

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**Official Report
of Debates
(Hansard)**

No. 269A

**Journal
des débats
(Hansard)**

N° 269A

1st Session
42nd Parliament

Tuesday
1 June 2021

1^{re} session
42^e législature

Mardi
1^{er} juin 2021

Speaker: Honourable Ted Arnott
Clerk: Todd Decker

Président : L'honorable Ted Arnott
Greffier : Todd Decker

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



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

ISSN 1180-2987

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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday 1 June 2021

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 1^{er} juin 2021

The House met at 0900.

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

Prayers.

ORDERS OF THE DAY

APPOINTMENT OF CHIEF MEDICAL OFFICER OF HEALTH

Hon. Christine Elliott: I move that an humble address be presented to the Lieutenant Governor in Council as follows:

“We, Her Majesty’s most dutiful and loyal subjects, the Legislative Assembly of the Province of Ontario, now assembled, request the appointment of Dr. Kieran Moore as Chief Medical Officer of Health for the province of Ontario as provided in section 81(1) of the Health Protection and Promotion Act to hold office under the terms and conditions of the said act for a term of five years, commencing the earlier of the date that the office becomes vacant or September 2, 2021.”;

And that the address be engrossed and presented to the Lieutenant Governor in Council by the Speaker.

The Speaker (Hon. Ted Arnott): Ms. Elliot has moved government notice of motion number 113. Would the minister care to lead off the debate?

Hon. Christine Elliott: Yes, thank you, Speaker. I am very happy to rise today in support of the motion to appoint Dr. Kieran Moore as the new Chief Medical Officer of Health for Ontario.

Before I get started, Speaker, I should advise you that I will be sharing time with the member of Eglinton–Lawrence—right over here. I would like to thank her for her ongoing support on this proposed motion and her support for many other matters we have been working on within the Ministry of Health.

I’d like to start today’s discussion by thanking Dr. David Williams and acknowledging his decision to retire. This means we need to select a new Chief Medical Officer of Health for the province of Ontario. I don’t imagine that when he accepted the position of Ontario’s Chief Medical Officer of Health in February 2016, Dr. Williams ever foresaw an impending global pandemic like what we are experiencing now. But Dr. Williams has been at the forefront of Ontario’s response to the pandemic. His dedication to the people of this province, his tireless work and his measured advice have helped our government to keep Ontario and Ontarians safe and informed.

Under Dr. Williams’s leadership, Ontario has achieved significant milestones in its fight against COVID-19. He has been a leader in testing and case and contact management, and helped with the development of the case and contact management central resource team. He has also advocated for and initiated the addition of school-focused nurses in public health units. This provided rapid-response support to schools and boards so they could facilitate public health and preventive measures, including screening, testing, tracing and mitigation strategies.

Dr. Williams was instrumental in the development and implementation of the Keeping Ontario Safe and Open framework in the fall and winter to ensure that public health measures could help to limit the spread of COVID-19. He was the force behind the release of the three-step plan called the Roadmap to Reopen to safely and cautiously reopen the province and gradually lift public health measures. The road map is based on the province-wide vaccination rate and improvements in key public health and health care indicators.

Whether it be his work in a key role as part of the federal, provincial and territorial level as a member of the Special Advisory Committee on COVID-19 or his work as the co-chair of the Ministry of Health’s Health Coordination Table, Dr. Williams has demonstrated unwavering dedication to the people of this province throughout the pandemic.

Speaker, these are just some of the significant ways he has supported the people of Ontario throughout the pandemic, but his tenure as Chief Medical Officer of Health is so much more than that. During his tenure, he also served as an ex officio member on the board at Public Health Ontario and served as a member of its strategic planning committee. He also introduced the Ontario Seniors Dental Care Program and led the provincial public health response through multiple challenges, including preparing Ontario’s Zika readiness strategy, with steps in place to manage any potential threats. He also served as Ontario’s first-ever provincial overdose coordinator in 2018-19.

He even generously agreed to postpone his retirement plans last year to continue to guide our province through this pandemic, and it was with the faith of this Legislature that he was reappointed to stay a little longer so we could continue to benefit from his experience and knowledge. We are even more appreciative that Dr. Williams has been kind enough to stay around a few more weeks or so, so that we can transition to a new chief medical officer.

Dr. Williams has been a steady and knowledgeable source of advice to our province for as long as he has been

in office. On behalf of our government, I want to extend our deepest thanks and appreciation for all of his efforts during his time as Ontario's Chief Medical Officer of Health.

While we may never be able to thank Dr. Williams enough for all of his leadership during his tenure, Ontario is so fortunate to have a high-quality candidate in Dr. Kieran Moore to step into the very big shoes of Ontario's Chief Medical Officer of Health. Yesterday, Speaker, our government tabled the motion that is before us right now to appoint Dr. Kieran Moore as the next Chief Medical Officer of Health for the province of Ontario. With this motion, we are proposing that Dr. Moore succeed Dr. Williams effective June 26, 2021.

Speaker, I believe very strongly that Dr. Moore is the right person for the job ahead. Dr. Moore received his medical degree from the University of Ottawa and subsequently received his specialty certification in family medicine as well as emergency medicine from the College of Family Physicians of Canada. He has master's degrees in disaster medicine and public health as well as a diploma in tropical medicine and hygiene. He has completed a Canadian Royal College of Physicians and Surgeons fellowship in public health and preventive medicine at Queen's University.

Dr. Moore also has the distinction of serving in a variety of other roles, including as a program director for the Public Health and Preventive Medicine Residency Program at Queen's University, as a professor of emergency, family medicine and public health sciences at Queen's University, as an attending physician at Kingston General Hospital and Hotel Dieu Hospital, and as a principal investigator at the Canadian Institutes of Health Research funded Canadian Lyme Disease Research Network.

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Dr. Moore has served as the local medical officer of health for Kingston, Frontenac and Lennox and Addington Public Health since July 1, 2017. Prior to his appointment as the Chief Medical Officer of Health, Dr. Moore served as the region's associate medical officer of health for the prior six years, starting in 2011. It has been under Dr. Moore's leadership that the public health region has taken a proactive stance against COVID-19 and the morbidity and mortality rates remain low with limited impacts of the virus on the region's hospitals. In addition, there have been no deaths or any major outbreaks in long-term care or high-risk retirement homes. Under Dr. Moore's leadership, the region reached the key milestone of administering first doses of COVID-19 vaccines to over 50% of the adult population as of May 17, 2021. All Ontarians have already benefited from Dr. Moore's considerable talents, as he is a very important member of the COVID-19 Vaccine Distribution Task Force.

Throughout Dr. Moore's medical career, the real-time evaluation of health data has been a key interest and priority for him. During his time at Kingston, Frontenac and Lennox and Addington Public Health, the public health unit has received not just provincial or national but international acclaim for the rollout of its Acute Care

Enhanced Surveillance system, public health information management system, and most recently the southeastern Shared Health Integrated Information Portal. In 2014, the Association of Ontario Health Centres named Dr. Moore a champion for public health and primary health care. This designation is awarded to an individual who shows significant leadership in advancing the relationship between primary health care and public health at system, managerial and front-line levels.

Speaker, Dr. Moore is a demonstrated leader in the field of public health, and the people of Ontario would be very, very fortunate to have him as our next Chief Medical Officer of Health for our province. We know that if the members of this Legislature pass this motion before us, Dr. Moore will continue to be a dedicated public health leader and a champion in our public health care system.

Speaker, until the pandemic was upon us, most Ontarians probably didn't spend much time thinking about public health. But to quote Dr. Williams, "The focus of public health is on the whole population. Its work is embedded in the daily lives of the people of Ontario."

Public health contributes to improving and protecting the health of Ontarians through programs and initiatives such as childhood immunizations; the control of infectious diseases of public health significance; dental programming for seniors and low-income families; and ensuring safe water, education and inspections related to safe food handling.

Speaker, public health also impacts communities by developing healthier environments, responding to public health emergencies and promoting social conditions that improve overall health metrics. By addressing the social determinants of health and reducing health risks to the population, our public health system is playing an important role in reducing the need for other health care services and limiting the consequences of poor health. These efforts are helping to reduce the pressures on our hospitals while also addressing the long-term consequences of illness and injury, including the severity and incidence of diseases and disability, and premature mortality. A strong public health care system has an important role to play in helping to create a strong and healthy future for our province, and that is why the decision we are being called upon to make is so crucial.

Speaker, Ontario's public health model is unique. It reflects the diversity of Ontario's population and it is important for us here today to understand how it operates to best inform our decision-making. In Ontario's public health system, there is a shared authority and accountability at the provincial and local municipal levels. The reason our public health system is structured this way is to ensure it remains flexible enough to meet local needs and effectively bridge the health and non-health sectors, like social services and education, while still having the ability to coordinate measures, programs, services and responses across the province.

The Ministry of Health provides policy direction and guidance to support population health and ensures the delivery of quality public health programs and services.

At the local level, Ontario's boards of health serve populations large and small in urban and rural settings. Each of these boards of health has a responsibility for delivering local public health programs and services within its geographic borders, defined in legislation as the public health unit.

There are currently 34 public health units in Ontario, which are established under the Health Protection and Promotion Act to deliver health promotion, health protection, and disease prevention public health programs.

Each public health unit is governed by a board of health, which is accountable for ensuring the provision of public health programs and services required by the Health Protection and Promotion Act and the Ontario Public Health Standards. Boards of health are accountable for ensuring the provision of the Ontario Public Health Standards, including the protocols and guidelines set out by the province.

As it relates to infectious diseases of public health significance, including COVID-19, public health units are required to have emergency response plans, respond to health hazard complaints and respond to outbreaks of reportable infectious diseases at the local level.

Part of the responsibility of a board of health includes setting priorities and establishing the budget for the public health unit to deliver the Ontario Public Health Standards.

Speaker, I want to emphasize that Ontario's 34 public health units have played an extraordinary role in the pandemic response. This role includes:

- working with health care partners, municipalities, partner organizations, businesses and community members to actively respond to the COVID-19 pandemic since January 2020;

- public health management of cases/contacts and outbreaks, which can be very complex and time-consuming;

- providing ongoing infection prevention and control support at the local level;

- providing a 24/7 on-call system to receive and respond to reportable infectious diseases of public health significance;

- launching social media awareness campaigns to promote mental health, community supports, and stopping the spread of public health measures during COVID-19;

- maintaining critical public health programs and services throughout the COVID-19 response; and

- leading the rollout of the COVID-19 vaccination program at the local level. The COVID-19 vaccination program is one of the largest, most complex and most rapid vaccination programs in history.

Without question, our government has a deep and abiding respect for the very important work being done by our public health workers.

Speaker, as you are aware, our government is taking a comprehensive approach to modernize Ontario's health care system, which includes public health services that are nimble, resilient, efficient and responsive to the province's evolving health needs and priorities. Strengthening public health is part of the government's plan to end hallway

health care and to build a modern, integrated and sustainable health care system.

As part of the 2019 Ontario budget, which was released in April 2019, our government committed to modernize the public health sector in order to address these issues.

In November 2019, we launched broad consultations with municipalities, emergency health, and public health stakeholders. These consultations were put on hold in mid-March 2020 to allow public health and emergency health services to engage in the necessary COVID-19 response activities in their local communities.

For the 2021-22 fiscal year, our government remains committed to invest in additional public health resources, including increased funding for the public health sector, to ensure there is sufficient capacity to monitor, detect and contain COVID-19 in the province while continuing to deliver other important, essential and critical public health programs and services. And we will continue to work with public health and municipal sector partners to ensure public health services are maintained and delivered to protect the health and well-being of all Ontarians.

Speaker, I cannot stress how much our government values the important service that public health units provide to Ontarians, and the Ministry of Health will continue to work with public health units to ensure the best possible use of our health care resources to support the very important work of public health. We would certainly benefit from the key advice of Dr. Moore, should he be appointed to the role of Chief Medical Officer of Health for our province.

0920

The COVID-19 pandemic has been an extraordinary and challenging time. As COVID-19 has progressed, new and evolving science, evidence and data have continued to emerge and we have had to continuously shift and adapt how we act and react. That is where we see Dr. Moore's interest and experience in the real-time evaluation of health data to be a real asset for our province.

This pandemic is a health crisis which has had and will continue to have, unfortunately, significant impacts not just on our health but on all aspects of our society and our economy. The public health sector is crucial to the extraordinary and continuing efforts to monitor, detect and contain COVID-19 in this province. This crucial role has included enhancing case and contact management to quickly test, trace and isolate cases of COVID-19 to stop the spread of this virus.

We know that under Dr. Moore's leadership, Kingston, Frontenac and Lennox and Addington Public Health has taken a proactive stance against COVID-19 and has been able to achieve notable milestones in its fight against the virus. Should the members of this Legislature pass this motion before us, we know that, under Dr. Moore's leadership and expertise, we will be able to continue to make incredible progress in our efforts to vaccinate Ontarians and to successfully modernize our public health system.

Speaker, before I pass things over to the member for Eglinton-Lawrence, I want to once again thank Dr. Williams for all of his considerable efforts and leadership

over the last five years, and wish him all the best in his retirement.

Finally, I want to encourage the members to support this motion in appointing Dr. Kieran Moore as the next Chief Medical Officer of Health for Ontario so we can continue our efforts to contain the spread of COVID-19 in Ontario and enable the recovery and return to our path towards a brighter future for our province.

Thank you, Speaker, for the opportunity to speak today on this matter.

The Acting Speaker (Mr. Percy Hatfield): Thank you. The minister did say she'd be sharing her time with her parliamentary assistant, the member for Eglinton–Lawrence, who now has the floor.

Mrs. Robin Martin: I'm very happy to rise today in support of the Deputy Premier and Minister of Health as we support the motion to appoint Dr. Kieran Moore as Ontario's next Chief Medical Officer of Health.

I would like to thank the Deputy Premier for sharing her time with me today and for the important work she has been doing to build a better patient-focused health care system in our province, as well as her determined and committed leadership throughout the entire COVID-19 pandemic.

Like the Deputy Premier, I want to take this opportunity as well to thank Dr. Williams for his dedication to safeguarding the health and the safety of Ontarians during his many years of service to the province, especially over the last year during this pandemic. Dr. Williams has been at the forefront of Ontario's pandemic response and his tireless work and his measured advice have helped our government to keep Ontarians safe and informed. We are all incredibly grateful for his experience and his leadership at the helm of the province's pandemic response to protect our communities from COVID-19 and its devastating impacts. I certainly wish Dr. Williams and his family all the best in the new and exciting chapter of their lives that they're about to enter.

While we are very sad to be losing Dr. Williams to retirement, we are so very fortunate to have a strong candidate for the role of Chief Medical Officer of Health in Dr. Kieran Moore. I hope everyone here today will agree and support the motion before us.

Dr. Moore has an extensive background working in public health. He has the skills and the qualifications required to ensure a smooth transition into his new role. Since July 2017, he has served as the medical officer of health for Kingston, Frontenac and Lennox and Addington Public Health. Under Dr. Moore's leadership, the public health region has taken a proactive stance against COVID-19, and the morbidity and mortality rates remain low, with limited impacts of the virus on the region's hospitals. On May 17, the region reached a key milestone of administering first doses of COVID-19 vaccines to over 50% of the adult population.

Dr. Moore has had the distinction of serving in a variety of other roles, including as the program director for the Public Health and Preventive Medicine Residency Program at Queen's University; as a professor of emergency

family medicine and public health sciences at Queen's University; as an attending physician at Kingston General Hospital and Hotel Dieu Hospital; and as a principal investigator at the Canadian Institutes of Health Research-funded Canadian Lyme Disease Research Network. These unique and diverse experiences in the health care field make Dr. Moore an ideal candidate to take over for Dr. Williams upon his retirement.

As we continue to vaccinate more Ontarians and embark on our Roadmap to Reopen in the coming weeks, Dr. Moore's years of experience working in public health could prove crucial as we begin to gradually lift public health measures. Should this motion pass, Dr. Williams has agreed to stick around for a few weeks longer to work alongside Dr. Moore to ensure a seamless transition into his new role.

I think it's fair to say that we all recognize that if appointed as the next Chief Medical Officer of Health, Dr. Moore will be charged with an immense responsibility for safeguarding the health of Ontarians and providing public health advice to the health sector and to our government.

Speaker, the COVID-19 pandemic has reinforced the importance of our government's efforts to build a better-integrated and connected health care system. While our government is focused on protecting Ontarians' health and well-being during the pandemic, we remain committed to strengthening our public health sector by working with health care partners to contain the transmission of the virus and implement our vaccination rollout plan. We know how important it is to build a modern health care system that is better organized and supports our committed health care workers in order to provide Ontarians with the high-quality care that they need and deserve.

Speaker, the need for a strong public health system has never been more evident than it has been, of course, during this COVID-19 pandemic. It stands to reason Ontario needs a strong Chief Medical Officer of Health to provide us with the right guidance to come out of this pandemic even stronger. That's why, through the Ontario's Action Plan: Responding to COVID-19 in 2020-21, our government invested well over \$100 million in additional funding to support the extraordinary costs incurred by Ontario's public health units and other initiatives associated with monitoring, detecting and containing the COVID-19 virus in the province.

