottawa wasn't safe enough for them. There were many, many other costs of living that increased for people with disabilities, but we didn't see in Ontario what we saw in the province of British Columbia—headed by an NDP government—where immediately a \$300-a-month disability benefit increase was

introduced across the whole caseload and still exists to this day, Speaker. It still exists, because this pandemic is not over.

What did we do in Ontario? The government introduced a \$100-a-month pandemic benefit for three and a half months and then took it away. The only way you could get this \$100 a month is if you were able to find your ODSP worker. How many people do we think ODSP workers are responsible for, on average? I have talked to so many of them: upwards of 400 clients per worker. How in heaven's name are you supposed to find your ODSP worker when that person has that level of responsibility on her or his shoulders? Not surprisingly, Speaker, what we found out is only 38% of the ODSP caseload in Ontario got the \$100-a-month benefit—only 38%; I'm amazed the number was that high.

But then, when the Premier implicitly said, "We want you to get a job," at the time, I asked the Premier could he please help me, as the critic, understand what he means. Are we actually telling people with disabilities to get out on the job market in the middle of a pandemic, people who are immunocompromised, who to qualify for the benefit in the first place have demonstrated that they can't have a sustained relationship to paid employment? Was that what he was saying? Or was it the British virus of: "Just get a job, because you're the undeserving poor"?

I think that kind of a sentiment is beneath us, Speaker. It's beneath us. We have sadly watched for months as people with disabilities have suffered humiliation after humiliation. The adventures of humiliations that people have talked to me about have been massively worse in this pandemic.

I want to think, too, in the time I have left, about children with disabilities. This morning, I had occasion to talk about people living in apartment buildings in downtown Ottawa who have talked to me about construction noise at 6 a.m. because this government has liberalized construction laws. Ottawa's noise bylaws don't apply anymore, because this government's relationship to the developer lobby has led it to the conclusion that they just need to have full-bore construction noise at 6 a.m. until 8 p.m. or 9 p.m. at night. If you're a parent of a kid with a disability trying to coach your child through online learning—I want you to imagine what kind of a horror that's like—someone who has social anxiety or someone with attention deficit disorder or an autistic child or a dyslexic child. That is not an accident. It's not an accident that you ask families to survive situations like that.

Speaker, last week—because a number of buildings on one particular street in Ottawa contacted us at the MPP office in Ottawa Centre—I jumped on my bike and I went out, on my exercise and bike ride, to listen to the construction noise. If you go to our Twitter and Facebook page, you can hear it for yourself. It sounds like you're in a war zone. I was asking myself: If you're a child who is already not predisposed to online learning and you got a mom or dad who is trying to coach you through that—why would we do that to people?

I say that to the Minister of Education who is sitting here and listening to this debate: Why would we do that to

people? Why would we say to kids with disabilities that it's appropriate for loud banging sounds in excess of 65 or 70 decibels to be going off at the very moment when you're trying to learn? Can we not have in a stay-at-home order, which is what this government is proposing in the report to this debate, some reprieve for people who live in the downtown areas? Could we not figure out a way that construction workers could be compensated so they wouldn't be thrust into workplaces?

Speaker, I have to tell you that often the way in which we can find people with disabilities in poverty statistics is that we can look at how much money people are spending on housing. What the latest information shows us is that 50% of renters in Ontario pay at least 30% of their income in rent, and 20% of renters pay over 50% of their income in rent. I'm telling this government, through you, if we can't figure out a way in Ontario to get dedicated money into the bank accounts of people with disabilities, we are allowing people to suffer before our very eyes.

#### 1450

The most tragic story, Speaker—our friend from Niagara Falls, MPP Gates, told a story about Chris Gladders, a 35-year-old man suffering with incredible trauma and disabilities, who made the sad decision to end his own life through medical assistance in dying rather than live in his own filth in a retirement home. I'm sad to say, these kinds of tragic situations are everywhere in Ontario for people with disabilities, and they don't have to happen.

People who are listening to the #ODSPoverty debate and watching this right now, you have to insist on a government that's going to increase the ODSP. That is what an NDP government will do for you, but it's not just going to happen. You have to demand it; you have to ask for it. These people aren't listening. Rise up. Keep pressuring me. We'll get this done.

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

**Mr. Daryl Kramp:** I rise today to speak on the second report of Ontario's second declared provincial emergency, from January 12, 2021, to February 9, 2021.

Colleagues, this past year has been a time that really none of us wishes to see ever again. Many thought pandemics were things of history, not of the future, despite the imaginations reflected in movies and other popular cultures. But as I said in a statement to the Legislature this morning, researchers in pure and applied science have always worked diligently in the background, trying to be ready in case something like this pandemic ever came our way.

Unfortunately, the federal government didn't listen to advisers who said that Canada's borders had to be locked down to prevent COVID infiltration from foreign jurisdictions. Instead, the feds used the early months of 2020 as a political moment by fending off valid border concerns as a denial of racism rather than a block against this deadly virus. Their border failure on COVID has altered our population now forever, and destroyed families and too many hopes and dreams.

When I served Canada as Chair of the Standing Committee on Public Safety and National Security in my former life as a federal member of Parliament, I was sworn to protect the lives of Canadians. So yes, I do know the detailed efforts and good work of many different governments of different stripes that, over the years, have gone into keeping Canadians safe within our borders. Colour didn't cross the boundaries; all that mattered was keeping people safe. It is that much more disappointing now to see all the efforts of so many tossed aside so cavalierly by the current federal seat holders.

Continuously, despite federal claims, the air borders remained largely open, with planeloads of the afflicted still landing daily, even yet. COVID has afflicted many who work and serve at Pearson airport and continuously and disproportionately infected and affected the Malton and area Peel communities. This was and is irresponsible and has put us in the position we are in today, with COVID variants of concern coming here too easily and very easily from all over the world.

Despite the open air borders and the way people have sidestepped even the very late and very weak federal quarantine protocols, we could have been in good shape by now if the federal government had merely delivered the doses of vaccine that they'd promised.

In late November, the feds committed to our vaccine task force to deliver a million doses of vaccine a month come December through March, then another five million a month starting in April. They have missed all of those commitments, and only this month, six months later, may indeed hit their monthly target. In March, they overpromised by 897,000 doses, which meant vaccine clinics opened and prepared to deliver vaccines, but then had to close because of a lack of vaccine supply.

Last week, Ontario injected over one million vaccine doses. Why? Because we finally had them to deliver. Had we had what we were promised in December and since then to date, nearly all of Ontario's population above the age of 12 would be vaccinated by now, and things would be very close to being back to normal. That's the cost to Ontarians of vaccine delivery failure by the federal government.

I'm fortunate, like many in here, but not all. I've been vaccinated, and people I know have been vaccinated and certainly feel much comfort in it. I can tell you, Mr. Speaker, that it was one of the most well-organized procedures I've encountered in a long time. All of the local clinics are extremely well-organized and run, all under the control and authority of the local public health units. Their efficient operation, of course, depends on the efforts of a mix of health care unit professionals, thousands of our local volunteers—all fully briefed, trained, organized and committed to saving their fellow citizens from COVID. I have rarely, if ever, been more proud of my community. I have witnessed and been to a number of these clinics where they have pulled together so many people, and they have offered them—along with the pharmacies and the doctors, who are ensuring their customers and their clients are immunized as efficiently and as effectively as possible

in all the 19 municipalities I represent, without an exception.

Yet, as one rural constituent told me, "Daryl, the federal government left the barn door open." I live in a rural community; that's why I can say that, Mr. Speaker. It has fallen to the province, municipalities and now civic-minded citizens to deal with it. For our province, that has meant emergency legislation which attempts to keep infected people away from uninfected people, and vice versa. As usual, it's so much easier said than done, but it's been a team approach involving every municipality, every health unit, every doctor, every nurse and tens of thousands of volunteers.

We have listened to the volunteer panels of doctors who advised of the need to keep people apart and who have imposed stay-at-home orders to limit the mobility of the virus. That's their advice. Except for essential reasons, such as buying food and accessing needed pharmaceuticals, people have been asked to stay home as best as possible when COVID cases have spiked.

Mr. Speaker, the public has responded admirably, for the most part, when asked to do things that are contrary to their very instincts. In great numbers, they have stayed home when asked, and the data shows that the case numbers and the infection rates have dropped immediately.

The declaration of public emergency under section 7.0.1 of the Emergency Management and Civil Protection Act on January 12 was one of those pivotal moments in Ontario's history. Promised vaccine doses had not been forthcoming, despite the readiness of the province, to the disappointment of our public health units and all their personnel and volunteers. This was even more disturbing, given the clear protection that vaccines were already providing when received in various other communities and other countries. I know in the US in January, as vaccines were being delivered and injected at a robust rate, our neighbours started having great success in reopening various states and various cities. But of course, they had enough vaccine supplies to vaccinate and protect millions per day.

We did not have those much-needed vaccine supplies, so we had to take urgent action. We had to get the numbers down, because every number—and this is tremendously important—every one of those numbers reflects the life and the hopes and dreams of an Ontario citizen. We had to slow the spread of COVID. We did so, collectively, in this Legislature, from all of our officials.

This change in the data, which happened very distinctly after January 12, saved lives, at a time when vaccine clinics were being forced to close by the federal supply failure. It's the same response lockdowns have created in countries worldwide. They have been proven emergency brakes on the spread of COVID, as distasteful as all of us find them.

Indeed, our science panels and government ministries look worldwide to see how other jurisdictions respond, to see what works. We act and react nimbly at the science and collective wisdom of the world. And we know our communities well, all of us in here. We stay in contact with

the local medical officers of health for their input and experiences.

As we know, public health measures work when people are able to abide by them. We've all heard—almost ad nauseam, in a way, but it works—six feet apart, wear a mask, keep your hands clean, da da da da da. But the new COVID variants have increased the risk dramatically. The new COVID is not the original COVID. What kept us safe in May 2020 just isn't going to cut the mustard anymore.

That's why the mass vaccine task force was assembled, with broad skills and experience aboard, to choose the priority list for vaccine deployment. It was staffed with expertise in ethics, organization and deployment, sociology and medicine, epidemiology—all the various skills needed to determine risk and to provide supplies to those populations most at risk—and not by politicians. It's why, once the January lockdown had slowed the numbers, we needed vaccines in the numbers promised.

Lockdowns work the same way as amputations, Mr. Speaker: They save the patient but also take away quality of life. No one likes lockdowns, but the facts and the data clearly demonstrate that they're a necessary public health measure in the absence of vaccines.

**1500**

Now, fortunately, vaccines are finally arriving in quantity and being efficiently put in arms. As I said before, over a million Ontarians were vaccinated last week. So finally, some great news. Within weeks, as we reopen, Ontario will once again be the place to stand and the place to grow.

Certainly, I thank all who are playing and have played a role in our recovery. As Chair of the emergency management committee, I would certainly like to thank all the members for their attention, and I would like to mention the Vice-Chair, who so ably and capably and competently filled in during my absence, the member for Humber River–Black Creek. Thank you for your attention to detail during our committee hearings. That is the way our committees should work and are supposed to work, and I'm thankful for your work. So thanks to everybody, and I look for the day when this committee does not have to meet.

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

**Ms. Peggy Sattler:** I rise today on behalf of the people I represent in London West to participate in this debate on the Report on Ontario's Second Declared State of Emergency, which was in place from December 12 until February 9 earlier this year.

Speaker, as we consider the report before us, I think it's helpful to reflect on some of the background that led to that declaration of state of emergency. A province-wide lockdown had been in effect in the province since Boxing Day, 2020. That province-wide lockdown had been announced, in fact, five days prior to it taking effect, announced on December 21, when the science table presented very alarming modelling of what could happen in the province if stricter measures weren't put in place. That announcement by the Premier on December 21 was

certainly important and was welcomed by all of the medical experts and health care professionals who had, in fact, been urging stronger action all throughout November and December. So it was several months of advocacy, tracking the data, looking at what was happening that led to that province-wide lockdown taking effect on December 26.

In particular, I want to bring members back to the December 10 report of the science table. At that time, Toronto and Peel had been in the grey lockdown area of the province's complicated colour-coded framework. By December 10, it was clear that that colour-coded framework was not working. It was not having the impact that was necessary to reduce mobility of people across the province. At the same time, the science table commented on the fact that there continued to be very high levels of death in long-term-care facilities. Of course, as we know now, the second wave of COVID, which really was during that period, December through to February—in that second wave, the number of deaths in long-term care, the number of families who lost a loved one was actually greater than it was in the first wave, despite this government's oft-stated commitment to introduce an iron ring around long-term care.

So in December, we were seeing a dramatic increase in hospitalizations over the previous four weeks, a dramatic increase in the number of patients in ICU beds, and it was very apparent that the province needed to act to ensure that our health care system did not become overwhelmed. Now, Speaker, this actually wasn't breaking news on December 10. There had been a previous report from the science table on November 13 that also pointed out the risks to our health care system if the government did not act, so it was a timely announcement on December 21 that, finally, a province-wide lockdown would be implemented.