Supporting the province's 34 public health units is crucial, as they have all played an extraordinary role in the pandemic response. Those contributions include:

- working with our health care partners, municipalities, partner organizations, businesses and community members to actively respond to the COVID-19 pandemic since January 2020;

- public health management of cases/contacts and outbreaks, which can be very complex and very time-intensive;

- providing ongoing infection prevention and control support at the local level;

- providing a 24/7 on-call system and the support for that to receive and respond to reportable infectious diseases of public health significance;

- launching social media awareness campaigns to promote mental health, community supports and stopping the spread of viruses during the COVID-19 pandemic;
- maintaining critical public health programs and services throughout the COVID-19 response; and
- leading the rollout of the COVID-19 vaccination program at the local level.

0930

The COVID-19 vaccination program, of course, is one of the largest, most complex and most rapid vaccination programs in our history.

Dr. Moore, as the Medical Officer of Health for Kingston, Frontenac and Lennox and Addington Public Health, is very familiar with the vital role public health units play in the fight against COVID-19, further strengthening his candidacy for this critical job at this critical time.

Our public health units work to respond to and manage infectious diseases, including surveillance and case and contact management, through their operating funding allocations. However, COVID-19 has required a level of response from the public health sector that goes way beyond the norm or business as usual, resulting in increased expenditures.

In recognition of the unique circumstances of the public health response to COVID-19, the government approved approximately \$188 million in additional one-time funding for public health units for 2020-21 to support and enhance COVID-19 monitoring and case and contact management. This increased investment is over and above the \$802 million approved to support public health programs and services, and it included the following:

- \$131 million in additional one-time funding to support extraordinary costs incurred associated with monitoring, detecting and containing COVID-19 in the province;
- \$42 million in additional one-time funding to hire up to 625 additional school-focused nurses to provide rapid response to support our schools, school boards and families in facilitating public health and preventative measures related to COVID-19;
- \$7 million in additional one-time funding for the temporary pandemic pay initiative for public health unit nurses eligible under this program;
- \$5 million in additional one-time funding for the infection prevention and control hub program, which supports the development of local networks to enhance infection prevention and control practices in community-based congregate living settings; and
- finally, an additional one-time funding to support implementation of the public health case and contact I&IT solution, which is being used to manage cases and contacts of COVID-19.

As the COVID-19 response continues, we do anticipate that many public health units will continue to incur additional expenses to support their efforts, including the implementation of the COVID-19 vaccine program.

As the minister mentioned previously, in recognition of these unique circumstances, the government is investing additional public health resources, including increased funding for the public health sector for the 2021-22 fiscal

year, to ensure that there is sufficient capacity to monitor, detect and contain COVID-19 in the province, and maintain essential and critical public health programs and services. As well, a process for public health units to request reimbursement of COVID-19 extraordinary costs incurred in 2021-22, including costs associated with the delivery of the COVID-19 vaccine program, was initiated earlier in the year and is currently under way.

Our government continues to support our partners in other ways as well. For instance, the province's COVID-19 fall preparedness plan, Keeping Ontarians Safe: Preparing for Future Waves of COVID-19, also included additional funding to add case and contact management staff to support the public health sector to identify and follow up with new COVID-19 cases and outbreaks to avoid further spread.

For the 2021-22 fiscal year, the government remains committed to investing in additional resources to support our public health system. This includes increased funding to ensure there is sufficient capacity to monitor, detect and contain COVID-19 in the province while continuing to deliver other important essential and critical public health programs and services. These investments have and will continue to help ensure that the public health sector has the capacity to undertake crucial public health interventions with clients, the public and the community in order to stop the spread of COVID-19.

Our government has been supportive of the work of our public health units beyond their response to the pandemic as well. In total, for 2020-21, public health units received approximately \$802 million in provincial funding to support the provision of public health programs and services, which included approximately:

- \$726 million in operating funding to support the delivery of public health programs and services in accordance with the Ontario Public Health standards; the Ontario Seniors Dental Care Program, which provides comprehensive dental care to eligible low-income seniors; and public health programs and services for Indigenous communities and unorganized territories; and
- \$76 million in additional one-time funding, including one-time mitigation funding to fully offset increased costs of municipalities as a result of the cost-sharing change of the modernization efforts the minister referenced during this critical time; and one-time capital funding to support implementation of the Ontario Seniors Dental Care Program and other critical public health programs and services.

While talking about Ontario's public health system, I would be remiss to not mention the incredible contributions of Public Health Ontario. Public Health Ontario provides scientific and technical advice to our government and to the Chief Medical Officer of Health. The agency performs public health laboratory testing for our health system, a role that is fundamental to the work of the health system overall. They also carry out and support activities such as public health research, surveillance, epidemiology, planning and evaluation, and operate and provide public health laboratory services in the public health

laboratory centres. In fact, Public Health Ontario operates 11 public health laboratories across the province that process more than five million clinical and environmental tests on over 2.5 million specimens each year. They have also served as a valued partner as part of the Ministry of Health's executive command table.

Our government has benefited immensely from the advice and the counsel given by many of Public Health Ontario's leaders. This past year has been a testament to the valued partnership between the Ministry of Health and Public Health Ontario. Public Health Ontario has really played an extraordinary role in the pandemic response, including:

- contributing to public health measures and our re-opening planning;

- COVID-19 laboratory testing and scientific support; including, by the way, development and validation of our tests for COVID-19 and input into our testing strategy;

- COVID-19 data collection, monitoring, analysis and reporting;

- COVID-19 case and contact management guidance, including resources to support our public health units;

- COVID-19 vaccine programming, including provincial monitoring and support for adverse events following immunization and vaccine coverage monitoring and reporting;

- development of products based on evidence such as scientific briefs and guidance documents to inform government policy; and

- providing scientific and technical advice and guidance to the public health units and other parts of the health care system as well as other sectors.

In addition, Public Health Ontario plays a critical role in monitoring genetic variants of COVID-19 and helping to ensure appropriate public health measures are in place. The agency leads genomic sequencing efforts through the Ontario COVID-19 Genomics Network, including sequencing a minimum of 10% of positive samples to monitor and identify new and emerging COVID-19 variants—and we all know how important that is. This is complemented by broad screening to identify variants of concern. In partnership with the Ministry of Health, Public Health Ontario will continue to adapt its surveillance strategy to detect known and emerging variants through genomic sequencing based on emerging evidence.

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The leadership that the Public Health Ontario laboratory system has shown throughout this pandemic has been unmatched and is an invaluable component of our government's response. Faced with what seems like impossible timelines and an incredible amount of pressure, Public Health Ontario has not wavered in its duties, for which we are all grateful.

Throughout the pandemic, the Office of the Chief Medical Officer of Health has worked very closely with Public Health Ontario, and will continue to do so under Dr. Moore's leadership if he is appointed as the next Chief Medical Officer of Health. Collaboration is the hallmark

of Dr. Moore's career, as was recognized by his designation as a champion for public health and primary health care by the Association of Ontario Health Centres.

The Ministry of Health will continue to work with key partners, including Public Health Ontario, to build upon and improve our testing strategy and the associated infrastructure and systems, such as viral sequencing, to continue to monitor COVID-19 as it evolves and to prepare the province for the emergence of any future novel pathogen.

For these reasons, our government has made significant investments in a comprehensive testing strategy, totalling \$3.7 billion over the last two years, including \$2.3 billion in 2021-22. These investments include additional funding to offset extraordinary costs incurred by Public Health Ontario as a result of managing the COVID-19 pandemic.

Our government values the important services that Public Health Ontario provides to Ontarians and will continue to work with Public Health Ontario to ensure the best possible use of our health care resources to support the important work of public health as we respond to the pandemic while ensuring that the public health and safety of all Ontarians is protected.

In closing, our government continues to prioritize a strong and united public health system, especially as we enter this critical juncture in our fight against COVID-19. Dr. Moore, with his many years of experience working in public health and building relationships throughout the health system, is the right person for the job of leading Ontario's public health response to COVID-19. He has a demonstrated track record of success in taking a proactive approach to protecting those under his care. He has a proven ability to bring primary care and public health together, a skill which is more important than ever as we take steps to address COVID-19. With strong relationship-building skills, we know he will continue Dr. Williams's legacy of collaboration by working with all of our partners in the health sector, with the goal of defeating COVID-19 and ensuring Ontarians province-wide are healthy and safe.

Speaker, if we pass this motion, Dr. Moore would succeed Dr. David Williams effective June 26, following several weeks of working alongside one another as Dr. Moore transitions into the role. While we are all very thankful for all of Dr. Williams's efforts and the tremendous impact he has had on our public health system and wish him all the best in whatever may come next for him, we're also very excited at what Dr. Moore will bring to the table, should he be named Ontario's next Chief Medical Officer of Health.

Once again, Speaker, I want to thank the Deputy Premier and Minister of Health for the opportunity to speak to this motion before us today, and I will encourage all members of the Legislature to support this motion in order to appoint Dr. Kieran Moore as Ontario's next Chief Medical Officer of Health.

Thank you very much, Speaker, for the time today.

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

M^{me} France Gélinas: I will start my remarks by drawing a little bit of a difference between how the last Chief Medical Officer of Health was selected and came to be the Chief Medical Officer of Health—that's Dr. Williams—compared to the process that is being taken now. I would like to bring you back to—I think it was the fall of 2015. Arlene King had been our Chief Medical Officer of Health. She had left. The position had been filled by an Acting Chief Medical Officer of Health, and a process was put in place to find a new Chief Medical Officer of Health. The process started with an advertisement campaign for anybody who had the qualifications, and there was a long list of qualifications that was put together by the department of human resources here at Queen's Park for people to apply.

I was part of this process. There are many parts that I'm not allowed to share, but I will share with you the high-level facts. There were applicants that came from all over Canada, all provinces, the territories, many from Ontario. We even had applicants from outside of the country who had medical privileges in Ontario apply for the position. An all-party committee was put together that was led by the Speaker of the House. From the long list of applicants who applied to become Chief Medical Officer of Health, a selection was made, and we agreed to interview—I think I'm allowed—I won't say. We agreed to interview a certain amount, quite a few. There was a ton of good applicants who had put their resumé forward for the position.

Under the guidance of the human resources department here at Queen's Park, an extensive questionnaire was developed. A number of applicants for the position were asked to come to Queen's Park, and an all-party committee of the Legislative Assembly—I happened to be the NDP representative. At the time, it was a Liberal government. There was a Liberal representative who was there. There was a representative from the Conservative Party who was there. Those were the only three parties represented at Queen's Park at the time. All three of us sat together with the Speaker, but the Speaker made it clear that he was there to supervise the process but was not going to be part of the selection. We also had the deputy minister at the time. It was Dr. Bob Bell who was deputy minister.

Given that the position of Chief Medical Officer of Health is unique in Ontario, where they are an officer of the Legislature, as in they have a direct link to all of us in the Legislature like all the other officers of the Legislature, but they are also an ADM—they also report to the deputy minister. So the deputy minister attended all of the process to select the next Chief Medical Officer of Health, but he did not participate, as in ask questions during the interviews or anything like this.

The interviews took place. Like in a regular interview process, each of us from the three parties took turns asking questions of the different candidates. Human resources had done a very good job of assigning points to each of the questions we were to ask. Basically all of the responsibilities of the Chief Medical Officer of Health were covered in the interview questions, as well as some of the qualities that we were looking for in the Chief Medical Officer of Health.

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We went through this process and scored, once we had interviewed all of the people who had been selected for the interview. We had many long discussions as to what your score was for the different questions for the different candidates. Then we had a limited selection on which the department of human resources went out and called for their references. That was done internally by HR, not by us politicians, and then HR brought back what they had heard from the reference check, I would call it, and then a selection was made after many, many hours of conversations. We selected Dr. David Williams, who became the next Chief Medical Officer of Health, and then it was ratified by the House.

I wanted to share a little bit as to how it had been done because we did not just dream that up, Speaker. This process was put in place after SARS. You will all remember that Severe Acute Respiratory Syndrome, SARS, came to Ontario in early 2000. It was devastating to some of our hospitals and over two dozen Ontarians, including health care workers, passed from this. There were investigations that were done, and then the focus really came as to how we prepare for the next pandemic, which we all knew was going to come. A big part of the preparations for this was to restructure our public health system.

I will always remember Chief Medical Officer of Health Sheela Basrur and how hard she worked. Really, she is the one who taught me the importance of public health and the importance of learning from what had happened during SARS so that we would be ready for the next pandemic. None of us knew when the next pandemic was going to be, but we all knew that another one was to come. There's been a few close calls in Ontario, but nothing like what we're living through right now with COVID, all this to say that the lessons from SARS, the lessons from a previous pandemic, are important to all of us to respect.

One of the lessons was really how you select the Chief Medical Officer of Health. The end goal in all of this is always to build trust. Public health is not sexy. When they do a great job, nobody knows they're working. When you go to a restaurant and the food is good, when you turn on the tap and you can drink the water, when you send your child to daycare and everything works good, we just assume that it all works good. It works good because public health is doing its work. Public health is sort of always in the background. We don't really know they're there until things derail; and now I would say most Ontarians have a pretty good idea of what public health is all about and how important it is to be able to trust, because without trust it is really hard to get compliance.

Public health is asking each and every one of us to make efforts day after day. Many of us are tired of the effort that they're asking us to put in, but we continue to do this because we trust them. This is the end goal, to always build the trust in our public health system, so that when public health emergencies happen, the trust is there. When your medical officer of health stands up or when your Chief Medical Officer of Health stands up, you know that the

advice they are giving us is based on the best evidence. It is based on data; the best data that is available at the time is being used, and every time they learn more, they reanalyze their decision and they share it with us.

We had learned from SARS that one of the ways to achieve our end goal of making sure that everybody trusts was to have an all-party committee do the selection of the Chief Medical Officer of Health. Because the Chief Medical Officer of Health reports to the Legislature, to each and every one of us, it was found that that was an important part in building that trust that will make us as prepared as possible for the next public health emergency that comes, whether it has to do with opioids or bad water or anything else—or, as we see now, it has to do with a virus called COVID-19. For all of this, it was important.

I wanted to put what happened in the fall of 2015 on the record, because I want to contrast it with what is happening now. You will all remember that I put forward a bill—I forgot the number of the bill, but I will find it quickly—Bill 227. You will all remember that in the fall of 2020, I put forward, and we debated in this House for second reading, Bill 227, An Act to amend the Health Protection and Promotion Act with respect to the positions of Chief Medical Officer of Health and Associate Chief Medical Officer of Health and related matters. In the bill I had put forward—I will just read a bit of the preamble here, Speaker. It says:

“The bill amends the Health Protection and Promotion Act to make the Chief Medical Officer of Health an officer of the assembly and to provide for various related matters, including specifying the manner in which the Chief Medical Officer of Health may be appointed or removed from office, as well as the appointment of a temporary Chief Medical Officer of Health in specific circumstances.”

It goes on to say:

“The act is also amended to provide for the appointment of a select committee in the event of a declaration of an emergency under the Emergency Management and Civil Protection Act that relates to a public health event or a pandemic or may have health impacts anywhere in Ontario. The mandate of the select committee consists of receiving advice from, and providing advice to, the Chief Medical Officer of Health with respect to the situation that gave rise to the declaration of emergency.”

The bill was debated in November and voted down by the majority government. The reason I wanted to bring us back to this is, again, the same thing: Our end goal is that each and every one of us has a responsibility to build trust between the people of Ontario and the people in charge of public health. This is how you make it through public health emergencies. This is how you make it through the pandemic, by people trusting the advice of their medical officer of health locally in the 34 public health units, as well as the Chief Medical Officer of Health.

So you have to understand a bit of my surprise when I got up Saturday morning and I had I don't know how many emails from people all over the province, mainly from people working within our public health system, saying, “France, did you see this?” Did I see what? So I started to

read. I think the first article I read was from the Sun, from Brian Lilley, I think. He was the one that informed me that a new Chief Medical Officer of Health had been selected for Ontario.

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Quickly after this, I saw something in the Toronto Star. I'm thinking, “Oh, how bizarre is that? I read about this in a newspaper.” We had constituency week last week. We spent about 15 hours in health estimates, so I had the Minister of Health, the deputy minister, all of the ADMs, all of the program supervisors, including Dr. Williams, there on Zoom, just to be safe, for 15 hours. We also reviewed two reports from the Auditor General that happen to deal with health care issues. Again, the deputy minister was there. The medical officer of health was there.

So I'd just spent over 30 hours with all of those good people who were making those decisions, and not a peep. I knew nothing until Saturday morning, when everybody read and everybody fell off their chair and started to—

Interjection: A minor oversight.

M^{me} France Gélinas: A minor oversight—that's it. Quickly, I was reassured that it was not just a trial balloon. It was a decision that had actually been made, that our Chief Medical Officer of Health would be leaving us before the extension of his term that was supposed to be in September, and that the new Chief Medical Officer of Health had been selected.

First, I said, “Well, maybe I missed something. Maybe there was an ad that went out asking for people to apply for the position.” I searched pretty high and low, and no, I have not seen any advertisement going out to select such an important public servant position. So how the selection was made—I was hoping this morning, when the minister and the parliamentary assistant to the minister were speaking, that they would have shared a little bit as to the process that led to the selection, but I have not heard a peep about that yet.

I wanted to put all of that on the record, again, because on this side of the House, we are committed to the end goal. We are committed to the goal that as many people in Ontario will have confidence in our public health system, in our Chief Medical Officer of Health. We know full well that the confidence will be in part because of the way that we as leaders in our community show our respect for the people in those positions, how we as elected officials in the provincial Legislature are supportive of those decisions.

Let's just put it clearly that last weekend, on Saturday and Sunday, it was pretty hard to be supportive of a decision that I knew nothing about. The previous selection of the Chief Medical Officer of Health—I worked really hard on this process. I read resumés of—there are physicians who apply for those positions who have resumés of 120 pages long. Those are people that come with a wealth of knowledge and skills, and half of the words in the thing I have to look up because I don't even know what they mean. This is how knowledgeable and skilled those people are.

I worked really hard through this process. I knew it inside and out. I knew the background of each and every

one of the people who had applied for the position. Often, they would tell us why they had applied. They came with letters of reference from all sorts of very knowledgeable people in public health.

For the new Chief Medical Officer of Health, I read it online through somebody who copied and pasted—because I'm not able to read the Sun's articles because I don't subscribe. I don't subscribe to any online, so somebody had to copy and paste and send it to me, and then we read it. It's like, all right, in the middle of a pandemic, we are changing the Chief Medical Officer of Health through an announcement in the Toronto Sun.

What am I to think of this? So we put our thinking hat on, and remembered the end goal: The end goal is we want 14.5 million people in Ontario to trust the Chief Medical Officer of Health. We want everybody to know that when this person speaks, they will have the support of 14.5 million Ontarians, and no matter how difficult, how unpleasant, how tired we are of their advice, we will listen to their advice. We will follow what they're recommending to us.

So this is really not starting out in the best of ways. You don't build the trust of the people who are elected to represent their constituents by letting them read in the Toronto Sun or in the Toronto Star that a new Chief Medical Officer of Health has been selected. How hard would it have been, Speaker, to let us know that a process was in place to try to recruit?

In the back of my mind, I really thought that—I knew that Dr. Williams's contract had been extended until September. So I thought that the ads will be coming out any time now, we will do our work right after the House rises to have a selection by the end of June, and I'm hoping that in July and August whoever the person who has been chosen will have an opportunity to work with Dr. Williams, to ensure a smooth transition during the pandemic so that when he retires in September, we've had the process, we have a new person in place and there we go.

How wrong could I have been, Speaker? How wrong could I have been? None of what I expected when it comes to due process actually took place. I read it online on Saturday morning from a copy-and-paste from the Toronto Sun. That was not exactly what I had expected.

We have to realize that the role of the Chief Medical Officer of Health, especially during a pandemic, is really exhaustive. The Chief Medical Officer of Health can issue orders that basically go against the basic freedoms of everyone. They have incredible powers to protect us during a pandemic.

I very much respect the role of the Chief Medical Officer of Health. I know how important they are, now that we all know the different chief medical officers of health in the different provinces. We've all seen the chief medical officer of health from BC, who has been the face of the response in British Columbia. We're starting to know most of them in the different provinces as the different provinces struggle with the second and third waves and the public health measures that have to be put in place.

An important position like this, I felt, maybe deserved a phone call, a "I need to talk to you for a minute," a "We

wanted you to know that we're about to do this"; a basic courtesy coming from the Conservative government on something so important, so that we would at least know that they also considered the position as important as it is. But none of that happened.

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When we talk about Public Health Ontario, I always like to read their vision into the record: "Internationally recognized evidence, knowledge and action for a healthier Ontario." Doesn't that speak loudly?

Their mission: "We enable informed decisions and actions that protect and promote health and contribute to reducing health inequities." This is also very powerful.

Their mandate: to "provide scientific and technical advice and support to clients working in government, public health, health care, and related sectors.

"We build capacity, assemble expertise and guide action through"—and they go on.

The whole public health system, the Chief Medical Officer of Health is an adviser to the government. This is where the knowledge, the technical knowledge as to what is going on during a pandemic—the Chief Medical Officer of Health is the voice of that, the knowledge keeper of that. He is the one who advises government as to what is happening public health-wise and what the measures are that are recommended by public health.

I hope all my colleagues would agree as to how important of a role it is, and I hope we all learn a little bit today as to the reason why the SARS Commission recommended that the process to select a Chief Medical Officer of Health has to be a process that is open, that is transparent, that is led by an all-party committee of the Legislature, because those are all fundamental steps towards our shared end goal. I don't know why the government decided that those fundamental steps towards our shared end goals were not going to be respected this time, that we were going to find out by reading on social media that a selection had been done. Why keep such a thing a secret? What is there to gain by doing a process like this? I cannot answer that question, but I would very much like an answer to that question. Why did you do this?

We are in the middle of a pandemic. We need 14.5 million Ontarians to trust Dr. Moore, who will become the next Chief Medical Officer of Health. Why not send him into this really difficult position with as many opportunities as possible to succeed? Why appoint him with this cloud, this bullet attached to his ankle as he tries to run us out of this pandemic? It's hard to understand what motivated the government to do this. I would like, at some point, for them to share an explanation.

I cannot stress enough, Speaker, how important the role of public health is. All 34 public health units have a board of health. The 34 medical officers of health of our 34 public health units report to a board of health. The board of health is their board of directors. They report to this board. There's a specific structure to those boards that is set out in law, and it is comprised of municipal members, as well as members appointed by the Lieutenant Governor in Council. The meetings are always open.

Interjection.

M^{me} France G elinas: When you stand up, usually I sit down.

The Acting Speaker (Mr. Percy Hatfield): Yes, thank you. I do apologize for interrupting you, but unfortunately the time allotted for this part of the debate has ended.

Debate deemed adjourned.

The Acting Speaker (Mr. Percy Hatfield): You will have an opportunity later in the day, if it's called again, to complete your hour lead.

MEMBERS' STATEMENTS

CHILD CARE

Ms. Doly Begum: Speaker, this past year has been incredibly challenging for families, especially for working parents with little ones. Many have lost access to child care, while others have lost their income and haven't been able to afford child care. Many parents, including a disproportionate amount of mothers, have exited the workforce entirely because they had to stay home and care for their little ones. Lack of access to child care has a domino effect on not just our day-to-day lives but also on our economy.

My constituent Jennifer, a woman entrepreneur, took on the task of opening a nursery in my riding of Scarborough Southwest, Little Bugs Nursery, with the intention of providing Scarborough Southwest families with some relief and a local option for child care. Despite her spending thousands of dollars to ensure the location was up to par with regulatory standards, she was told that she needed to add some more fixtures if she wanted to receive the full licence. She was told that in the interim, she would be allowed to operate the space for five children or less, but on Friday, to everyone's surprise, the Ministry of Education came and shut the centre down while she was following that specific order.

Jennifer has done everything she could and that she was told to ensure that the business could operate. Instead of making it more difficult for Jennifer, she should be supported by our government. Mr. Speaker, I'm calling on this government to pave the way for entrepreneurs and local businesses as we plan for a recovery. We need to work towards a feminist recovery that supports female entrepreneurs and parents in the workforce, and provides access to good-quality child care.

PRESCRIPTION DRUGS

Mrs. Nina Tangri: COVID-19 has taught us that there has never been a more important time to invest in and have access to new, innovative vaccines and medicines in Ontario. I am proud of the work that our government, led by the Premier, has done to support innovation, research and manufacturing of life-saving and life-altering treatments. A strong domestic life sciences sector is so important, and my community of Mississauga–Streetsville is concerned about the changes the federal government will be introducing this July through the Patented Medicines

Prices Review Board, or PMPRB, which will put Canadians' and Ontarians' access to new medicines and vaccines at risk.

Our government is committed to ensuring that Ontarians continue to have access to the life-saving medicines they deserve and need. As such, since last year, we have written to the federal government, asking them to consult further with stakeholders and to conduct further analysis and assess impacts to pharmaceutical investments, including clinical trials, manufacturing and access to new medicines.

Yesterday the Minister of Health and the Minister of Economic Development, Job Creation and Trade wrote again to the federal government, urgently calling for these measures, slated to be introduced on July 1, to be paused while we consult and assess the impacts of their changes. Many stakeholders have expressed concerns with proposed pricing guidelines and impacts to the sector, including drug launch delays, decreased research and development, less investment or decisions not to launch certain products right here in Canada. We're requesting that the federal government acknowledge these concerns. We need to make sure that all Canadians have their drug plans and non-excessive prices, while incentivizing an introduction of new and improved products.

RESIDENTIAL SCHOOLS

COVID-19 RESPONSE

Mr. Guy Bourgouin: I'd like to take a moment to pay my respect to all Indigenous people across Canada who are hurting and in pain from the discovery of the remains of 215 Indigenous children found buried at the site of a former residential school. My heart goes out to all First Nations across Canada.

Mr. Speaker, I now want to bring the Minister of Health up to speed on the disturbing spike of COVID-19 cases in my riding, especially in the Cree communities of the James Bay coast. Yesterday, the Porcupine Health Unit recorded 326 active cases. Of these numbers, 86 are active cases in the James Bay community. These numbers keep surging at an alarming rate.

Minister, Moosonee declared a state of emergency last week. This community alone currently has 27 active cases; Fort Albany now has 27; Moose Factory, 13; Attawapiskat, 18; and Kashechewan, one.

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Speaker, I'm asking the minister to work with these communities and to work with WAHA. The town of Moosonee has requested an extension of the field hospital, and I'm asking the minister to extend their contract. I'm also asking the minister to commit resources to these communities as needed so they can come out of this pandemic safely without having faced tragedy.

COVID-19 IMMUNIZATION

Mr. Amarjot Sandhu: It is times like these that we come to understand the value of coming together. Today,

I want to pay tribute to the collaboration between Peel Public Health, Bruce Power and members of its nuclear supply chain to help fight COVID-19. They have partnered to create a hockey hub mass vaccination centre at the CAA Centre in Brampton, similar to those Bruce Power and its partners have helped deploy at four other locations in Grey-Bruce and Lambton counties.

With support from the Ontario Chamber of Commerce-led vaccination support council, companies and labour groups jumped on board to help, including: Alectra Utilities, Energy Solutions, Nordion, Framatome, Kinectrics, NPX, CGI, BWXT, E.S. Fox, SNC-Lavalin, LiUNA, the Power Workers' Union and Ontario building and construction trades council. All of these groups joined forces to contribute and pull this clinic together in just five days.

Speaker, we will only end the pandemic when we end it in every region of Ontario. I offer my sincere thanks to these groups who have demonstrated true Ontario spirit by reaching out beyond their footprints to help their fellow Ontarians and for their help in powering Ontario forward through COVID-19.

RESIDENTIAL SCHOOLS

Mr. Gurratan Singh: The remains of 215 Indigenous children were found at the Kamloops Indian Residential School. There were children as young as three years old found in the mass grave there.

I can't even begin to imagine the horror that these children faced, to be stolen from their homes, to be robbed of their culture, their way of life and their language, only to be murdered and killed.

These are crimes against humanity. This is genocide, the gravest of injustices. This is an injustice that each and every one of us carries.

Whether you came here a year ago or 100 years ago, we are all settlers on this land, because the roads we drive on, our homes, our workplaces and the lives we live are on Indigenous land.

Canada has failed the Indigenous community, and each and every one of us bears the weight of this failure. It is a wrong that each and every one of us needs to right on the path to justice.

FILIPINO COMMUNITY

Mr. John Fraser: June is Filipino Heritage Month in Ontario, and that's thanks to the member from Scarborough Southwest, who brought forward the private member's bill that we passed unanimously in this Legislature last month. Ontario is home to some 340,000 people of Filipino descent. This month, we celebrate their rich culture, diversity and the many contributions that Filipino Canadians have made to Ontario.

Many first-generation Filipino Canadians were women. They came here to teach, to nurse and to provide child

care. In fact, during this pandemic, many Filipino Canadians have been on the front lines keeping Ontarians safe.

Sadly, we lost Christine Mandegarian, a Filipino Canadian and PSW from Scarborough, earlier this year to COVID-19. I know that the member from Scarborough Southwest honoured her in debate last month, and we should do that again today.

The continued dedication of Filipino Canadians to their community and to our health, our well-being is greatly appreciated. Our diversity defines our identity, and celebrating our common interests and our unique cultures in Ontario unites us all.

I just want to thank Alicia Natividad from Ottawa-Vanier for her continued support and advocacy and promotion of Filipino Heritage Month, and it's with pride and joy. Mabuhay.

GLOBAL COPTIC DAY

Mr. Sheref Sabawy: As the first Coptic Egyptian MPP to sit in this Legislature in Canadian history, it is my honour to speak today to commemorate Global Coptic Day, the feast of the entry of the Holy Family into Egypt. That day was chosen by the Coptic Orthodox Church to mark the annual Global Coptic Day, and the icon of the Holy Family in Egypt was picked to symbolize this event.

Coptics are the direct descendants of their ancestors, the pharaohs of Egypt, and the Coptic heritage is the extension of the pharaonic civilization grown around the Nile River for thousands of years. Mr. Speaker, Global Coptic Day is intended as a day to celebrate Coptic's rich heritage, including its unforgettable history of martyrdom and persecution, as well as its theological education and monasticism. This day commemorates the hundreds of victims and martyrs over thousands of years. It aspires to create global awareness of Coptic heritage all around the world. The day is an annual celebration of the contributions made by the Coptics over many centuries.

Churches worldwide call Christians to fill this day with PRAISE: pray, read, acts of mercy, invite, serve and educate. It's no doubt that many of the Eastern churches were the saviours of the cultural history of their nations. The Coptic Orthodox Church is a live testament of care and protection of the Coptic culture, history, language and traditions.

I am proud to be a Canadian Coptic, standing here today on behalf of all Ontarians and wishing the Coptic community a happy Global Coptic Day.

AUTOMOBILE INSURANCE

Mr. Kevin Yarde: It's an honour to stand on behalf of the great folks of Brampton North. As the critic for auto insurance, I've been trying to get this government to end postal code discrimination that we see in Brampton. We're paying the most out of all of Ontario, and it's not even close. On average, my constituents of Brampton North pay more than twice the provincial average per year. It's

unacceptable to see this government ignore the people of Brampton, especially when we're going through a pandemic. This is why the NDP as the official opposition proposed a 50% break on auto insurance costs for all drivers and called for a deferral of insurance payments for anyone who lost their job or income. This 50% break during the pandemic will not only help the everyday people of Ontario but also our essential workers such as truck and taxi drivers.

I have spoken to many from the Airport Taxi Association, along with their president Rajinder Singh, and they shared their concerns with me. Taxi drivers are essential workers who are on the verge of losing their livelihoods by skyrocketing insurance premiums and an inability to renew insurance policies, and by COVID-19. Throughout this pandemic they've seen their insurance go up threefold while their revenues have all but disappeared. They are being denied coverage by their insurance companies, so they must resort to facility insurance or have their taxis parked in their driveways. Many have chosen to park their taxis, but they still continue to pay their operating expenses.

These folks need a break. I encourage this government to do the right thing and make sure that they lower the auto insurance for general insurance as well as for taxi and limousine drivers.

MUNICIPAL PLANNING

Ms. Effie J. Triantafilopoulos: In my community, we have a neighbourhood called Millcroft in the city of Burlington, which residents consider a jewel. People have come from all over Burlington and the GTA to live and raise a family in Millcroft.

Millcroft is built around a golf course that threads its way through the community, a green space that provides recreation and beautiful vistas for the people of Millcroft. Yet this green space is at risk of development, even though it provides a haven for wildlife and helps collect storm water, preventing flooding; even though thousands in the community have opposed development through petitions and letters to the city of Burlington and to me as their MPP.

Residents have told me again and again that they want what is best for their community and their families. The Millcroft community wants to preserve its green spaces, and most residents are opposed to the new development. I support them in their wish to preserve their community.

The greenbelt and our parks and green spaces are essential for the health of our communities. We must preserve them, and I will do all within my ability to help Millcroft preserve its communities.

1030

ONTARIO DAY

Mr. Michael Parsa: Speaker, it's an honour to rise in the House to speak to the first celebration of Ontario Day. When I first thought about how Ontario Day should be

celebrated, I wanted to ensure that it was as inclusive as possible so that every Ontarian could have this day to honour what they cherish most about our province. After all, Ontario is one of the richest and most diverse places in the world. Whether you're celebrating Indigenous heritage or your family's recent arrival in Ontario, we should all be grateful for our beautiful province.