I wanted to share some of the comments that were made around that time that were actually very prescient, given the situation that we find ourselves in currently. Infectious diseases specialist Dr. Isaac Bogoch said, "I just hope that during the course of this time they look upstream and look at the root causes of these infections in the community and start dealing with the root causes of these infections so that we don't have wave after wave of lockdown." Certainly that's exactly what we have seen, despite the second state of emergency, despite the second lockdown, because of the government's failure to actually look at the root causes.

Again, I want to situate members back in December 2020 in terms of what was happening across the province. As I mentioned, long-term-care homes had been the most significant site of COVID-19 cases and transmission. Early in December, we saw workplaces start to approach, and at one point actually overtake, long-term-care homes as the place where COVID-19 was most likely to be transmitted. As long-term-care residents were vaccinated, cases and deaths went down in long-term-care homes as we have gone through this third wave, but workplaces became very much the major site of workplace transmission.

At the time, health care experts like Dr. Adalsteinn Brown, the co-chair of the science advisory team, had been very clear. This is a quote from Dr. Brown at the time, on December 21: “Unless there is strong support for people to isolate and stay home, we will not get a hold of the pandemic.” That was a comment that was made on December 21. The second state of emergency was declared on January 12. That would have been the time to act on Dr. Brown’s recommendations and put in place those strong supports that are necessary for workers to isolate and stay home, so that this pandemic could get under control.

Now, Dr. Brown, in December 2020, was not making a recommendation that was new to this government. Many, many health care experts, mayors, boards of health and medical officers of health had been calling for paid sick days for some time. I had introduced a private member’s bill in early December that would have required this government to implement mandatory paid sick days for workers during the pandemic and afterward, because that is what the experts said was needed to deal with COVID-19, but this government chose during the second state of emergency not to act on the advice that had been provided to cabinet by the health care experts.

Interestingly, Speaker, what also happened in the December announcement by the government of the second state of emergency was news that sources indicated—this is a story from Global News—“that the province had been considering new restrictions on outdoor activities like cross-country skiing or outdoor skating.” At the time they reflected—I guess they must have listened to the medical advice at the time—and they pulled back from that. They did not implement that closure of outdoor activities like cross-country skiing or outdoor skating.

**1510**

Speaker, I think that it raises all kinds of questions for many of us in this place about why the government listened during the second state of emergency but decided to completely disregard the advice that medical experts were giving in this third state of emergency, because as we saw from the report of the science table in April, the science table had clearly, once again, told the government that what will work to deal with COVID-19 is to pay essential workers to stay home when they are sick, exposed or need time to vaccinate, and what won’t work to control COVID-19 are policies that discourage safe outdoor activity.

Speaker, in concluding my portion of this debate on the second state of emergency, I think that this government has to really start to listen to what the health experts are saying. You can’t just cherry-pick what you’re going to implement and what you’re not going to implement if you’re serious about dealing with COVID-19.

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

**Mr. Jim McDonell:** I’m always proud to join the debates on behalf of my residents in Stormont–Dundas–South Glengarry. On January 12 of this year, the Ontario government, in consultation with the Chief Medical

Officer of Health and other medical experts, declared a second provincial emergency. Speaker, as we look back, active cases during the second wave peaked at 30,000 cases.

We all know viruses, including COVID-19, mutate as they spread throughout unprotected populations, creating variants from the original virus. Late in 2020, disturbing news was spreading around the world about these very contagious variants of concern. Our Premier, Premier Ford, had been requesting since last fall that the Prime Minister close the loopholes on the border. Since February, we’ve detected over 5,000 positive cases at our airports, and over the past two weeks alone, more than 150,000 people entered through the land border, many without the required period away as the quarantines required.

Speaker, I heard the Prime Minister talk about it and kind of discounting the issue like it was no more than the average positivity cases. Well, that amounts up to many, many people coming into this country and this province with these variants. They’re showing now that over 90% of the cases in this province are these variants, and it’s become very, very difficult to control.

We’ve been working—it’s almost like getting one hand tied behind your back, as you try to deal with an emergency that the science is telling us is a serious problem. Countries around the world that were able to close their borders of course didn’t get hit with a second or a third wave. But you look at the vast majority of the countries, they’re all dealing with what is now a third wave, and some of them are entering the fourth wave.

The other day, I heard the other side here talk about the importance of looking at the science. Well, the science has been clear. We need to stop the uncontrolled spreading of the virus around the world. That’s what these variants are. That’s why it’s made it so much more difficult to actually control.

After a year and a half, of course, our population, like everywhere else, is getting pandemic fatigue. They need to get outside and we need to make that happen, but of course it is a formula of vaccines versus controlling mobility, and that’s very difficult. We know that as you go through that there are some activities outside that are very safe, but getting there is not.

I think the health table has been clear. We have to limit mobility. So yes, you go to play golf and in theory if you follow all the rules, it’s very safe. But even in my time—I’m not a golfer, but I did go a couple of times last year—I did notice people sitting together, talking as groups and not of the same household, and that’s a problem. It wasn’t so much of a problem last summer, with the original virus, but we’re seeing this year a different case. These variants are very, very contagious. It’s not the same game—that’s what the science is telling us—and it has different requirements this time around. We have to be more vigilant at trying to stop the spread. Even with the lockdown measures that are in place, we are still seeing numbers higher than what we thought was bad in the first wave and the second wave.

I was involved in a meeting not that long ago with our local CEO of the Cornwall hospital, talking about how they had no beds left—no spare beds. They were shipping patients to Hawkesbury, Winchester, Ottawa. I heard of a case here where a patient was being transported, being flown to Kingston to get a bed that was freed up when that patient was moved to Ottawa. This was not business as normal; this was a serious, serious problem.

Today the new cases totalled 2,170, with a positivity rate of 7.9%. We were talking in the order of 1% or 2% back in December. That's the difference, and that's with this lockdown in place. The active cases are 25,869, down from yesterday's 26,656, and during the second wave in January, the average cases peaked just above 30,000 active cases, not new cases, 43,000 during the third wave in April—and that was into the lockdown.

We hear criticisms on the other side of all the measures we've been taking, yet we worked with the federal government to put a sick leave program in place. There's no question it started off a bit rough; I mean, the Prime Minister agreed to the deal, put it in place, and then prorogued the House, if you remember. He prorogued the House for two or three weeks, and that delayed it, of course. They had to reintroduce the bill and they had to go back, so it was early October before it actually was put in place, but it has been in place. We were talking about, at that time, 10, and now 20 sick days, and there were some problems with it. We tried to work with the federal government.