Speaker, on this inaugural Ontario Day, I'm celebrating our province's front-line heroes, our health care heroes in particular. They're the best in the world, and for the past 15 months, they have worked tirelessly to protect each and every one of us. I'm choosing to take this day to honour and thank them for everything they have done for us. Because of their efforts to get vaccines into the arms of Ontarians, we've seen case numbers continue to go down, and as a result, lives are being saved.

That's also why we are closer than ever to the light at the end of the tunnel. Soon, we will all be able to gather safely with our loved ones, go back to workplaces, and reopen businesses that illustrate our communities.

Speaker, after a long and difficult year, there is no better time to honour everything that makes this province the best place in the world. So, to everyone across Ontario, I'd like to be the first to wish you a safe and happy Ontario Day, and I look forward to celebrating with you in person. Happy Ontario Day, everyone.

The Speaker (Hon. Ted Arnott): That concludes our members' statements for this morning.

I understand the member for Niagara Falls has a point of order he wishes to raise.

Mr. Wayne Gates: Thank you, Mr. Speaker. Today is Injured Workers' Day, and I seek unanimous consent to move a motion regarding the immediate passage of Bill 119, the Respecting Injured Workers Act, to put an end to deeming in Ontario and ensure that WSIB treats injured workers fairly.

The Speaker (Hon. Ted Arnott): The member for Niagara Falls is seeking the unanimous consent of the House to move a motion regarding the immediate passage of Bill 119, the Respecting Injured Workers Act. Agreed? I heard a no.

It is now time for oral questions.

QUESTION PERIOD

COVID-19 RESPONSE

Ms. Andrea Horwath: My first question this morning is to the Premier. The Minister of Education, on November 18, said in this Legislature, "It is quite obvious, according to leading medical experts across this province, that ... transmission is not happening within school...." This is, of course, in reference to COVID-19. My question is, is this Premier and this government prepared to stand behind that statement?

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

Hon. Stephen Lecce: It is the position of the Chief Medical Officer of Health, from September to the present. He was asked just last week a question on the safety of schools. He said, and confirmed, that schools have been safe in the province of Ontario, that three out of four schools in the province did not have an active case of COVID when we closed them at the peak of the third wave.

Mr. Speaker, we have put in place a \$1.6-billion plan. We have followed the best medical advice. And according to medical officers of health in Ontario, the Chief Medical Officer of Health and a variety of other pediatric institutions—including the scientific director of the Ontario science table, who said that Ontario, unlike other places in the world, did a relatively good job. If you compare to the UK, our way of cohorting, our way of masking kids is much, much better. Mr. Speaker, we're going to continue to follow that advice and, most especially, continue to invest to keep kids safe.

The Speaker (Hon. Ted Arnott): Supplementary.

Ms. Andrea Horwath: Speaker, today's Toronto Star reveals that on the very following day from when this minister made the claim about schools being safe, his ministry folks were hearing the exact opposite from experts at SickKids. In fact, Ministry of Education staff wrote the following note: "Is there any transmission happening in schools? We don't know."

Why was the minister telling parents, teachers and kids, in fact, members of this Legislature, that there was no transmission happening in schools while his own team was admitting that they didn't know?

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

Hon. Stephen Lecce: The principal adviser to the cabinet, to the government and to the province of Ontario is the Chief Medical Officer of Health. While I know that, when given the opportunity to affirm her public commitment to him, to the lead scientific leader of this province in the midst of a pandemic, they opted not to renew and instill confidence in him, we have followed that perspective. Most especially, in the context of our testing program, what we have noted is that we're one of the only provinces in the nation that has a targeted asymptomatic testing program. That is an additional layered approach to keeping schools safe.

The principal testing agent in Ontario is the Ministry of Health. Last week alone, 20,000 tests were completed. In addition, the Ministry of Education brought in a targeted program to offset and complement testing within our schools to make it more accessible and more available for families.

The Chief Medical Officer of Health, the head of the science table, and the head of the medical officers of health council have been consistent and clear: Schools in Ontario have been safe. We've been grateful for the partnership of local public health and school boards, educators and parents to keep students safe in the province of Ontario.

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

Ms. Andrea Horwath: Yesterday, the Minister of Education made the same claim he's making now, bragging about the in-school testing, and yet the Toronto Star reveals quite clearly that the testing was woefully inadequate. In fact, Dr. Ashleigh Tuite from the science table calls the government's approach to testing "scattershot" and says it was "ultimately doing nothing, in terms of our ability to take the data and make any sort of inference from it."

In fact, the very best week of this government's testing in schools yielded 8,213 tests instead of the promised 50,000 tests that we've heard this minister brag about time and time again. Why did the government claim that their testing proved that schools were safe when they knew that wasn't the case? I'm sending the evidence over to the minister right now.

Hon. Stephen Lecce: What has been confirmed by the Chief Medical Officer of Health, according to his independent analysis of transmission in schools, is that they have been safe, that the layers of protection put in place by the province of Ontario, following the best medical advice, has worked to reduce transmission.

When three out of four schools in the height of the third wave had no active cases at all, when 99% of students and 98% of staff had no cases of COVID reported through the pandemic, that demonstrates that the \$1.6 billion, the layers of protection and the strict public health interventions we put in place from September, escalating them throughout the pandemic as the challenges changed throughout Ontario—it demonstrates that we were agile, that we followed advice and we invested to keep kids safe.

The authority is not the Minister of Education. It's not the Leader of the Opposition. It is the Chief Medical Officer of Health, who has been consistent in this province from September through to the present that schools have been safe. We are grateful for the partnership to do that for the benefit of children in Ontario.

COVID-19 RESPONSE

Ms. Andrea Horwath: My next question is also for the Premier, but maybe this is the minister's opportunity to get the transfer to a different ministry that he wants.

Teachers, education workers and public health experts have all been clear about what is needed in our schools, and that means smaller classes, fixing the backlogged repairs that the Liberals left us with, vaccinations and an actual testing strategy that is robust, which we haven't had. Instead, what we've had is education cuts in the last budget; the government, the Premier particularly, attacking our teachers; and the government and this Premier claiming that the experts were backing their plans when, in fact, they actually told the minister and the Premier that they were literally flying blind.

Why did the government tell parents, schools, teachers, boards and everybody in this province that schools were completely safe when, in fact, they knew that they had really no idea whether they were or they weren't?

Hon. Stephen Lecce: Mr. Speaker, the Chief Medical Officer of Health has advised the people of Ontario—

when repeatedly asked about the safety of schools, transmission in schools, he has suggested that the protections we put in place, following his best advice from September, have kept students and staff safe. That is his repeated position on the record to the people of Ontario, literally for the past year.

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The question for the Leader of the Opposition is, why do you not take the advice of the Chief Medical Officer of Health? Why not accept the independent analysis he has made with the various tables that inform him, that have built confidence for students and parents that our schools have been safe, when 99% of students didn't have an active case and 98% of staff, when three out of four schools didn't have an active case at all at the peak of the third wave? It underscores one truth: The investment we put in place has worked.

With that said, Speaker, there are 7,000 more staff that were hired this year, and 95% of schools have seen some upgrade to ventilation. We have 40,000 HEPA units and HEPA filters improving our ventilation in schools, double the public health allocation. And yes, we're the only province in the nation with a targeted, province-wide capacity to conduct asymptomatic testing. That is very important. We are proud of the work we have done, and we're going to continue to do everything we can for the benefit of students and for their safety in Ontario.

The Speaker (Hon. Ted Arnott): Supplementary.

Ms. Andrea Horwath: It's really clear that investment was needed to keep kids safe at school. But that's not what has happened in this province. The Premier heard it from teachers, from boards, from the science table, that they needed to invest in our kids, but they just didn't want to. In fact, the FAO report, just the other day, indicates very clearly that this government has cut \$800 million from education just in this budget, and over the next decade, those cuts will increase significantly.

Cuts to the classroom will not help keep our kids safe. They just won't. That's the reason why our schools aren't open today. Why is the Premier cutting education in this province? Why is the Premier doing that when it's clear to everyone that our kids need and deserve more investment now? They need it now more than ever before.

Hon. Stephen Lecce: The reason why schools were closed in the province, according to the Chief Medical Officer of Health, is because community transmission spiked to roughly 4,000 cases a day. That is the reason, and the member opposite knows it to be true. That's why we closed schools. That's why Nova Scotia announced closures on a regional basis. It's why BC did so on a targeted basis. We have to respond to risk profiles that change. When cases rise in the community, they're reflected in schools, and we closed them to protect families. We did that repeatedly.

In the context of funding, we increased investment by \$2 billion as we look forward to September: a \$1.6-billion provincially funded increase in resources for COVID, a \$500-million increase in the Grants for Student Needs and a targeted \$85-million support for summer learning and

learning gaps. We've also quadrupled mental health funding. How can the member opposite suggest there's a reduction in expenditure? In the FAO report, when it comes to methodology, the FAO suggests, in the context of methodology, that the Ministry of Education is not forecast based on compensation hikes. He makes assumptions on what those hikes may be; we do not. When it comes to the—

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

Ms. Andrea Horwath: Yet another government attacking an independent officer, Speaker. It's just getting a bit tired.

Look, when it comes to parents, when it comes to students, when it comes to teachers, everybody is desperate to get back into the classroom. Why? Because our kids are suffering. They're suffering from mental health challenges. They're suffering from loneliness. Parents are so worried about their kids and what is happening to them because they can't go to school. In fact, this government promised that schools would be the first to open and the last to close. Experts, of course, say that that's essential for the mental health of our kids, and it needs to be done safely and on a regional basis. However, to do that, we need to have that safety and we need to have that investment.

Today, just moments ago, the Star reported that the Ford government is not ready to do that, to make those investments and open those schools. Apparently, they're more interested in classroom budget cuts than in protecting our kids, which is absolutely shameful. My question is: Is the report from the Star accurate today? Will the Premier keep his promise to kids and make the investments to ensure that they do come first in reopening?

Hon. Stephen Lecce: Mr. Speaker, the government is committed to continuing to invest in schools. It's why we announced some weeks ago a significant enhancement in funding for September. Even though we know that all students will be double vaxed, for those who want it, 12 and up, by September, and likewise for our education staff and the general population, so long as supply continues to come in; even though we know that the world will change and will hopefully be much better and safer for communities and for schools, we still are funding it at 100%; still maintaining the doubling of public health nurses; still are the only province with an asymptomatic testing program; still having PPE being provided for free, with three-ply masks for all students; still ensuring cohorting; and all the public health measures we put in place this year that the science table chair as well as the Chief Medical Officer of Health have said has resulted in safe schools. When 99% of students are safe, and 98% of staff, we can be confident that the program we put in place has kept students safe, and we will continue to invest and continue to support parents, families and children in Ontario.

EDUCATION

Ms. Doly Begum: My question is to the Premier. Amayah, a seven-year-old from Scarborough Southwest,

has been facing an incredible amount of difficulty over the past year with online learning. She cannot focus, and misses the support that she used to receive from her educator during in-class learning. When the province finally announced that in-person learning may be available for children with special needs like Amaiyah, her mother made the request to her school, with no success.

My question to the Premier is, what options do students like Amaiyah have, and what has this government done to ensure that accessibility and accommodations for special-needs children are prioritized throughout this pandemic?

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

Hon. Stephen Lecce: I should have noted in the last answer that when the Leader of the Opposition speaks about the importance of open schools, it was the opposition parties who stood with the unions at the time, who called for the government not to reopen schools in February and January. They advocated for keeping schools closed until the stay-at-home order lifts. That is their position, and they would have kept schools closed throughout 2021. We moved mountains, working with every medical officer, with the chief medical officer, seeking external counsel, pediatric institutions, to get them open, to keep them safe.

In the context of virtual learning, another choice that would have been removed: They would not have offered parents a choice of virtual learning. And yes, one in four parents opted for it. They may into September. We think that choice is a strength, recognizing that in-class learning must be safe, which is why we invested for it.

In the context of what we're doing to support virtual learning, we've added an additional \$200 million to support it. Over 150,000 tablets have been procured, 10,000 Internet connections—a significant increase, including last year and this year forthcoming, to ensure families can get access to the devices and supports that they need.

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

Ms. Doly Begum: Mr. Speaker, it's shameful that I asked a question about a seven-year-old who needs special-needs support, and the minister decided to use this opportunity to answer and throw political punches at the opposition, and then he went on to advocate for privatization or for online learning. I am at a loss for words, because I'm talking—

Hon. Lisa MacLeod: That's all you do, day in and day out.

The Speaker (Hon. Ted Arnott): Order.

Ms. Doly Begum: And again, the minister is going to interrupt me while I ask my questions.

Speaker, we cannot let students lose a year's worth of learning, development and progress. Students, educators and families are exhausted. They are waiting for this government to make immediate investments in safer, smaller class sizes, upgrade ventilation and give resources for students with disabilities.

For weeks, Amaiyah's family has been given the runaround. I hope the minister will move mountains to help kids like Amaiyah, like many other families who are trying to access supports. Despite having all the documentation, like medical notes, Amaiyah is still on a wait-list to be considered for in-person learning and accommodations. So my question is, why is the government failing students like Amaiyah and so many others across this province?

Hon. Stephen Lecce: Mr. Speaker, when it comes to virtual learning, yes, it is important to start on the basis that we are the only party in the Legislature that would have provided that family with that choice—step 1. Step 2 in the context of our funding for virtual learning: We have increased the investment by \$225 million, which has provided literally over 195,000 devices that have been procured this year. We have nearly 10,000 Internet connections. In a Toronto District School Board survey, nine in 10 families currently have access to their own devices, which were provided in part by the boards. We've done an incredible amount of work to build up the infrastructure.

Remember, we set a high standard in Ontario. We set the highest standard in the nation. At least 70% of the 300 minutes of instruction must be done in live, synchronous Zoom learning. That was opposed by the members opposite: high standards, access to choice.

And, of course, in the context of mental health supports and special education, given the circumstance of the family you mentioned, we've increased special ed funding by \$3.2 billion—the highest levels ever recorded in Ontario history—and we've quadrupled mental health funding from the former Liberal government, at the peak of their spending, to \$80 million, representing a 400% increase in supports for kids.

COVID-19 IMMUNIZATION

Mr. Amarjot Sandhu: My question is for the Minister of Health. Last week, the minister stood up in this House and provided us with an update on our government's vaccine rollout. She let us know that we achieved our goal of providing a first dose of COVID-19 vaccine to over 65% of all Ontarians over the age of 18 ahead of schedule. Not even a week later and our province has already surpassed another milestone by administering over nine million doses to Ontarians across the province.

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Mr. Speaker, my constituents are eager to get both their first and second doses so they can get back to the most important things, like spending more time with friends and family. Would the minister please tell the members of this House how our government plans to accelerate vaccines to those most vulnerable across the province?

Hon. Christine Elliott: Thank you to the member from Brampton West for his question and for his incredibly hard work on behalf of his constituents. Since day one, Speaker, our government has been committed to vaccinating Ontarians as quickly and as safely as possible. That's why, starting yesterday, we opened up the eligibility for accelerated

second dose appointments starting with individuals aged 80 and over, beginning as of May 31. For those who want to get their second dose sooner, appointments can be rebooked through the provincial booking system, call centre, public health units and through pharmacies. If there is sufficient vaccine supply, anticipate that the majority of Ontario residents who choose to receive the vaccine will be able to be fully vaccinated by the end of summer.

Speaker, we are going to do everything we can to make sure that the most vulnerable in our communities receive their second vaccine doses as quickly as possible.

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

Mr. Amarjot Sandhu: Thank you, Minister, and thank you to all of those on the front lines for helping us administer these crucial vaccines.

Mr. Speaker, it's reassuring to hear the minister talk about our plan to ensure that the most vulnerable, like our seniors over 80, are able to receive the second dose they need ahead of schedule. If the success we have seen so far with our vaccination rollout is any indication of what's to come, Ontarians can rest assured that we are well on our way to fully vaccinating everyone who wants to be by the end of summer.

I know a number of factors were considered when determining to accelerate our vaccination program. Mr. Speaker, would the minister please tell this House how more Ontarians can expect to get their second doses sooner over the summer?

Hon. Christine Elliott: Yes, and thank you again very much for the question. To support this accelerated rollout, the province has developed an anticipated schedule for eligibility to accelerate second doses based upon confirmed supply. This began yesterday, with individuals turning 80 and over in 2021 becoming eligible to rebook their second dose appointment for a sooner date if they wish to do so. Next, individuals aged 70 and over are scheduled to begin doing the same the week of June 14. The rollout will continue to expand eligibility for second dose appointments based upon the date of the first dose.

Mr. Speaker, we will continue to further accelerate the rollout of second doses as the federal government determines and confirms increased vaccine deliveries. Accelerating second doses will provide more protection to Ontarians sooner. Every dose administered means we are one step closer to the end of the pandemic. I encourage all Ontarians to get vaccinated and continue following public health advice.