It would have been nice as a coordinated effort if we had the help of the opposition to put some pressure on the federal government to improve their sick days plan. They have access to funds that we can only dream of at the provincial level, and we know our provinces are stretched. I read an article last week in one of the major papers that there are only three provinces that have a stable economy, that can withstand this pandemic if it ends in a reasonable time: Quebec, Ontario and one of the western provinces. That's scary. I mean, the federal government had to step in and guarantee bonds for Newfoundland, and four or five other provinces are close behind.

I remember not that long ago, the last time the opposition party was in control—the only time—the same thing happened: the federal government had to step in, because they couldn't get their bonds approved, because that was the state of the economy and the state of the economics in Ontario, because there was no consideration of money being spent and money coming in.

That \$1.2 billion that the federal government put there was basically half-used. There's lots of money still there, so the extra costs that we put in just to guarantee the up-front three days—which was the major problem that we heard from the other side, that we couldn't get the federal government to address—and to bring the two programs together, so a person would only have to apply to one program, is still costing this government over \$1 billion, just until the program ends in September. Those are huge funds, and they will have to be paid back by somebody: ourselves, and our grandchildren and their grandchildren,

the way things are going. That's not fair to them, and it's not fair to think we can just blindly go on.

The article also talked about the eventual point where the federal government will not be able to print money like we're doing today, so we have to get these programs under control. We have to make sure we work with the population. And yes, it's very tiring; I get very tired of the fact we can't go places. But until we get the vaccines in place—and there's no question; I heard it today, and it's quite right that January, February, March, April, every month we've had so far, the vaccines coming in are always less than they're supposed to be or we were told would be in.

**1520**

Our health unit found out on Friday that the next week's supply was not coming in. How do you run a program when you're setting up appointments and you're not sure it's going to arrive? The only way to do that is to delay the program and stretch it out.

Last week, we were up to 95% or 96% of the vaccines delivered to this province that had been distributed. There was less than 3% in the freezers. Spread that across the 34 health units and the hundreds of different sites. It's very hard to run a program when you can't—and you don't know. That was a two-and-a-half-day supply left. There were vaccine centres in Toronto running out; in our area, same thing. Our pharmacy program was great, but they've run out. There is no AstraZeneca left—the reason for us cancelling the program that we have in place—and no forecast of getting any next month. We just don't know. That's not a very predictable program. Thankfully, Pfizer has come through. We got a lot more vaccines this week, so things are looking up. If we continue to get that, we're looking at some time in June being able to start to open up the economy, but we need those vaccines in arms.

I see my time is out. I just want to mention something quickly about the PSW Day here today. They've done a lot for this province and they've done a lot for society, so I just wanted to acknowledge that as well.

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

**Ms. Laura Mae Lindo:** I'm very honoured to be standing in the House today to speak about the second state of emergency on behalf of the people of Kitchener Centre. I'm actually going to start with two things that were said by the government early on in the debate. One was right at the outset, from the Solicitor General, when she spoke about hope, wanting us to have hope that we are coming to the end of this pandemic. As we look retrospectively at something that isn't actually over, it's difficult to have that hope, and this is what I'm hearing from folks in Kitchener Centre. It's difficult to have that hope, because it doesn't seem like the government is actually listening. They're not listening to the people. They're not listening to the science table. It makes it a little bit difficult.

But I'm not going to spend all that much time on that because there was something else that was said in the second speech from the government that really resonated

with me. She said, “Proof of our commitment is in the pages of the report.” I sat in the chamber in my seat and I thought to myself, as a researcher: Proof of the commitment is actually in what’s not in the report. So I’m going to spend some time talking about what’s not there.

One of the things that I know is not there, even though we were embarking on the second wave at that time and even though all sorts of health experts were telling us that the second wave was going to be worse than the first—apparently the government had not learned their lesson from the first wave—there were no investments in mental health. I was speaking to Helen Fishburn, the CEO of CMHA, Waterloo Wellington just last week. She had mapped out the waves of calls that they had received. Currently, as of last week, there were over 3,600 people—3,600 people—that CMHA Waterloo Wellington had helped move from crisis to a wait-list, waiting for ongoing care that they need. In her words, they’re languishing on these wait-lists.

At the time of the second wave, she was saying to me that they were receiving a lot of calls from post-secondary students whose campuses had shut down and they were forced to live with their parents or with their families. They had no hope of having a vision of what their future would look like. The investment in education was tenuous at best, because the government also didn’t want to pause the student loans. And so, even now, when we think about what’s happening now, people are going into collections because the government doesn’t want to put a moratorium on payments for OSAP. So there was nothing that would assist people to navigate the difficulty of having to now face another lockdown in the midst of this pandemic.

My colleague from Ottawa Centre did an amazing job of speaking through my second point, which was people in Kitchener Centre on OW and ODSP. So I want to commend him for his words and for his advocacy, not just for the people of Ottawa Centre but for people across the province, because I, like him, was hearing in my office that people who were on OW and ODSP felt forgotten. They still feel forgotten because there’s still nothing in the government’s plans to ensure that they actually can survive and thrive. Nobody should just be surviving or holding on by a thread. Part of the government’s responsibility is to ensure that they can actually thrive, and we’re not seeing that. There was nothing at this point that was indicating that they were cared for, loved or held with compassion, even though we knew that they were definitely disproportionately impacted by the pandemic because they were living in such deep poverty.

The other group that was raising a load of concerns—and we’re still talking about older adults in Ontario, even today. At the time of the second wave—it’s interesting to hear the government speak about all of the things that they claim we haven’t been doing on this side, the opposition benches, but we had a seniors’ advocate bill; I had tabled a seniors’ advocate bill. That bill would have allowed families to have a space to go to to advocate for their loved ones. The government didn’t want to pass that. That wasn’t even part of the discussion during the second state of emergency.

The MPP from Waterloo, the Till Death Do Us Part act: That bill had been tabled and passed second reading in December 2019. It was just sitting in committee. We could have made sure that older adults were actually together during some of the most difficult times.

The MPP from London–Fanshawe, the Time to Care Act: That was October 29, 2020. At the point of this report, we could have passed that. We could have made sure that PSWs were also provided with what they needed to be able to help weather the storm during this pandemic instead of being treated in the way that they are now, where people are still unwilling, on the government side, to ensure that their wages increase, even though we stand up today and say we’re so proud of all of the work they do—interesting way of showing our pride.

The MPP from Windsor West: The More Than a Visitor Act had been tabled. My colleague from London West had spoken about the Stay Home If You Are Sick Act. All of these were available as things that could have been part of this second state of emergency to ensure that people had what they needed, but the government, for some reason, opted not to.