RESIDENTIAL SCHOOLS

Mr. Sol Mamakwa: Meegwetch. To the Premier: Today we are collectively still in a time of grief and reflection. We grieve for the 215 children found on the site of a former residential school in Kamloops and the thousands of children we know never came home. These children should have lived their full lives, and their grandchildren would be here today.

Indigenous people in this province deserve justice and they need it today, not decades from now. Yesterday, the government committed to searching former residential school sites, a search that should be Indigenous-led. But if things are going to happen and change, we need to see funding and timelines from this government. When can we expect a real plan from this government to back up their commitment to Indigenous people? Meegwetch.

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

Hon. Paul Calandra: As the member knows, myself, the Minister of Indigenous Affairs and the Premier made this commitment yesterday. As I said yesterday, it is important, as the member has just said, that we work with First Nations to ensure this gets done in a way that is respectful of the traditions of the First Nations and is done in a way that ensures we are able to fully investigate and ensure that we are doing—really, as the member said, what should be led by First Nations, and making sure that we get this done appropriately.

I don't think anybody is going to disagree with the member opposite. I know that the Premier and the minister are very much in line with that, and we will be continuing to work very closely with First Nations to ensure that it gets done.

The Speaker (Hon. Ted Arnott): Supplementary? The member for Toronto Centre.

Ms. Suze Morrison: Back to the government House leader: Respectfully, what I didn't hear there was an actual commitment to funding.

Speaker, entire generations of children were lost to residential schools. As Indigenous people living in Canada today, we're all survivors of Canada's genocide. Despite the ongoing systemic racism that attempts to erase us, we're still here.

Ontario must confront its colonial past and take action to secure justice for all those who survived the trauma of residential schools and who are still experiencing the harmful intergenerational impact today. We need a commitment to funding from this government to search the grounds of all the former residential schools in Ontario for all of the lost children, and that funding has to come with a commitment that that search is Indigenous-led.

Will this government follow through on their commitments today: provide a plan, provide funding, provide a commitment that the search of the residential schools will be Indigenous-led? Will you do that today so that we can have justice for survivors and their families?

Hon. Paul Calandra: I apologize; I thought I was very clear yesterday that we are making that commitment to fund this. I thought I was clear yesterday that we would be working with the Indigenous communities to ensure that it is done in a respectful manner. I know that Minister Rickford reiterated that just yesterday. So if I need to be even clearer—yes, absolutely, positively.

This is extremely important. This is not something that a week from now we will forget just because it's out of the news cycle. We heard the very, very powerful words of the member from Kiiwetinoong yesterday. We see what's out

front of this Legislature, and we see what is happening across this country. People want us to build on the work that we have done, that Minister Rickford has done.

But on this issue, yes—I don't know how much more clear than that I can be. The answer is yes.

COVID-19 RESPONSE

Mrs. Belinda C. Karahalios: My question is for the Premier.

A couple of weeks ago, before the long weekend, the government unveiled a roadmap to reopen, which actually contained no indication of when life would get back to normal or fully reopen. At the same time of the press conference, the government began debate to extend emergency powers under Bill 195, the reopening Ontario act, until December. In the plan, they have followed with the approach of Justin Trudeau and Dr. Theresa Tam, linking vaccine rates to a limited return to some everyday activities, but have not indicated how many Ontarians receiving a vaccine it will take to allow for life to return to normal—if they ever plan to let life return to normal.

If 80% of Ontarians receiving a vaccine is not enough for a return to normal under this plan, what is the number? Is it 100%?

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

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

The Roadmap to Reopen is based on vaccination rates, of course. To get into stage 1, we need to reach 60% of all adults over 18 having been vaccinated, which has already happened. We're at, at least, 67%, as things stand now, with over 9.2 million vaccines already having been administered.

There are also some public health indicators that need to be met, in terms of the number of new cases. Today, we are down to 699 cases, which is a huge improvement. There is still a ways to go. It's also based on the number of people being admitted to our intensive care units, the R factor, the public health ability to recover. These are realistic indications and numbers based on what our medical experts have advised us and what the modelling has shown us.

We are gradually and carefully reopening, because the last thing we want to go into is a fourth wave. We have been advised that the levels we have suggested for the Roadmap to Reopen are realistic and achievable.

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

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Mrs. Belinda C. Karahalios: With this government, the goalposts are always moving. In January 2021, we were told life would get back to normal with 1,000 positive cases per day. By May, we heard it was 500 to 600 cases. Now, apparently, case rate has nothing to do with it. As the minister just said, it's about vaccine rates. But the fine print of the government's plan, as she also says: "plus key health indicators." This vagueness is not a plan, and

coupled with the extension of emergency orders until December, it suggests they have no plan to reopen our province.

Can the Premier please publicly disclose to Ontarians what is meant by the "plus key health indicators" part of the plan that is in addition to vaccine rates? We want exact numbers. This is a limited reopening plan. What is it dependent on?

Hon. Christine Elliott: The Roadmap to Reopen is very clear, with three stages that we will need to move through very carefully in order to be able to reopen the province. We've seen what's happened with the variants of concern that are still out there. We need to move very, very carefully through this to slowly, gradually reopen the province.

But as the member would see, from stage 3, we are going to then be opening the last areas that haven't been opened for a very long time, things like closed-in cinemas, concerts—all of those other areas that will be met and will be available based on these achievable targets that have been very clearly disclosed to the people of Ontario.

In addition to the vaccination rates, there are the hospitalization rates, the ICU factors, the public health rates, the R factor. All of those have been very, very clearly discussed with the people of Ontario. As I indicated earlier, these are realistic and achievable targets. The people of Ontario are helping very much with receiving the vaccinations. We've been able to accelerate the second doses, and we are confident that we will be able to hit these milestones and be able to open Ontario back up at the appropriate—

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

BORDER SECURITY

Mr. Amarjot Sandhu: My question is to the Solicitor General. We know that stricter border measures stop the spread of COVID-19. This reality is backed up by hard evidence and data. All the cases that we have in Ontario can be traced back to regions outside of Ontario. Ontario is finally getting closer to opening, yet now we're hearing about the federal proposal to lift border restrictions. We know that it isn't just about international travellers from overseas; COVID-19 can enter Ontario from the United States too.

Can the Solicitor General remind the House what our government's position is on opening our borders so soon?

Hon. Sylvia Jones: Thank you to the member from Brampton West for this important issue that he has raised. I—and we—have consistently called on the federal government to enhance our safeguards at our border. It's disappointing, but unfortunately, it doesn't surprise me that the federal government is looking for ways to reopen the border. The Prime Minister needs to take the border issue seriously, but instead, he keeps ignoring Ontario's concerns.

Ontario is starting to see some incredible progress as a result of everyone's sacrifices. Finally, we can see our

numbers gradually coming down. Our vaccines are at a record level, averaging approximately a million doses a week. It's time for the Prime Minister to take this seriously, just like we are, and address the border issue by implementing stronger requirements, not by seeking out ways to remove them.

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

Mr. Amarjot Sandhu: Thank you to the minister. We are all aware of how the original COVID-19 virus got here: It was through travel. Every variant of concern that filled our ICUs came from outside of Ontario. Although we all look forward to our American friends being able to visit once again, now is not the time.

Back to the minister: Can she explain why this is not the time to have a return of American travellers?

Hon. Sylvia Jones: We know that mobility is a factor in the spread of COVID, which is why now is not the time to open our borders. Yesterday, I spoke about the importance of our border controls with our neighbouring province of Manitoba and how it is working. On one side of the border, cases are increasing, and we will continue to help Manitobans, with 34 Manitobans currently in Ontario's ICUs.

Ontario has had to make great sacrifices to get to the point where the stay-at-home order is being lifted at 12:01. Last night, for the first time in months, there were hockey fans in person watching the Leafs game, and despite the unfortunate results, the return of sport is an exciting step in the right direction.

We have seen how just a few travellers infected with a new variant can set us back literally for months. This is not the time for the federal government to lift restrictions at our borders.

COVID-19 RESPONSE

Mr. Gurratan Singh: Since the beginning of this pandemic, I have repeatedly stood in this House and raised the alarm about Brampton's health care crisis. Brampton has only one hospital, Brampton Civic, and it has been pushed to the limit as front-line workers there have cared for Bramptonians who are struggling to breathe during this devastating third wave. We have consistently had the highest positivity rates and our hospital has struggled to care for people who are getting sick across our city.

On the weekend, the Toronto Star published a story where they shared harrowing accounts of health care workers at Brampton Civic who have had to deal with this pandemic first-hand. Jennifer Shiels, a registered nurse, described how COVID-19 hit Brampton Civic. She said, "Now, we see whole families. The mom and dad upstairs on a ventilator, the son coming into our ER because he can't breathe. This time around it really feels like more of a nightmare."

When will the Conservative government finally work to stop this COVID-19 nightmare in Brampton by giving us the resources we need to fight and beat COVID-19? My question is to the Premier.

The Speaker (Hon. Ted Arnott): The Deputy Premier and Minister of Health.

Hon. Christine Elliott: To the member opposite I would say, through you, Mr. Speaker, that Brampton has been receiving resources and extra help, recognizing that there are a number of traditional hot spots in the Brampton area, as well as hot spots that have been further identified by the local medical officer of health. That is why we took that into effect, along with other hot spots in the province of Ontario. For two weeks during the month of May we took 50% of the vaccines that were coming in and dedicated them to the hot spot areas in order to boost the vaccination rates and make sure that people would be properly protected from COVID-19. That strategy has been extremely successful.

I can advise the House, through you, Mr. Speaker, that we now have areas in the hot spot areas that have 8% more people vaccinated than in non-hot spot areas. Brampton received its share because of the number of hot spot areas that were identified, and we'll continue to follow up with all the clinics that we have to continue with first and the second doses.

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

Mr. Gurratan Singh: Back to the Premier: Brampton has been left behind by the Conservative government since day one of this pandemic. But because Brampton has been fighting and organizing, we've been able to get supports because of our advocacy. The Conservative government left Brampton behind when it came to testing. The Conservative government left Brampton behind when it came to vaccines. But because we organized, we were able to get the 50% allocation of vaccines that Brampton and other hot spots required.

But now, just as we're turning the corner and finally bringing cases down, the Conservative government is going against the recommendation of the science table and halting the 50% allocation of vaccines to COVID-19 hot spots. We are not out of the woods yet. This is a pandemic and we can't stop now that we are finally getting ahead of this virus. Will the Conservative government finally listen to the science, do the right thing, and make sure that Brampton and other hot spots continue to get the 50% allocation of vaccines that we need so we can beat COVID-19?

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

Hon. Christine Elliott: Through you, Mr. Speaker, I would advise the member opposite that several of the items he mentioned are simply not the case. With respect to the recommendations of the science advisory table on the 50% of the doses being allocated for a longer period of time, that was before they realized that we were receiving almost double the number of doses from the federal government. So, in actual fact, we have fulfilled the wishes of the science advisory table. And, as I indicated earlier, that strategy has been incredibly successful with boosting the number of people in hot spot areas receiving the vaccine over non-hot spot areas.

Brampton, because they've had that number of hot spot areas identified, has been well treated by this strategy and

continues be well treated with the vaccine rollout, in the sense that there are over 150 pharmacies in Peel, seven of which are operating 24/7. There are 40 primary care sites, four hospitals and 18-over pop-up sites in hot spot areas. So Brampton is receiving its fair share, first, of doses, with respect to availability of vaccines and with respect to accessibility for people to increase their second doses by accelerating them further. Brampton is receiving more than its fair share as compared to—

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

1110

ADDICTION SERVICES

M^{me} Lucille Collard: My question is to the Minister of Health. The opioid crisis in our communities has reached an alarming threshold, and this health crisis requires more attention from the province. Drug use, overdoses and addictions continue to increase costs to government for services such as shelters, health care and emergency services.

Both Ottawa and Toronto have seen a very concerning increase in overdoses during the pandemic. This is not only true for those cities, but it's also true for the rest of the province. We hear about this crisis every day.

My question is, what is the government currently and actively doing to mitigate the impacts of the opioid crisis and protect vulnerable Ontarians?

Hon. Christine Elliott: I thank the member very much for this question. This is an extremely important issue. There is no denying the fact that the opioid crisis has increased with the pandemic, and we take this crisis very seriously.

That is why we have, first of all, approved and funded 16 consumption and treatment services sites in Ontario, with others with pending applications. The CTS sites not only save lives by preventing overdose-related deaths, but they also connect people to primary care and other services in the event that they are ready to enter rehabilitation and treatment.

In addition, we have also invested up to \$194 million in emergency mental health and addictions funding to expand easily accessible mental health and addictions care during this COVID-19 pandemic.

It is something where there is more work to do, but we have certainly identified this as a priority and we are working towards expanding those services and funding.

Interjections.

The Speaker (Hon. Ted Arnott): Order.

Supplementary question?

M^{me} Lucille Collard: Again to the Minister of Health for my follow-up: Mayors of Ottawa and Toronto are both asking for the province to do more to address this crisis that continues to take the lives of so many people. A safe supply of drugs has proven to drastically change the lives of those who use drugs, in addition to the surrounding communities, businesses and residents.

During the COVID-19 period, it has become even more clear how current responses are not sufficient in protecting our residents and communities from the negative impact of addictions. The Ministry of Health said that it was looking into a safer supply program. That was back in February, but there has been no update yet.

Will the government commit to supporting the expansion of safe supply to provide immediate support to address this alarming health care issue and bring relief to our communities?

Hon. Christine Elliott: Our government is committed to providing more supports for people struggling with a mental health or addictions crisis. Our Roadmap to Wellness was initiated just before the COVID pandemic struck last March. We are committed to putting \$3.8 billion into our mental health and addictions system over the next 10 years. We put in \$175 million in new funds for the last year; \$176 million this year went to both mental health and addictions funding. There will be an announcement with respect to mental health funding later on today and addictions funding is coming very shortly.

However, I can advise that in addition to the consumption and treatment services sites, we have put \$4 million to nurse practitioners for detox services to improve the medical management of clients who are withdrawing from substance use, \$8 million for addictions day and evening care and \$3.5 million for in-home and mobile withdrawal management services.

There is certainly more to come, but as I indicated earlier, we do take this very seriously and are taking action.

TOURISM

Mr. Amarjot Sandhu: My question is for the Minister of Heritage, Sport, Tourism and Culture Industries. Our government, in consultation with the Chief Medical Officer of Health, recently released its Roadmap to Reopen, a three-step plan to safely and cautiously reopen the province and gradually lift public health measures. This was great news for our province and great news for the sectors this minister represents.

Having said this, many tourism industries and small businesses in our province are going to need assistance to safely reopen after having been shuttered for so long. Can the minister tell us how the Ontario Tourism and Travel Small Business Support Grant has been supporting these sectors since it was announced a few weeks ago?

Hon. Lisa MacLeod: I want to thank the honourable member for the question. It's important that we continue to talk about Ontario's hardest-hit sectors in this Legislature so that when we eye economic and social recovery, we'll be prepared.

That's why we have, in conjunction with the Ministry of Finance, the Ministry of Government and Consumer Services as well as the Ministry of Economic Development, Job Creation and Trade, created the \$100-million Ontario Tourism and Travel Small Business Support Grant. To date, we've paid out over \$13.1 million to small businesses across the province, with an average payment of up to \$17,000, and it takes about six days to approve the

payment. This is incredibly important as we continue to invest in our sectors.

We are going to be announcing another \$100 million for tourism recovery. As well, later this summer, we'll be able to enact the \$150-million travel incentive, because we want to make sure that the travel and tourism industry is going to be protected as we move forward.

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

Mr. Amarjot Sandhu: Thank you, Minister. It sounds like these tourism small business are taking advantage of this great program. It must be very beneficial to be able to use the support in whatever way makes the most sense for their business.

There's no question that these small businesses have suffered dramatically throughout this pandemic. With our government announcing its Roadmap to Reopen, what other supports is this government providing to help these tourism businesses succeed when they can reopen?

Hon. Lisa MacLeod: As you know, we have the \$150-million travel incentive, the \$100-million travel and tourism small business grant and the \$100-million recovery fund. We're going to continue to make significant investments into our regional tourism organizations.

I'm delighted to say that Michael Crockatt, president and CEO of Ottawa Tourism, recently said, "Ottawa Tourism welcomes the support of the" Ontario government, "as it recognizes that the tourism industry was the first hit, hardest hit, and will take the longest to recover from the effects of the pandemic. Owners of tourism businesses have been resilient and creative over the past 14 months and while several aid programs have been launched, some businesses have still fallen" between "the cracks. Programs such as this are incredibly helpful, allowing businesses to continue employing Ontarians and contributing to the vibrant quality of life we enjoy."

We have a spectacular double bottom line within this ministry, Speaker, and I am intent on making sure that we continue to preserve and protect it.