There is also something else that I think is fascinating. I was doing some research and realized that by the time this report was tabled or this discussion was had and the government made this decision, Toronto Public Health, in July, had said that 83% of the reported COVID-19 infections were racialized community members; 51% were lower income and 27% were living in homes with five or more people in the household.

In Peel, they had released a report that also showed that racialized groups were disproportionately impacted by COVID. In Hamilton, in October, they had released a report: 50% of Hamilton COVID cases were people of colour. In Waterloo region—bringing it right back to my community—in November 2020, they had released their first report where they were collecting race-based data, also showing that Black and visible minorities—that was the language that they were using in the report—were disproportionately impacted by COVID. On April 28 of this year, they released a follow-up report, and still, Black folks and visible minorities are two to three times more likely to test positive for COVID because of the social determinants of health.

The interesting thing about all of this is that data was available to the government at the time they tabled this and decided what they were going to do for the second state of emergency, yet there was no call for race-based data collection. There was no plan with an equity lens. In fact, they thought that us asking for that was an odd request. Yet science was telling them otherwise.

So here we are now, and we can’t even take the data from the different public health units and use it collectively to look at what’s happening across Ontario. You know why? Because although we have an Anti-Racism Act that does allow a minister to require a ministry to collect race-based data, the government hasn’t actually made use of that act, so every public health unit is using different language. They’re coming to the same conclusions,



whether it's racialized people, Black people, visible minorities—whatever language they're using; but as a researcher, I can't actually take all of that information and put it together and figure out what's happening in Ontario.

1530

I'm going to use my last minute to say this: Another word that was brought up on the government side was "resilience," that Ontario is "resilient." I actually have big feelings about the word "resilient." Resilience means that the system stays the same and I make it through anyway, but I would like us to move from resilience into a place where we invest in actually addressing the root causes of poverty. I would prefer that we address the root causes that are causing the states of emergency and these lockdowns to keep going on and on and on. I would prefer us to move into a place where we care for each other and invest in this province, because I don't think that people wanted us elected so that we would keep systems going where certain people don't make it. I would think that they wanted us to change these systems and, especially now, to rebuild.

And so my hope is that, as we're going through this take-note debate, there's an opportunity for the government to hear now, to listen now and to do better, so that the next report actually indicates change, real investment in the people who need it most, a real plan that uses an equity lens and real care, love and compassion for the people of Ontario. I know that in Kitchener Centre, that's why they've elected me and asked me to be here: to remind people that it's important for us to invest in those who need it most, because when you centre the most vulnerable, absolutely everybody thrives.

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

**Ms. Sandy Shaw:** I'm pleased to rise to discuss this report, because as we consider the report before us, it gives me an opportunity to highlight a sector that seems to have flown a little bit under the radar when it comes to the care of our seniors, and that's the retirement home sector.

Just for some background, we should know that 770 licensed retirement homes in Ontario have a population of about 60,000 residents. During the second wave, we had 172 outbreaks in those homes; 25% of all those homes experienced outbreaks. During that time, there were 3,761 resident cases and 601 deaths, and there were 2,172 staff cases and, unfortunately, one staff member died, so 8% of all COVID-related deaths so far occurred in retirement homes in Ontario.

As with all of the deaths with seniors in long-term-care and retirement homes, we know that this was an avoidable tragedy. We see a government, unfortunately, that continues to show that they have this pattern of ignoring evidence or not taking evidence from the science table or the experts. We had seen that from the long-term-care commissioner that there were concerns that some of the measures that could have been put in place to save seniors were too expensive, so we know that this government does not listen to science, and at the time seems more concerned about their bottom line than saving lives, which is truly a tragedy.

What I want to explain a little bit, given this opportunity, is how the retirement homes sector in Ontario works, because most people don't really understand what the oversight is for retirement homes. With the previous government, 10 years ago, the regulation of retirement homes was delegated. It was delegated to a body called the Retirement Homes Regulatory Authority. They are essentially a self-regulating body, not dissimilar from Tarion, a board that has self-appointed directors. What we see with the Retirement Homes Regulatory Authority board is there are a lot of people who are appointed to that board who have connections, not surprisingly, to large, for-profit corporations like Chartwell, Extencicare and so on. There are some concerns about this regulatory body, that it seems to be a self-regulating industry, and the evidence is clear that this is a regulatory system that is completely broken. It doesn't protect seniors in this province and it needs to be addressed.

I will just say that the emergency order that was put in place for the Retirement Homes Regulatory Authority—this emergency measure shows that the government understands that the regulatory authority is in place, but they somehow chose not to make sure they were acting on their mandate.

In Hamilton, we have a terrible story of a retirement home operator, a bad operator: the Martino family homes. For years and years, under the RHRA, they were allowed to continue to operate despite repeated violations.

The same family operated homes in Niagara. Greycliff is an instance of a home where there were a lot of violations. What seems to be the case is that this government's delegation to the regulatory authority means that there's a blind eye being turned to these red flags of violations and orders that pile up year on year on year.

In Hamilton, we had Martino family homes that owned the Rosslyn, which is the site of a horrific COVID-19 outbreak where they had to evacuate every single resident from the home, and 16 people died, including a staff member. Now this home is in receivership, but this is despite years of evidence that this was a terrible operator, and the RHRA still didn't take the time to close these homes.

We, in Ontario's official opposition, have been raising this. In June, our leader, Andrea Horwath, raised this issue directly with the Premier in question period, demanding that these homes have their licences revoked. There are editorials from the Spectator that—and I'll really quickly quote—say that "a considerable number of RHRA board members have ties to the retirement home/LTC industry. Just as many friends of the Ford government have direct or indirect involvement. The government says it doesn't tolerate bad behaviour on the part of retirement care operators ... the government's tough talk is ringing hollow." That is ringing hollow because of the evidence of all of the lack of action when it comes to protecting seniors in retirement homes.

A concern also that is being raised is the issue of alternative-level-of-care patients. There are approximately 40,000 people waiting for long-term-care placement in

Ontario. There are people who are in hospital, alternative-level-of-care patients who are looking for a permanent long-term-care place, but in fact what's happening is that they're being sent to retirement homes or long-term-care homes, and the Auditor General, in a very concerning manner, identified that these people are not covered by any oversight. They're not covered by the Ministry of Health; they're not covered by the Retirement Homes Regulatory Authority. These are concerns that have been identified over and over again but seem to be continue to be ignored by this government.