COLLEGE STANDARDS AND ACCREDITATION

Ms. Laura Mae Lindo: My question is to the Premier. Last year, this government snuck in a degree-granting university for Charles McVety. They put it into legislation that was meant to help small and medium-sized businesses. Thankfully, the review board, PEQAB, rejected the application.

Today, we can all put this entire Charles McVety university behind us. I have new legislation that will be tabled that will rip up that deal between the government that they cut with their buddy Charles McVety. It will also bring new accountability and transparency to the PEQAB process so Ontarians will see how these decisions are made. And, being Pride Month, it has never been a more fitting time to take a stand against bigotry and intolerance.

It's a simple question, Mr. Speaker: Will the government do the right thing and support my bill this week, yes or no?

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

Mr. David Piccini: As we've said from day one, this government values and will always lean on the expert independent advice of the Postsecondary Education Quality Assessment Board. We've said that we would respect their decisions, and we've done just that.

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

Ms. Laura Mae Lindo: Back to the Premier: Charles McVety's college is campaigning to keep this legislation on the books and to ensure it receives royal assent for it. They're claiming widespread fraud and alleging damage to their reputation. Ontarians have had enough of this nonsense. The House leader himself said in an interview on Monday that this has been difficult for his government.

It's time to turn the page on this troubling chapter brought to us by this government. The government can support our bill and rip up this legislation. My question is simple: Why won't they do it?

Mr. David Piccini: Again, as the government said, we rely on the expert independent advice of the PEQAB process, and we've done just that. It's in leaning on independent processes like that that we've seen an expansion of OCAD University, of Algoma in the north. It's in leaning on those independent processes that we've seen our high-quality post-secondary education sector expand in this province, a sector that has expanded through OSAP eligibility for Indigenous institutes, something that this government has worked on, and that I've really enjoyed working in partnership with our Indigenous institutes on. It's through that we've expanded mental health supports to support our students through the challenging COVID-19 realities. It's through working with our sector and working with the independence of the universities and colleges and how they're governed that we've expanded, for the first time in over 20 years, nursing seats to support our Herculean commitment to bring in 27,000 more health care workers.

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We respect the independence of our academic institutions and the independence of the PEQAB process, as we said from day one.

COVID-19 RESPONSE

Mr. Roman Baber: To the Minister of Education: We've all been hearing from parents across the province. We heard the 70% SickKids study, kids' helpline calls doubling, Hamilton children's hospital and CHEO. We all heard the Canadian Paediatric Society—that Ontario's kids are increasingly anxious, depressed and suicidal. What can be more important than that?

The minister stood in front of this House for months and pontificated that schools are safe, that there is no transmission; I agree, but not because of ministry or public health abracadabra, but because they're kids. They don't transmit much. We know this already.

So when the pressure got to this Premier, he started blaming the teachers' unions and threats of injunction for not opening the schools. Then, instead of listening to the chief medical officer, who wanted to open schools, the Premier wrote to 54 stakeholders looking for political cover and still got the same advice almost unanimously: "Open the schools."

Minister, despite the advice, the lack of transmission, the harm done to our kids, why aren't Ontario schools open today?

The Speaker (Hon. Ted Arnott): The government House leader.

Hon. Paul Calandra: I appreciate the question from the honourable gentleman. As you know, Mr. Speaker, this is, of course, a member who has come both ways on this. For months, he was very supportive of the measures that this government had taken in order to ensure the safety of the people of the province of Ontario. He was very supportive of measures taken in March, April, May, June, July, and then back in September. We learned yesterday, though, that his efforts from September, October, November and December were actually not for him but were for our benefit. So I thank him for the sacrifices that he made in attempting to help this government.

The Minister of Education has always made sure that our schools are safe and the people of the province of Ontario are safe, despite the transition of the member opposite to somebody who no longer seems to have that as a priority.

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

Mr. Roman Baber: To the Minister of Health: For 15 months, the minister and Premier told us they were listening to Dr. Williams, until Dr. Williams wanted to open schools and they didn't. Two days later, they announced that Dr. Williams is getting replaced. But, in fact, that was not the first time they didn't listen to Dr. Williams.

Williams testified before the long-term care commission that he did not believe in asymptomatic transmission until late summer. The rationale for the lockdown is stopping the spread of asymptomatic transmission—to keep 15 million Ontarians at home. But why? If Williams didn't believe in asymptomatic transmission last spring, then why did we go into lockdown?

My question to the Minister of Health: Is it a coincidence that Dr. Williams is getting replaced after publicly wanting to open Ontario schools? And if Dr. Williams did not believe in asymptomatic spread until last summer, as he said under oath, then does the minister deny that the decision to go into lockdown was a political decision and not a medical decision?

Hon. Paul Calandra: The only person who seems to really be flip-flopping is the member opposite. We have been very clear from day one that it was our intention to ensure the safety and security of the people of the province of Ontario. We enthusiastically voted to ensure that safety; on many occasions, in fact, the member opposite did just the same. As I said, he did so in March, April, May and, enthusiastically—

Mr. Roman Baber: Who cares? Answer the question.

The Speaker (Hon. Ted Arnott): The member for York Centre, come to order.

Hon. Paul Calandra: He says, "Who cares?" So now we're finding out that the member's votes never really mattered—

Interjections.

The Speaker (Hon. Ted Arnott): Order.

Interjections.

The Speaker (Hon. Ted Arnott): Minister of Heritage, come to order. Member for York Centre, come to order. Member for Hamilton Mountain, come to order.

Ms. Andrea Horwath: Two more sleeps.

The Speaker (Hon. Ted Arnott): The Leader of the Opposition, come to order.

I'll allow the government House leader to conclude his answer.

Hon. Paul Calandra: Mr. Speaker, when the member just said "who cares" about how he votes, I think that speaks volumes about him. Now I understand why the members for Ottawa-Vanier and Cambridge and the House leader for the Liberal Party seem to sink down in their seats every time he gets up and asks a question.

INJURED WORKERS

Mr. Wayne Gates: My question is to the Premier.

Premier, today is Injured Workers' Day. This is a day when injured workers demand respect and demand not to be ignored. They're fighting because in this province, right now, injured workers are four times more likely to live in poverty once they're injured. One in five workers is living in extreme poverty after an injury, which is less than \$10,000 per year, and just over 40% report an income of less than \$15,000 a year. One in five workers in this province have lost their homes because of an injury.

One of the ways we can stop this is by immediately outlawing the practice of deeming and making WSIB focused on helping injured workers, like it was supposed to. Will the Premier support my bill, Bill 119, today and make that a reality? Or is he proud of Ontario's record when it comes to injured workers having to live in poverty?

The Speaker (Hon. Ted Arnott): Government House leader.

Hon. Paul Calandra: As I've said on a number of occasions, when members bring private members' bills forward, I expect them to work with their colleagues on both sides of the House to gain support for those bills, so that when it comes to committee and if it does make it back into the House, a majority of the House supports that bill.

So really, Mr. Speaker, I'm certainly not going to, as the government House leader, order that people on all sides of the House do the work that I know the member opposite is very passionate about. I know he will continue to do that work. I know that he's passionate about his private member's bill, and I know that he will continue to reach across both sides of the aisle so that when it does come back to this House for third reading, he hopefully

will have the support of the entire House and all members on both sides.

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

Mr. Wayne Gates: Again to the Premier: Injured workers have been clear that, under this government, if you're injured at work, you have a 50% chance of living in poverty. Under this minister, being injured at work is a sentence to a life in poverty. They're also clear that the WSIB is broken. It's failing workers in the province of Ontario. Even during the pandemic, it has been denying benefits for over 800 front-line health care workers.

Will the minister or the Premier stand up today and tell injured workers that they are right, that the WSIB is broken and has failed them, and commit to fixing it? Will they commit to supporting two bills I have tabled before you, one to end deeming and one to provide every front-line worker—our heroes, that you call heroes—who catches COVID-19 with presumptive coverage, so they can get the benefits they need and deserve?

Hon. Paul Calandra: Again, Mr. Speaker, I think we know how important it is that workers across Ontario—and, frankly, across Canada—are safe. I am pleased, of course, that the WSIB is on sound footing. I know that they are the primary mechanism by which we are delivering paid sick days right now.

But having said that, again, I can't imagine that the member opposite would want the government House leader deciding whether a private member's bill should pass or not. It really is up to the member to do what other colleagues on his side of the House have done and what colleagues on this side of the House have done: advance that private member's bill. Advance it through committee, gain the support of the majority of the members on both sides of the House, and a bill will pass.

I can't reiterate this again: At no point am I, as government House leader, going to order whether people should vote for or against a private member's bill. I'm very pleased by the fact that we've caught up through COVID and that we're up to date on our private members' bills. I'm very pleased that we've broken records on the amount of private members' bills that we have passed.

I know how passionate the member is on this, and I know he will do the work that is needed to get this bill through committee and, if he's successful, get a majority of support in this House to pass it.

COVID-19 RESPONSE

Mr. John Fraser: My question is for the Deputy Premier. My question is about the planning and preparedness of this government for their response to COVID-19. In Ottawa, we're on day 2 of not being able to book a second appointment for people over 80.

Hon. Lisa MacLeod: That's not true.

Mr. John Fraser: It has been that way since 9 a.m. yesterday, and I know the member from Nepean's phones are ringing off the hook too. So—

Hon. Lisa MacLeod: No, they're not.

The Speaker (Hon. Ted Arnott): Order.

Mr. John Fraser:—for one hour, seniors were able to book their vaccines. It's especially frustrating for seniors over 80 who have been trying to book their second appointment and who had a problem with their first appointment. And then there's a whole bunch of seniors—I know the member from Nepean knows this as well—who didn't get a second-dose appointment.

It's still not working today. So to the Deputy Premier: Can Ottawa seniors over 80 get a commitment from you that this problem will be fixed by the end of the day?

Hon. Christine Elliott: I can certainly advise that we have a very successful online booking centre, which is now being used to accelerate second doses, which you have referred to. As a matter of fact, over 102,000 were booked just yesterday. However, we are aware that there was a clinic configuration issue that arose yesterday in Ottawa that allowed some individuals to book into clinics that did not have available appointments. We were asked by Ottawa Public Health to take a pause to fix the situation. I understand that the situation has now been resolved.

1130

The Speaker (Hon. Ted Arnott): The member for Ottawa South.

Mr. John Fraser: Thank you, Deputy Premier. I do want to say that I don't think it's up yet, and it's still very frustrating for seniors. But I would like to ask another question about planning and preparation for COVID-19.

Almost two weeks ago, the Premier, when he was talking about the reopening, really had nothing to say about schools. There was no plan about opening schools—not a plan, nothing. And then the next week, on the Wednesday or Thursday, he says, "I want consensus," so he fires out a letter that's an ultimatum.

We still don't know what's going to happen. Parents don't know. Educators don't know. This is really unfair, and what it shows is this government hasn't taken an approach to education that has any planning involved with the partners. It's not like we didn't know that we might open up schools in June. It's not like we didn't know that in April—no plan. So, Speaker, is there going to be some sort of plan coming forward for schools so parents and educators will know what's happening this summer and in September?

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

Hon. Stephen Lecce: Of course, Speaker. It's why we announced some weeks ago the Grants for Student Needs, which the member opposite knows is the principal funding vehicle. In that announcement, we confirmed a \$1.6-billion resource for COVID-19. That includes the continuation of asymptomatic testing. It includes the doubling of public health nurses, of cohorting, of active screening. And of course it includes the support for additional staffing, custodians and educators in the schools.

Mr. Speaker, we've also unveiled—

Interjections.

The Speaker (Hon. Ted Arnott): Minister of Heritage, come to order. Member for Ottawa South, come to order.

Hon. Stephen Lecce: —an \$85-million program, the largest summer learning program in Ontario history, to support more kids, to do credit recovery and to help them reach ahead for courses in the year ahead, and also, more support for tutoring for math and in areas of literacy and numeracy, trying to strengthen those learning gaps that have grown over the pandemic globally.

Mr. Speaker, when it comes to our school board funding, there's a \$560-million net increase, year over year, that underscores our commitment to safety and to quality learning in September.

CHILDREN'S MENTAL HEALTH SERVICES

Miss Monique Taylor: My question is for the Premier. McMaster Children's Hospital in Hamilton is seeing a dramatic increase in children seeking medical help for mental health issues. This past fall, twice the number of children were in with eating disorders and substance use issues, while the number of youth being treated for suicide attempts has tripled compared to the same time last year, before the pandemic. I'm hearing from families across the province who have absolutely nowhere to turn.

Before the pandemic, access to mental health services for children and youth was already at a crisis point. Now we're seeing the demand for mental health services rise even higher as the pandemic continues. According to Children's Mental Health Ontario, there are 28,000 children and youth on wait-lists two and a half years long for mental health supports.

Speaker, my question is simple: What is this government doing to protect our children and youth in the province of Ontario as this pandemic continues to drag on?

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

Hon. Christine Elliott: Thank you very much to the member for the question. We are certainly well aware that there is an increased need for mental health and addiction supports—not addiction so much for children as for adults, but for mental health supports for children, youth and adults, as well as seniors. This is something that we have addressed with our Roadmap to Wellness, which was launched just before COVID struck.

But we now know, with COVID itself, as we deal with that physical aspect of it, the mental health issues will remain for many years. So we have been helping our children's mental health supports by increasing their funding by 5% last year to allow them to hire more staff to be able to reduce their wait-lists. That is something that we are working on today. We will be having an announcement very soon about additional supports that we're going to be putting into this sector, because we do recognize that those needs are acute and the wait-lists are long.

WEARING OF PINS

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

Hon. Paul Calandra: Just two quick points of order. Inadvertently, I forgot to seek unanimous consent for members to wear the pin symbolizing Italian Heritage Month, so I'd seek unanimous consent for members to do that.

The Speaker (Hon. Ted Arnott): The government House leader is seeking the unanimous consent of the House to allow members to wear a pin recognizing Italian Heritage Month. Agreed? Agreed.

HOUSE SITTINGS

The Speaker (Hon. Ted Arnott): Government House leader.

Hon. Paul Calandra: Pursuant to standing order 9(g), the afternoon routine tomorrow shall commence at 1 p.m.

FILIPINO HERITAGE MONTH

The Speaker (Hon. Ted Arnott): The member from Scarborough Southwest on a point of order.

Ms. Doly Begum: On the first-ever Filipino Heritage Month celebrated in Ontario, I'd like to wish the Filipino community and everyone across this province a very happy Filipino Heritage Month in June.

DEFERRED VOTES

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

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

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

The Speaker (Hon. Ted Arnott): 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 1137 to 1207.

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

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 33; the nays are 19.

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

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

Third reading agreed to.

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

The House recessed from 1208 to 1300.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON GOVERNMENT AGENCIES

The Speaker (Hon. Ted Arnott): I beg to inform the House that today the Clerk received a report on intended appointments, dated June 1, 2021, of the Standing Committee on Government Agencies. Pursuant to standing order 111(f)(9), the report is deemed to be adopted by the House.

Report deemed adopted.

STANDING COMMITTEE ON PUBLIC ACCOUNTS

Mr. Taras Natyshak: I beg leave to present a report on the Office of the Chief Coroner and Ontario Forensic Pathology Service, section 3.08, 2019 Annual Report of the Office of the Auditor General of Ontario, from the Standing Committee on Public Accounts and move the adoption of its recommendations.

The Speaker (Hon. Ted Arnott): Mr. Natyshak presents the committee's report and moves the adoption of its recommendations. Does the member wish to make a brief statement?

Mr. Taras Natyshak: I do. Thank you very much, Speaker. As Chair of the Standing Committee on Public Accounts, I'm pleased to table the committee's report today, entitled Office of the Chief Coroner and Ontario Forensic Pathology Service, section 3.08, 2019 Annual Report of the Office of the Auditor General of Ontario.

I'd like to take this opportunity to thank the permanent members of the committee: France Gélinas, Vice-Chair; Deepak Anand; Toby Barrett; Jessica Bell; Stephen Blais; Stephen Crawford; Rudy Cuzzetto; Christine Hogarth; Daryl Kramp; and Michael Parsa. I'd also like to thank the previous members of the committee and the substitutes who contributed during the public hearings and the drafting of this report.

The committee extends its appreciation to officials from the Ministry of the Solicitor General, the Office of the Chief Coroner of Ontario and Ontario Forensic Pathology Service, and the Death Investigation Oversight Council. The committee also acknowledges the assistance provided during the hearings and report-writing deliberations by the Office of the Auditor General, the Clerk of the Committee and the staff of legislative research.

And with that, I move adjournment of the debate.

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

Debate adjourned.

INTRODUCTION OF BILLS

POST-SECONDARY EDUCATION CHOICE AND EXCELLENCE AMENDMENT ACT, 2021 LOI DE 2021 MODIFIANT LA LOI FAVORISANT LE CHOIX ET L'EXCELLENCE AU NIVEAU POSTSECONDAIRE

Ms. Lindo moved first reading of the following bill:

Bill 300, An Act to amend the Post-secondary Education Choice and Excellence Act, 2000 / Projet de loi 300, Loi modifiant la Loi de 2000 favorisant le choix et l'excellence au niveau postsecondaire.

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 would invite the member for Kitchener Centre to briefly explain her bill, if she chooses.

Ms. Laura Mae Lindo: The bill amends the Post-secondary Education Choice and Excellence Act, 2000, to prohibit members of the executive council from introducing bills granting educational institutions certain authorities under the act, unless at least 30 days have passed since the Postsecondary Education Quality Assessment Board has published its recommendations that the authority should be granted. The bill requires the Postsecondary Education Quality Assessment Board to publish on its website each application the minister refers to it under the act, subject to limitations set out in the regulations. The board is also required to publish any recommendations it makes to the ministry.

The bill repeals not-yet-enforced amendments to the Canada Christian College and School of Graduate Theological Studies Act, 1999, made by schedule 2 to the Better for People, Smarter for Business Act, 2020.

AUTISM AWARENESS DAY ACT, 2021

LOI DE 2021 SUR LA JOURNÉE DE SENSIBILISATION À L'AUTISME

Ms. Armstrong moved first reading of the following bill:

Bill 301, An Act to proclaim April 2 in each year as Autism Awareness Day / Projet de loi 301, Loi proclamant le 2 avril de chaque année Journée de sensibilisation à l'autisme.

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'll invite the member for London–Fanshawe to briefly explain her bill.

Ms. Teresa J. Armstrong: By proclaiming April 2 as Autism Awareness Day, we'll raise greater public awareness of autism and help people in Ontario and beyond move past the stigma of autism and towards greater understanding of the disorder and greater support for people living with autism.

Autism Awareness Day will reflect the government's ongoing responsibility to provide ethical, evidence-based and comprehensive therapies and services to each person living with autism in Ontario and to provide caregivers with the support to care for people living with autism in Ontario.

Each person living with autism should be provided the necessary support to achieve the quality of life that is deserving of a respected member of our society.

PETITIONS

AUTISM TREATMENT

Ms. Teresa J. Armstrong: "To the Legislative Assembly of Ontario:

"Transparency for families in regard to the Ontario Autism Program.

"Whereas families and kids have been waiting for over two years for service after this government dismantled the Ontario Autism Program;

"Whereas the provincial government and the Ministry of Children, Community and Social Services has not provided families and kids with timely and concrete information;

"Whereas the Minister of Children, Community and Social Services has not answered these families', nor the official opposition's specific questions about the Ontario Autism Program;

"Whereas the Ministry of Children, Community and Social Services has yet to confirm whether there will be an appeals process, what the success markers of the pilot program are, whether clinicians will get the final say in funding or whether it will be care coordinators who have no clinical expertise, and what criteria the ministry will use to determine invitations to the pilot autism program;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario to ensure families of children with autism receive actual answers to their valid questions, and that the ministry establish a direct contact within the ministry assigned to answer these questions in a timely manner."

I support this petition. I'll sign it and deliver it to the table.

GASOLINE PRICES

M^{me} France Gélinas: I would like to thank Natalie Gaudette from Gogama in my riding for these petitions.

"Gas prices....

"Whereas" Sudbury, Ontario, "motorists continue to be subject to wild fluctuations in the price of gasoline; and

"Whereas the province could eliminate opportunistic price gouging and deliver fair, stable and predictable fuel prices; and

"Whereas five provinces and many US states already have some sort of gas price regulation; and

"Whereas jurisdictions with gas price regulation have seen an end to wild price fluctuations, a shrinking of price discrepancies between urban and rural communities and lower annualized gas prices;"

They petition the Legislative Assembly as follows:

"Mandate the Ontario Energy Board to monitor the price of gasoline across Ontario in order to reduce price volatility and unfair regional price differences while encouraging competition."

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

OPTOMETRY SERVICES

Mr. Taras Natyshak: This is a petition entitled "Petition to Save Eye Care in Ontario.

"To the Legislative Assembly of Ontario:

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

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

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

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

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

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

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

I support this petition, will affix my name and send it to the Clerks' table via our pages.

AUTISM TREATMENT

Miss Monique Taylor: "To the Legislative Assembly of Ontario:

"Transparency for families in regard to the Ontario Autism Program

"Whereas families and kids have been waiting for over two years for service after this government dismantled the Ontario Autism Program;

"Whereas the provincial government and the Ministry of Children, Community and Social Services has not provided families and kids with timely and concrete information;

"Whereas the Ministry of Children, Community and Social Services has not answered these families', nor the

official opposition's specific questions about the Ontario Autism Program;

"Whereas the Ministry of Children, Community and Social Services has yet to confirm whether there will be an appeals process, what the success markers of the pilot program are, whether clinicians will get the final say in funding or whether it will be care coordinators who have no clinical expertise, and what criteria the minister used to determine invitations to the pilot OAP program;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario to ensure families of children with autism receive actual answers to their valid questions, and that the ministry establish a direct contact with the ministry assigned to answer these questions in a timely manner."

I wholeheartedly agree with this petition. I'm going to fix my name to it and send it to the Clerks' table.

MULTIPLE SCLEROSIS

M^{me} France Gélinas: I would like to thank Sherry and Mike Crepeault from Garson in my riding for these petitions.

"MS Specialized Clinic in Sudbury.

"To the Legislative Assembly of Ontario:

"Whereas northeastern Ontario has one of the highest rates of multiple sclerosis (MS) in Ontario; and

"Whereas specialized MS clinics provide essential health care services to those living with multiple sclerosis, their caregiver and their family; and

"Whereas the city of Greater Sudbury is recognized as a hub for health care in northeastern Ontario;"

They "petition the Legislative Assembly of Ontario as follows:

"Immediately set up a specialized MS clinic in the Sudbury area that is staffed by a neurologist who specializes in the treatment of multiple sclerosis, a physiotherapist and a social worker at a minimum."

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

LONG-TERM CARE

M^{me} France Gélinas: I would like to thank Mr. Bradley for this petition. It reads as follows:

"Ban Retirement Home PPE Charges

"To the Legislative Assembly of Ontario:

"Whereas Ontario's retirement homes are largely privately owned corporations;

"Whereas these businesses have a responsibility to provide personal protective equipment (PPE) to their employees; and

"Whereas many retirement homes are adding PPE charges to the residents' monthly bill, but the PPE is not for the residents but for the employees of the retirement home; and

"Whereas residents of some Sudbury retirement homes have effectively organized letter-writing campaigns and

actions to have the PPE charges to residents cancelled and recognized as a retirement home's cost of doing business;"

They "petition the Legislative Assembly of Ontario as follows:

"Treat our province's seniors with respect and ban any additional COVID-related fees, including PPE, to retirement home residents."

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

ÉDUCATION POSTSECONDAIRE DE LANGUE FRANÇAISE

M^{me} France Gélinas: J'aimerais remercier M^{me} Brigitte Pelletier de Sudbury pour ces pétitions :

« Pour une université ... française dans le » nord « de l'Ontario.

« Alors que l'Université Laurentienne a annoncé ... 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^{er} 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; »

Ils demandent à 'Assemblée législative « 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 » tous « les cours offerts en français, et le transfert de toutes les ressources matérielles, physiques, humaines et financières ... en lien avec l'offre de services en français et la programmation francophone...;

« —mettre en place un moratoire d'un an, renouvelable, sur tous les programmes francophones de l'Université Laurentienne et de ses universités » affiliées « 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-est l'Ontario;

« —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. »

J'appuie cette pétition, je vais la signer et je l'envoie à la table des greffiers.

DOCUMENTS GOUVERNEMENTAUX

M^{me} France Gélinas: Pétition pour les « Accents en français sur les cartes de santé de l'Ontario. »

« Alors qu'il est important d'avoir le nom exact des personnes sur les cartes émises par le gouvernement, » telle « la carte santé...; »

« Alors que plusieurs personnes francophones ont des accents dans l'épellation de leur nom; »

« Alors que ... le ministère de la Santé » a « confirmé que le système informatique de l'Ontario ne permet pas l'enregistrement des lettres avec des accents; »

Ils demandent à l'Assemblée législative « qu'elle s'assure que les accents de la langue française soient inclus sur ... les cartes » santé émises « par le gouvernement de l'Ontario. »

J'appuie cette pétition, je vais la signer et je l'envoie à la table des greffiers.

ORDERS OF THE DAY

APPOINTMENT OF CHIEF MEDICAL OFFICER OF HEALTH

Resuming the debate adjourned on June 1, 2021, on the appointment of the Chief Medical Officer of Health.

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

M^{me} France Gélinas: It is always an honour to speak in this House and continue the debate on the appointment of a new Chief Medical Officer of Health for the province of Ontario. I wanted to put into the record a letter that my House leader and I sent to the Minister of Health, as well as to the government House leader, last year, on November 10, 2020.

“Dear Ministers Elliott and Calandra:

“Re: Chief Medical Officer of Health and Chief Medical Officer, Ontario Health

“With the recent announcement of Dr. Williams’ decision to retire and the recent posting for the role of Chief Medical Officer, Ontario Health, we are reaching out to inquire about the striking of an all-party hiring panel to address both vacancies. As you can appreciate, the Ontario Health posting has created some confusion about the government’s plans for the existing Chief Medical Officer of Health role currently held by Dr. Williams; given the mandate of both roles, it is our hope that the path forward would include a plan to engage members from both sides of the House in keeping with past practice.

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“As COVID-19 has demonstrated, Ontario’s senior health leadership plays a crucial role in the well-being of

us all, and a transparent, open process is an important element in fostering and maintaining the confidence necessary to effectively carry out their roles. We look forward to hearing from you on next steps.”

That was sent on November 10. Needless to say, Speaker, we did not hear back. The next thing I heard was through clippings that people shared with me on Saturday morning on social media, about a new Chief Medical Officer of Health who had been selected for Ontario.

I want to talk a bit about the importance of public health. I would say that through the pandemic, most people know now what a medical officer of health does. We have 34 of them in Ontario, in each of the 34 public health regions, and we have a Chief Medical Officer of Health, who is very well known also, which is Dr. Williams.

Public health units certainly work. They are the lead when it comes to public health emergencies or pandemics, but they do way more than that. At the local level, you can expect them to run breastfeeding clinics. Although breastfeeding is natural, it is not always easy, and with the help of the health unit, many women who want to breastfeed their child, their baby, but are having trouble are able to be successful and breastfeed their baby for the first six months of their lives.

They also do car seat inspections. You will remember that it is the law that every child under 40 pounds, 4 foot 6 and six years of age has to be in a car seat. Not all car seats are created equal, so if you’re not sure, you can go to the health unit and they will do a car seat inspection for you.

Of course, everybody knows that health units give out vaccines. Most people in Ontario, millions of people in Ontario, have gone to the mass COVID-19 vaccination clinics organized by our public health.

They also have family health clinics to help with family planning. They also have food-handling training and certification classes, so that if somebody wants to have a food permit or if somebody wants to handle alcohol, you can go to your health unit and receive the training necessary, as well as receive the classification necessary in order to do this. We’ve all heard about immunization clinics; they go into our schools to deliver the school health and mandatory vaccines.

They also offer parenting classes, so for couples—or it could be more than two—or people who are expecting, you can go to a parenting class. They teach you a wonderful amount of information so that you are ready to be parents in 2021, with all of the challenges that this brings. There are also prenatal classes that would help with preparing the parents to be ready for what will happen during labour and delivery.

They also work lots in smoking cessation. Most health units offer quit-smoking classes and clinics, and they have been really successful in helping people quit smoking, which is a huge, huge driver of health promotion. Unfortunately, smoking is still something that kills 50% of their users; one in two smokers will die because they are a smoker. The health unit can help you. Turn toward them. They will help you quit, no matter how hard it is.

In the north, in my health unit, they also organize a skate exchange. We have public skating areas throughout,

and a big one on Ramsey Lake in Sudbury, and there is a building where you can go put your skates on and off just beside the lake. The health unit organizes for a skating exchange, so that people who come and haven't got skates can pick some up for free. People who happen to have skates that nobody uses anymore can give them to the health unit. They organize the skate exchange so that rather than have old pairs of skates stay in the back of your closet once they no longer fit your kids or when you no longer feel like you want to go skating anymore, you can give them to the health unit. They recycle them, clean them all up and re-lace them and all of this and make sure that they are ready for use again.

Of course, they've always run their sexual health clinic. Many clinics for sexually transmitted diseases are run by the health units, as well as the treatment for people who get infected by a sexually transmitted disease.

They also run travel immunizations. There are a number of countries where in order to be admitted into that country you will have to show proof of vaccinations—vaccinations for things like yellow fever or vaccinations for things that are not common in Canada. We don't get yellow fever, but if you go to Africa, before you will be allowed into many countries in Africa, you will have to show proof of vaccination. Again, the health units can help with you this.

They also are very involved with addiction prevention. In Sudbury, they run the Point. The Point is harm reduction supplies and services where people can go. It is a needle exchange where people can go exchange used needles for clean ones with no cost. The health unit also tries to establish a relationship with the people, to be there when they are ready to take the next step for their addiction.

Public health is also very involved with the supervised consumption sites. There are few in Ontario. We need way more. Our health unit in Sudbury has filled out all of the required paperwork to bring a supervised consumption site to Sudbury. Unfortunately, with the delay it takes to submit all of this, to have a location has been problematic. I'm very sad to put on the record that Sudbury holds the record for the most deaths from overdose in all of our province, by 100,000 people. Speaking with our emergency responders, they share with me that they had gone to over 22 overdose calls in a 24-hour period. Unfortunately, often every week, many of them don't make it. This is an issue for another day but an issue that is being dealt with by our health units.

But coming back to our medical officer of health, I have had the pleasure to work with Dr. Williams since he was nominated as Chief Medical Officer of Health. He has been a real gentleman the whole time I have dealt with him. I've pulled out some of the letters that I have written to him over the years and some of the answers. And whether he came and delivered the answers into my office with his team or sent me letters, you could always see the desire for people to fully understand public health.

One of the first times I dealt with him when he was just into the position, in 2016, was the potential adverse effects

of wind turbines. You will remember that after the 2014 election, there were many groups that were worried about the potential effects. I will read some of the quotes: "As you may know, we continue to monitor and review new and emerging scientific evidence on the issue of wind turbines and its potential health impacts including an evaluation of methodologies used in studies/reports, the quality of data and whether it has been peer reviewed. We undertake this analysis in collaboration with the Ministry of the Environment and Climate Change and Public Health Ontario. For example, on April 9 ... the Council of Canadian Academies released an expert panel report, entitled 'Understanding the Evidence: Wind Turbine Noise,' in response to public concern about the casual association between exposure to wind turbine noise and health effects. The evidence from this research suggests a lack of causality between exposure to wind turbine noise and hearing loss and inadequate evidence to draw any causal conclusions for any other health effects. These findings are consistent with Ontario's Chief Medical Officer of Health report" of "2010 entitled 'Potential Health Impacts of Wind Turbines.'"

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I just wanted to give you a flavour for the kind of relationship that I have had with Dr. Williams.

I wrote to him again on June 1, 2016, asking about Vaccine Choice Canada. Vaccine Choice were a group of people that were anti-vaccination—anti-vax—that had come to see me. I didn't know exactly how to answer to them, so I reached out to Dr. Williams, and, true to himself, Dr. Williams gave me the facts, the evidence and the data so that I knew how to answer based on evidence.

On June 7, I wrote to him again. I realize that I write to him lots, but he is extremely useful, so that explains it. On June 7, I wrote to Dr. Williams again. This time it was the use of antibiotics in farm animals and the potential impact on human health. Again, there had been people that had questions about the use of antibiotics. True to himself, Dr. Williams answered back on July 13—give him about a month, he will do all of the research and he will get back to you. Dr. Williams answered back to me:

"Dear Ms. Gélinas,

"Thank you for your letter ... inquiring about the body of evidence supporting the claim that antibiotic resistance in humans can be linked to the use of antibiotics in livestock.

"The origins and drivers of antimicrobial resistance ... are complex, multi-faceted issues, and both medical and veterinary researchers continue to work on determining the degree of association between antibiotics use in livestock and antibiotic resistance in humans.

"The Canada Integrated Program for Antimicrobial Resistance Surveillance"—that's a mouthful—"monitors trends in antimicrobial use and resistance in selected species of bacteria from human, animal and food sources across Canada. All CIPARS reports are publicly available"—and he gives me the link.

Then he goes on to say, "The most recent complete ... annual report available provides data...including the following findings:

“Resistance”—anyway, he goes through, antibiotic by antibiotic, all of the research that has been done, and basically was able to reassure people who were worried. But it was not just, “Trust me”; it was always, “Here’s what we know, the good the bad and the ugly. Here are what the peer reviews have to say. Here’s what the body of evidence has to say.” Once he has taken all of this into account, then he would go into detail as to what worries can be put aside, what worries he’s still keeping an eye on, and what other worries are on the horizon. I cannot thank him enough for every time that he has helped me.