I think it needs to be said that if you are living in a retirement home in the province of Ontario, you are overseen by a self-appointed, self-regulating body, the Retirement Homes Regulatory Authority that reports not to the Ministry of Health; it reports to the Ministry for Seniors and Accessibility. Also, as part of your residence, you fall under the Residential Tenancies Act. So someone living in a retirement home certainly has a fractured oversight body, and we know the people living in retirement homes are older and have higher acuity levels, and this needs to really be addressed.

The Auditor General also brought this up in her report, and I would say that the biggest concern with the Auditor General is exactly that. She identifies: "We were concerned to find that a gap in regulatory oversight exists when beds in retirement homes are governed or funded by other ministries—such as patients designated as ALC.... This means the potentially medically vulnerable individuals in this gap are not afforded the safety, care and protection they should receive by the Ministry of Long-Term Care...." This is a serious concern that this report gives us an opportunity to address.

I would like to also just highlight the other really serious concern that this report allows us to talk about: the role of the coroner when it comes to all of these deaths in long-term care. The Coroners Act states, "Where a person dies while resident in long-term care, to which the Long-Term Care Homes Act, 2007 applies, the person in charge of the home shall immediately give notice of the death to a coroner and, if the coroner is of the opinion that the death ought to be investigated, he or she shall investigate the circumstances of the death and if, as a result of the investigation, he or she is of the opinion that an inquest ought to be held, the coroner shall hold an inquest upon the body."

The Solicitor General said that these are reasonable alternatives, but this raises incredible questions where we now know that seniors in long-term care were dying of neglect, not from COVID. We know of at least 26 seniors who died from neglect, from dehydration, from just needing some water. This is unbelievable, to understand that this has gone on in Ontario.

**1540**

Our leader, Andrea Horwath, also wrote to the coroner and really wanted to know from the coroner whether these deaths are being investigated. I think it's important that I read the closing in her letter, where she asked the coroner what deaths they're investigating. It says, "As it is your

office's role to investigate these deaths, I am writing to ask you to publicize how many investigations you have begun.... Ontarians deserve a full inquest into the deaths of each of those 26 seniors, as well as any other deaths that warrant investigation. In light of the seriousness of what is public and what has been alleged to have taken place in report after report in long-term-care homes during this pandemic, I ask for your office to conduct a full review of all of these deaths, as the neglect and mistreatment of seniors cannot pass without accountability."

I couldn't support this sentiment more. Seniors and their families deserve justice. They deserve accountability. This emergency order basically says that they will allow registered nurses to be appointed as coroner investigators to complete medical certificates of death. The question stands: What was the coroner investigating? Were there any deaths in long-term care that this coroner chose to investigate? This is a huge question that we need answers to.

I would just say that if we've learned nothing, we know that the way we treat seniors—the complete system of elder care, from home care, long-term care to retirement, needs an overhaul starting with, in my opinion, the Retirement Homes Regulatory Authority. It needs to step up and do its job, which is to protect seniors in retirement homes.

We want a government that steps up to protect seniors, not to protect profits in long-term-care homes. Believe me, this is something that I will fight for, and look for justice and dignity for our seniors as we move forward.

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

**Mr. John Fraser:** It's a pleasure to stand up and participate in this take-note debate about the declaration of emergency from January 12. There's a lot of stuff to unpack, but the one thing I remember very clearly about what happened before Christmas was, on a Thursday, the Premier told us he would tell us something on a Monday that would happen on a Saturday—and that was the lockdown.

One of the challenges in this pandemic is, this virus—we're in a race with the virus. It doesn't just run ahead of you; when you slow down, the slower you go, the faster it goes.

The government would argue that the state of emergency was precipitated by the spread of COVID-19. That was the reason we had to declare that. By all accounts, when you look at that, on the surface that's what you see, but it's really as a result of three things: not making decisions, failing to act quickly, and failing to communicate clearly. You can apply that, Speaker, throughout any facet in this pandemic response, whether it's long-term care, whether it's vaccinations, whether it's testing.

We find ourselves in a spot where the second wave in long-term care was more deadly than the first, so it was like we learned nothing from the first. And now the third wave of COVID-19 is more deadly than the first and the second, so we're going in the wrong direction.

What happened here with the third wave is, in February, when the Ontario COVID-19 science table said, "Here's

what you need to do; here's why you need to do it. Be careful, because if you don't do this, here are the consequences"—the government doesn't take that action, opens up too quickly, and now we've got a longer, harder lockdown.

We just had a debate this morning about opening up recreation. The government said, "Well, no, the science table told us to do that." The science table said, "No, we didn't say that. Here's what we said." And there is no plan. I thank the member for bringing that forward; it was important that we debated that. We have to do that safely and carefully—but we should have been planning for it a month ago. This failure to plan and to take action is impacting people's lives, but more importantly, it's costing people's lives.

We appointed a vaccine task force three weeks—three weeks—before vaccines arrived. It's not like we didn't know in September that vaccines were coming sometime in the first quarter of 2021. We knew that. We could anticipate that. That was reasonable. If you read a newspaper, you'd know that. If you had inside information, you'd probably know that more. Why were we creating a task force three weeks before the actual vaccines arrived?

What happens when the vaccines arrive? Quebec is vaccinating people in long-term care, residents in long-term care. What is Ontario doing? Vaccine vacation: "We're not vaccinating over Christmas." Then we took almost two weeks longer than other provinces to move vaccines into long-term care—two weeks in a pandemic. As a result, we finished two weeks behind almost every other province. I think we were sixth or seventh in getting a first dose to every resident in long-term care. It took half a million doses to get to 70,000 people. At one point, the head of the task force said, "Oh, we were focusing on speed, not precision." We weren't getting to the most vulnerable people. That was a bad decision, that was a delayed decision, and it cost people their lives. That's what happened.

The same thing happened in February when the government didn't heed the advice of the science table. The science table said, "Make sure you give more vaccines to those people in hot spots for four weeks"—four weeks. The government just made a decision: "No, it's only two. The heck with the science table—only two." Here we go again. So if you live in Peel or in Scarborough, where the fire is burning the brightest, you don't really know why the government is not taking the advice of the COVID-19 science table. They're not explaining it. They're not telling people why, beyond a political answer. There's no scientific answer; there's no "This is why we're doing it: because this is going to make sense for the whole province," or whatever the answer is. It's like they can't be bothered: "We're just going to do whatever it is we're going to do, and we're going to ignore the science." That's what's been happening.

Now we have a government—and I haven't been here for all of this debate, but I'm sure we're probably hearing repeats of the commercials that they've got out on radio and on TV about borders, where we have some of the folks

across the aisle making some cameos. That's the most important thing for them to communicate—oh, and to fundraise off of, apparently, as well—instead of communicating to people why we're making the decisions about vaccines that we are, or how to make sure that they're not vaccine hesitant, or what we need to do to protect each other. They're more interested in communicating about that, more interested in saving their own skin. That's what that's all about.

The science isn't there. They can't even actually articulate who they do and don't want in. But you know what? Hey, five letters, man. Good job. Great job. You've sent five letters. Unbelievable.

I don't have a lot more to say, and I'm sure they're not interested in listening to it across the aisle.

**Ms. Sandy Shaw:** I am.

**Mr. John Fraser:** Don't make me go—look, I just want to encourage the government to listen to the science, to communicate clearly and transparently to people why you're making the decisions that you're making. Coming out of a nine-hour cabinet meeting and saying playgrounds and carding is not—I don't know where that came from. It took literally minutes to reverse something that apparently took nine hours. I said this before: There was a fundraiser jammed in there somewhere as well.

I'd just encourage you to listen to the science, follow the science. And if you're not going to take the advice, then tell us what the science is that's telling you not to take that advice, not just some anecdotal political answer. It's like the answer we got: "Hey, my buddies go out for a few pops after playing golf." What? Hey, folks: science, not anecdotes.

**1550**

Enjoy the rest of the debate. Thank you very much for the time, Speaker.

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

**Ms. Sara Singh:** It's always an honour to rise in this House and contribute to the debate. I've been listening rather attentively to members of the opposition raising some really important concerns about the government's response here as we navigate yet a third lockdown, but I understand that today's debate is focusing on Ontario's second declaration of an emergency here in the province of Ontario.

We continue to find ourselves in this cycle of lockdown after lockdown because the government really, truly does fail to listen to its own experts and medical experts from across the province, who have helped them understand what evidence-based policy-making can do for the province of Ontario. But unfortunately, Speaker, the government continues to ignore that advice and listen to the Premier's buddies, perhaps political insiders, in their decision-making process, rather than listen to experts to truly help us get through this pandemic and make sure that people in our communities are feeling supported.

Speaker, I'm also a member of the emergency management oversight committee, and it's always interesting to hear the Solicitor General give us a presentation of what

regs are still in effect and the response of the government, but then, when we ask questions to really dig into how the government is responding to this pandemic, we get these very glossed-over answers that really never address the root of the problem.

For example, Speaker, since the start of this pandemic, experts have been clear that paid sick days would actually help us get through this pandemic and help save lives. Essential workers, for example, in the community that I represent, of Brampton and the Peel region, are risking their lives to go into work sick so that supply chains in this province are not interrupted. Sadly, because many of them don't have a choice otherwise, they are forced to go in to work and choose between earning their paycheque or putting food on the table. And so, for many of those constituents, they are making a difficult decision to put themselves and their families at risk by going in to work because this government didn't want to step up to the plate.

In fact, what they were doing was playing political games with the federal government, when they could have helped Ontarians access paid sick days sooner, which may have prevented outbreaks in workplaces like Amazon, Maple Lodge and so many other warehouses in our community that experienced these outbreaks. The countless numbers of essential workers who lost their lives, their children losing their lives: This has been the reality of this government's failed response to help workers in the province of Ontario.

Speaker, we have spoken at length—I feel like we shout from the rafters here—to help this government understand the reality of working-class people, because clearly they don't get it in terms of why workers need access to paid sick days. It's not just opposition members who have been clear throughout the pandemic; it's their own science table. It's medical experts across the province, chief medical officers of health, big-city mayors. They all called on this government to help them get through this pandemic by implementing paid sick days, by supporting our colleague from London West's bill, the Stay Home If You Are Sick Act, which was actually implemented in the first round of lockdowns that we experienced. At that point in time, the government chose not to act, but a year later and then some, they came out with a pithy program that provided workers three days and still has barriers to access for those workers. The government clearly is not listening when it comes to paid sick days. What that did, Speaker, was not only cost people their lives, but it also prolonged the lockdown that we're experiencing as communities in hot spot regions continue to be in outbreak.

Additionally, Speaker, as the previous member was alluding to, if we think about the vaccine strategy here in the province of Ontario, what a shame that has been. It is like The Hunger Games here in Ontario trying to access the vaccine. If you're able to get on Twitter, maybe check out VaxHunters, maybe have the time off work, maybe have somebody who's going to be able to book your appointment, then you would have been able to get a vaccine. Why, when they had months to plan for what they

knew was going to be a vaccine strategy that needed to be implemented quickly, effectively, communicated effectively to racialized and ethnic communities, did the government fail to effectively plan? I speak with members of the national ethnic media and press, Speaker. They tell me the government hasn't even engaged them to communicate with their members. Could you imagine if we were actually putting ads and supporting those local papers to communicate to their constituents and members that read those papers where they could access the vaccine, how they could do that, and overcome any vaccine hesitancy that was in place? The government simply chose not to do that.

In hot spot communities, where we knew positivity rates were soaring—well above 20% in some areas of Brampton and Peel region—the government did not even give us access to vaccines through the pharmacies. They completely left us out of the pilot program. When you think about creating an equitable distribution strategy, Speaker, the government completely failed to understand even what equity looks like in the province of Ontario. This is why, when you go to racialized communities like Scarborough and Humber River–Black Creek or Peel region, you have people lining up for hours in the rain, in the snow, in the sleet trying to access a vaccine, and then many of them are turned away after spending an entire day in a lineup, because the government did not provide those communities a greater allocation of vaccines.

Today, yet again, Speaker, we learned that the government is neglecting these hot spot communities. Rather than continue on for another two weeks, increasing the supply to our communities, the government is pausing—pausing—that allocation, when the science table has been clear: We need to send a concentrated supply of vaccines to these hot spot communities so they can effectively vaccinate their essential workers, they can ensure that the community is protected. But yet again, the government just continues to ignore the advice of medical experts and their own science table. The science table recommended that only 74 hot spot communities receive those vaccines; they included 114. Yet again, communities like Peel, cities like Brampton, are not getting their fair share of the supply they need to effectively protect their communities.

Speaker, I heard members talk at great length about what's happening in long-term care, the horrors that were exposed, because this government failed to protect our seniors. This neglect is still continuing, Speaker. Report after report has outlined what needs to be done to address the crisis in long-term care, yet the minister is dodging questions and running out of press conferences rather than being accountable to people in this province. Today, we're celebrating PSWs. The minister feels that that's important to do. Of course it is. But they don't feel it's important to increase PSW pay, to make pandemic pay permanent. They want to applaud our health care workers but not step up to the plate and make sure that those people are taken care of. They have been on the front line of this pandemic, and all they're asking for is a livable wage, but this government is okay with CEOs of companies like

Chartwell walking away with massive bonuses rather than being able to provide their workers a livable wage.

This is the response of the government: Rather than address those problems, they are allowing them to fester and actually get even worse throughout this pandemic. They had all summer to prepare and hire more PSWs, as other provinces were able to do. Speaker, what they did instead was twiddle their thumbs and wait until the new year started to make announcements—because when I speak to people in long-term care, they're wondering where these so-called PSWs that the minister claims that she has hired are actually working, because there hasn't even been enough funding allocated to help increase those staffing ratios and help us reach four hours of mandatory minimum hands-on care. None of this has been committed to by this government.

1600

I know that my time has run out. Ten minutes go by really quickly when you're passionate about talking about the government's failures, to be honest. I could probably go on for another 20 minutes, but I want to urge this government to help us prevent a fourth lockdown in the province of Ontario. Invest in workers. Increase vaccinations to hot spot communities. Help our communities have a fighting chance. Maybe start by opening up outdoor recreational amenities so people can work on their mental health and well-being. This government has the power to do that. I encourage them to do the right thing for Ontario.

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

**Mr. Sol Mamakwa:** Meegwetch, Speaker.

*Remarks in Oji-Cree.*

I'm very happy to speak on this report on Ontario's second declared provincial emergency, from January 12, 2021, to February 9, 2021.

Kiiwetinoong is a very unique riding when we talk about the geographic location and the size, and not only that, but the constituents who live there. There are 31 First Nations that are represented in Kiiwetinoong; 24 of them are fly-in communities, and there are four municipalities.

When we talk about that time frame, during the winter, the coldest months, there are certain things that happen. Obviously, during that time of year, that's where winter roads are starting to open up. Winter roads can be referred to as ice roads. My northern colleagues in northern Ontario sometimes call the winter roads highways with snow on them during the winter road season. But winter roads, for us, are ice roads that only go to the fly-in communities or in the bush.

So by that time, during this time, there were no winter roads at all because of the environment. We didn't have winter roads until the end of February, and it was a very short winter road season to be able to haul fuel, bulk supplies, or whether it's projects that may happen. Again, I talk about the weather. Even though it was around February, the beginning of February, that's when it got cold.

COVID is a very—when we talk about measures, public health measures, “Wash your hands;” when we talk

about isolation and people travelling for medical appointments and whatnot, how do you do that when you don't have access to clean drinking water? During that time, there were 14—no, 16—boil-water advisories in the north. I bring this up every now and then. I bring this up often.

How do you deal with overcrowding as well? How do you isolate?

During that month, I remember, in February—I think it was around the middle of February—it was minus 45 during the night. I got this message from a parent, where there were individuals sleeping in tents during that cold weather. I actually went to visit. When I went to visit, I asked this gentleman—he had his boy with him, five years old. I said, “What did you do when it was minus 45?” He's telling me, he said, “Yes, I had to get up every hour, put wood in the stove to keep the place warm.”

“How many blankets did you use?”

“Five.”

“Where did your son sleep?” because I thought he was inside. He was actually asleep in the bed, in the bed with him in that tent.

When we talk about a provincial emergency, there are other emergencies that are happening in these First Nations. There's a water crisis. There's a mental health crisis. There's a housing crisis on top of that. And when you expect First Nations to be able to address the issues under these provincial emergencies, sometimes it just doesn't work.

I hear a lot about and I sympathize with the number of deaths that have happened in long-term care in Ontario. I hear it in questions back and forth, the number of people who have died in long-term care in Ontario since COVID arrived. In the riding of Kiiwetinoong, I only have 20 long-term-care beds for 33,000 people. All I have is long-term boil-water advisories. That's all that I have. I remember the Premier—well, he wasn't the Premier yet, but I remember him coming to Sioux Lookout. He said, “We're going to build you a long-term-care facility.”

One of the things that happened in February, too, is what they call Operation Remote Immunity. I ask questions about urban Indigenous vaccinations, and this operation gets thrown at me when I talk about how successful it was. When we talk about “remote,” I remember some elders telling me not to use “remote” when I talk about First Nations in the north. Here's what they told me: “We have been here thousands of years. We have been up here for thousands of years. I don't know how long Toronto has been there; I don't know how long Ottawa has been there. They're the ones who are remote.” When I talk about remoteness, we're not remote; you guys are the ones who are remote, because we have been there for thousands of years. I remembering saying that, and I always try to use “northern, fly-in communities” rather than “remote” just because of that, because this elder sat me down because I used to refer to the communities I represent, the fly-in communities, as “remote.”

Anyway, when we talk about Operation Remote Immunity, I think of how I was invited to a community called Muskrat Dam. There are about 250 people there, and we had been talking about two or three weeks prior to

that. I knew there was hesitancy for the vaccines. In the north, some of them were at 10%. The highest was probably around 50% or 60%. I got invited there and I actually went there. I knew when I got the shot, when they did the blessing of the vaccines, when the elders spoke about how we need to protect our languages; how we need to protect our identities; how we need to protect our way of life; how we need to protect the community, the elders and the youth, as well; that's why they supported it.

It's unfortunate, the way it came back to me when I did that. There were three things that were said to me: that I jumped the line, that I went to a community where I don't belong and that the chiefs were mad at me. I was sitting right there, actually, and at that time I didn't realize what that meant. But when I reflected on it that evening, I knew exactly what it was. "Jumping the line" means Indigenous people are cheating the health care system. That's what it means. "Going to a community where I don't belong" is saying that somebody here is trying to control where my body should be. To me, those words are colonialism, oppression and racism. That's what it told me. At the highest level of provincial Ontario politics, that's where

we're at, that First Nations and Indigenous people continue to be treated that way.

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I think, moving forward, and when I talk about urban Indigenous vaccinations, what gets thrown in my face is that Operation Remote Immunity. Even us differentiating between off-reserve, urban reserve is, again, part of the oppression and the colonialism that continue even here. I see it. Because it's the federal government that said, "Do you know what? First Nations deserve to be at the front of the line." Meegwetch.

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

We have obviously reached the conclusion of the take-note debate.

Orders of the day? I recognize the member for Barrie–Innisfil.

**Ms. Andrea Khanjin:** No further business.

**The Acting Speaker (Mr. Percy Hatfield):** There being no further business, this House stands adjourned until 9 a.m. tomorrow.

*The House adjourned at 1611.*



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Baber, Roman (IND)	York Centre / York-Centre	
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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	



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<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 / Solliciteure 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

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Mike Harris, Christine Hogarth  
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Natalia Kusendova  
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