Same thing: I wrote to him again in November 2019. This time it was, “I am writing today in response to a meeting I held with a group of Ontarians who have had negative side effects after treatment with fluoroquinolone”—I never pronounce this properly. It’s an antibiotic that some people have had serious side effects after being prescribed this antibiotic. True to himself, Dr. Williams was always there. Dr. Williams, if he didn’t have the answer right away, would use the resources of his office to make sure that, if there was a worry about public health, he would make sure that Ontario looks into it and gives you an answer that you can work with. I am not a public health specialist and will never be, but I certainly appreciate the work that the Chief Medical Officer of Health has done.

Then the unthinkable happened, that is, COVID-19, where we were in the depths of this pandemic. By the time we reached March 17 last year and the first stay-at-home order was issued, I had the pleasure to have, three times a week, briefings from Dr. Williams. He took time at lunchtime, at noon, every Monday, Wednesday and Friday to answer, I would say, a million and a half questions that I had, maybe more than that—questions that came from all over. You could see how he cared about the answers that he gave us: always listened to the questions, clarified the questions to make sure. The way we would ask the question, he would say, “There is this, and this, and that behind that question. Let me clarify that for you.” If he didn’t have the answers, then by the time the next Monday, Wednesday or Friday came along, he would go out of his way to try to be helpful.

I truly enjoyed all of my communications with Dr. Williams; I got to know him fairly well over the years. I know how hard he has worked to make sure that the people of Ontario get through this pandemic as fast as possible and as healthy as possible. He deserves to be thanked. I thank you, Dr. Williams, for everything that you have done for Ontario and for the million questions that I have asked you and that you have answered. It has been truly appreciated. Your hard work is recognized, and I thank you for it.

There’s one last thing I want to put on to the record, and I guess that has a bit to do with the welcoming of Dr. Moore. I would say that Dr. Moore is well known in the field of public health. You have heard most of his credentials this morning, shared by the minister herself, as to his in-depth knowledge of public health. He is very strong at looking at data and being able to make sense out

of that data to inform a good decision, to see what is going on. I’m sure that he will be a very strong and solid Chief Medical Officer of Health for the province of Ontario when he starts his new role. I look forward to working with our new Chief Medical Officer of Health. He will be the one who will see us through the end of this pandemic. And the sooner the end comes, I think we can all agree, the better off we will be.

This being said, Dr. Moore, not only does the pandemic await you when you start into your new role, but also what this government has planned for public health. Just to refresh everybody’s memory, public health modernization is still on the agenda for this government. We know in the 2019-20 budget—actually, it was on April 11, 2019, that we saw the huge cuts to public health in that budget. There was \$49 million left for public health programs. There was also a change in how public health services would be funded, as many public health services fall under health care. Health care is the responsibility of the provincial government. The provincial government pays for it. Now this government wants to download 30% of the costs of providing those health care services to the municipalities.

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They also put it on the record that they wanted to create 10 regional public health entities. We have a list. I could read some of those, if you’re interested, of public health units that are worried about this. I would like to quote a little bit from Algoma Public Health, one of the public health units in the north. Basically, “The board is asking the ministry to seriously look at how funding cuts and regionalization, if they must occur, will be implemented based on historical and current health needs/concerns and common socio-economic factors which are extremely important determinants to public health goals and directives.”

The health units are worried about the modernization that is going on. We have all seen how important it was for public health to have a strong relationship with the field, and not only the health care field but a strong relationship with the municipality, with the different groups, with everybody who has a role in public health, in health promotion, in disease prevention, in the social determinants of health. To be told that there will be 10, when you come from northern Ontario, you know that the geography of northern Ontario will mean that it will be impossible for one public health unit to develop those close relationships with all of the important partners of public health in their geographical area.

J’aimerais utiliser les quelques minutes qui me restent pour faire un petit sommaire de ce qui s’est passé. Le médecin hygiéniste en chef, le Dr Williams, va quitter son poste plus tôt que prévu. Il avait accepté une extension de son contrat pour aller jusqu’au mois de septembre, et là, on vient de nous annoncer, au travers des médias, que ça ne sera pas le cas, qu’il y aura un nouveau médecin hygiéniste en chef qui va rentrer en poste dans quelques semaines. Ce n’est pas la façon dont ce type d’annonce aurait dû être fait.

On a appris du SRAS—vous vous souvenez du SRAS, au début des années 2000? C’était une pandémie en son

genre. On a eu une étude, plusieurs études qui ont suivies et qui nous ont démontré clairement l'importance de développer la confiance des gens dans la santé publique. Une des façons de développer la confiance des gens dans le système de santé publique était de mettre en place un processus de recrutement du médecin hygiéniste en chef qui serait fait par les différents partis politiques de l'Assemblée législative.

En 2015, lorsque nous avons fait le recrutement du D^r Williams, cela a été une annonce de poste qui a été faite à la grandeur du Canada. Nous avons reçu des médecins hygiénistes qui ont appliqué de toutes les provinces et territoires du Canada, incluant les États-Unis. Un choix a été fait. On a appelé ces gens-là pour passer une entrevue. Les entrevues ont été faites par des politiciens, ont été faites par des députés. J'étais la députée qui représentait le parti néo-démocrate, mais on avait un représentant du Parti conservateur et un représentant du Parti libéral. Le Parti libéral était au pouvoir dans le temps, et on était là pour faire les entrevues avec le Président de la Chambre. Le processus était, bien sûr, appuyé par les ressources humaines, mais c'était une recommandation unanime des trois partis, qui est venue à l'Assemblée législative dans une motion, comme la motion que l'on débat en ce moment, pour être affirmée par l'Assemblée législative dans son ensemble.

Il n'y a rien de ça qui a été fait. On est au milieu d'une pandémie. On savait que, le D^r Williams, son extension de contrat finissait au mois de septembre. Pourquoi est-ce qu'on n'a pas suivi un processus qui nous a été recommandé par la santé publique qui nous a servi dans le passé pour s'assurer que les gens ont le plus de confiance que possible dans la santé publique? Parce qu'on sait tous que c'est difficile de suivre les recommandations de la santé publique. Il y'en a plusieurs d'entre nous qui en ont ras-le-bol—on peut-tu dire « ras-le-bol »?—qui sont pas mal tannés de ce qui se passe en ce moment. Ils aimeraient que ça en finisse, mais ils ont confiance en leur médecin hygiéniste, ils ont confiance en le médecin hygiéniste en chef et ils font ce qu'on doit faire : ils portent le masque, ils restent à deux mètres de distance, ils restent à la maison, sauf pour aller à l'épicerie ou à un rendez-vous médical. Tout ça, ça peut seulement se passer parce qu'on a confiance.

Je ne comprends pas pourquoi le gouvernement a décidé, en plein milieu d'une pandémie, de faire une surprise comme ça. De venir nous dire qu'il y a un processus en place, ça n'aurait pas été si difficile que ça. De donner une opportunité à tous les membres de l'Assemblée d'avoir un représentant de chacun des partis ici à l'Assemblée—même de nous le présenter, ça n'aurait pas été si difficile que ça.

Je me rends compte qu'on est dans un temps de pandémie. Je me rends compte que le choix qui a été fait du D^r Moore est un bon choix. C'est un expert en santé publique qui, je n'ai aucun doute, va être capable de bien mener le restant de la pandémie et de nous guider pour bien des années après ça. C'est le processus qui n'a pas été suivi. Le problème c'est que, lorsque tu ne suis pas le

processus, tu enlèves des opportunités pour que les 14,5 millions d'Ontariens et d'Ontariennes aient confiance, puis ça, ça peut avoir des conséquences néfastes.

Samedi matin, mon téléphone a commencé à avoir des courriels, des textos d'un peu partout qui me disaient : « France, as-tu lu la nouvelle?

—Quelle nouvelle?

—On a un nouveau médecin hygiéniste en chef.

—Tu blagues?

—Non, je ne blague pas. Regarde.

—Regarde quoi? »

Là, il m'envoie un lien dans le Toronto Sun. Moi, je ne suis pas abonnée au Toronto Sun. Je n'étais pas capable de l'ouvrir : « Peux-tu l'ouvrir pour moi?

—Oui, je l'ouvre, je le colle, je l'envoie. »

En tout cas, c'est comme ça que j'ai découvert qu'on était pour avoir un nouveau médecin hygiéniste en chef. Franchement, au milieu d'une pandémie, cela aurait-il été si difficile que ça de m'envoyer un coup de téléphone? Cela aurait-il été si difficile que ça pour le « House leader » de venir parler à notre « House leader »? Ça n'aurait pas été difficile de nous le dire, mais juste ce petit pas-là aurait été un pas de plus pour que les Ontariens et Ontariennes aient confiance, et ça, je ne peux pas le répéter suffisamment.

Quand on parle de santé publique, puis si on veut que la santé publique réussisse bien, il faut toujours garder ça en tête : l'effet de nos actions. L'effet des actions du gouvernement en ce moment, c'est vraiment d'éroder la confiance des Ontariens et Ontariennes. En plein milieu d'une pandémie, c'est très dangereux, monsieur le Président, de faire ce type de choses, et j'aurais bien aimé qu'ils respectent les procédures en place.

So we will be happy and the NDP will do everything we can to support Dr. Moore in his new position. We will be happy to work with him to make sure that public health succeeds and continues to have the full trust of all 14.5 million Ontarians so that public health can guide us to the other side of this pandemic to a time where the pandemic is in the rear-view mirror and that life is good again.

I thank you very much, Speaker, for allowing me to put a few words on the record.

The Acting Speaker (Mr. Percy Hatfield): Further debate? I recognize the Associate Minister of Mental Health and Addictions.

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Hon. Michael A. Tibollo: No; sorry, sorry.

The Acting Speaker (Mr. Percy Hatfield): If I call for further debate, maybe he won't be standing up.

Further debate? I guess we're going to the member for Ottawa South.

Mr. John Fraser: Thank you very much, Mr. Speaker, and my apologies to the member from Windsor?

Mr. Taras Natyshak: Essex.

Mr. John Fraser: Essex. Thank your for ceding to me, so we didn't have a fight over who got to go next.

Look, I want to let the government know that we will be supporting this motion and Dr. Moore's appointment. I have a few things to say about that and the process.

But first, as the member from Nickel Belt said, I'd like to thank Dr. Williams for his efforts on behalf of all Ontarians. I remember those briefings. He always did clarify the questions and he was always there. I have to say that it is interesting that he's advocating the opening of schools, and he's leaving. That just speaks to understanding what the process is for these decisions: some transparency and openness around what is the independence of the medical officer of health, which I'll talk a bit more about later.

But really, this is also an opportunity for all of us to thank Dr. Williams. There's no question that he put his best effort forward for Ontarians, and I want to thank him on behalf of our caucus for those efforts.

It's important, as we're having this debate on this motion, which I believe we're all going to support, that we think about how this process went. There was an established process where we had a selection committee that involved all parties of the Legislature. I think that's critical in the sense that we all want a medical officer of health that's independent. That's good for all the people we represent, so I think it's important to include the parties who represent the people of Ontario in making that selection, that it's open and transparent. It's not right that it didn't happen that way this time. That's no shadow on Dr. Moore. But we don't know what the choices were, and I think that's not fair, not right, not transparent, but we're at where we're at right now.

Dr. Moore's going to be taking on a job that I understand he's very capable of. I live in Ottawa, so Kingston's very close, and his performance during the pandemic, or the performance of his public health unit, during this pandemic has been exceptional. If you listen to a lot of people on social media and colleagues, there's a lot of support for Dr. Moore and his professionalism, his understanding of data, and that's critical right now. We're in this pandemic and we're not out of it. We've got to make sure that we take the right measures to get us where we need to be, but more importantly—and the member for Nickel Belt talked a bit about this—it's not just managing a pandemic; public health is an approach to the overall health of people.

It's things like, in my city of Ottawa, public health has taken addictions and mental health as a public health issue and had a great approach to that, with being involved in suicide prevention, drug counselling and treatment in schools. They're a big partner in that. There's also public health units around the world that focus on palliative care. That's a condition that everyone's going to experience, that every family experiences. So, it's really critical that, in Ontario, we look at the medical officer of health and public health in Ontario as a way to keep people healthier. It's important that that Chief Medical Officer of Health have independence to be able to tell us what the choices are, what the things are that should be a priority.

That's a really critical part of that medical officer of health's job. It's the ability to be independent and be clear and open with people about what the choices are and, right now, in the pandemic, about what you need them to do.

It's concerning that the government was still continuing on a track where they were reducing investment in public health. The member from Nickel Belt mentioned that. We should be investing more in it. The kind of money that we could invest to make big differences are really rounding errors in hospital budgets or physician services budgets or any of the other big-ticket items in health care. So I hope that the appointment of Dr. Moore will herald a different approach by this government for public health. It will help us solve a lot of problems that we have in our health care system if we adopt that approach.

As I said, Speaker, we're going to support this motion, support Dr. Moore's appointment. We're not happy with the process, that we didn't follow the process that we have always followed before. It's critical that the Chief Medical Officer of Health be independent, and that there be some clarity and transparency around the decisions that are made and the advice that is given. That hasn't always been clear during this pandemic, about who's advising who and what the factors are that go into that decision.

As I said, Speaker, I hope that going forward the government will use this appointment of Dr. Moore as an opportunity to invest more in public health, to understand public health is critical to ensuring the overall well-being of our communities and the people who live in them. Thanks for your time.

PRIVATE MEMBERS' PUBLIC BUSINESS

The Acting Speaker (Mr. Percy Hatfield): I recognize the government House leader on a point of order.

Hon. Paul Calandra: Speaker, if you seek it, you'll find unanimous consent to move a motion without notice respecting order of precedence for private members' public business.

The Acting Speaker (Mr. Percy Hatfield): The government House leader is seeking unanimous consent. Are we agreed? Agreed.

I return to the government House leader.

Hon. Paul Calandra: I move that a change be made to the order of precedence on the ballot list drawn on November 4, 2019, such that Mr. Gravelle assumes ballot item number 94 and that Madame Simard assumes ballot item number 95.

The Acting Speaker (Mr. Percy Hatfield): Are we agreed to the 94 and 95, Mr. Gravelle and Ms. Simard?

Interjection: Agreed.

The Acting Speaker (Mr. Percy Hatfield): I thought so. Thank you.

Motion agreed to.

APPOINTMENT OF CHIEF MEDICAL OFFICER OF HEALTH

The Acting Speaker (Mr. Percy Hatfield): Back to further debate.

Mr. Taras Natyshak: It is an honour to join the debate this afternoon, and poignant, of course, in that we're

discussing the future of public health in the province of Ontario, led by a new director, Dr. Moore.

You know, much of what our party, the Ontario NDP—much of our position has been very clearly and eloquently articulated by our colleague, our critic for health—long-time critic for health—France Gélinas, the member from Nickel Belt. She did a great job in talking about the importance of public health, the process in which the province of Ontario has chosen its public health leadership throughout the years, and also her interaction and the support that public health provides for members of this Legislature in Dr. Williams, and her communications with Dr. Williams early on in the pandemic when we needed that advice to understand the nature of the novel coronavirus.

Needless to say, Speaker, this is an incredibly important debate/discussion we're having here today, so important, in fact, that we think it should not have come about just out of nowhere, as it has recently done.

1400

As our colleague from Nickel Belt stated, she learned—we learned—about this transition from our current Chief Medical Officer of Health to a new Chief Medical Officer of Health through the media over the weekend, which in and of itself doesn't put the emphasis of how important that change of guard is in respect to the government's vision of public health. You would think that such an enormous task presented to a single individual would be something that the government would want to put a lot of thought into, would want to consult broadly on, would want to have bipartisan—tri-partisan—consensus around, as was the precedent prior to what we've learned has happened today.

Why is that important? As our health critic, the member from Nickel Belt, has clearly stated, this is about trust. In a time and an era where misinformation is broadcast without the ability to fact-check, and where it's done with nefarious purposes, we want to ensure that the public understands that this House, as contentious as it is ideologically, is on the same page when it comes to protecting the health and safety of Ontarians. And in that, being able to vet the credentials of the people that are leading our public health agencies is an important step in ensuring that there is competence at the helm and there is transparency through that process.

This government has had quite a problem when it comes to nominating or naming or appointing people. Their trust metric is very low; it's on empty. What opposition members can do in a political context—if the government was savvy, they could refill that tank a little bit. They could use us as a little bit of a buffer, in that it was a process that was transparent, that selected members were able to ask questions of the new Chief Medical Officer of Health or any candidate for that position, and that there was bipartisan consensus on appointing this individual. Something so important as the person that is going to lead us through and out of the current pandemic I think should have been afforded—we should have been afforded—that approach.

Unfortunately, we learned from articles in the Toronto Sun—through, I believe, Brian Lilley—that informed Ontarians that there was a new person to be nominated and named. Now, not to say that Dr. Moore's credentials and his stewardship through the pandemic for his public health region haven't been stellar—we all looked to that area early on and some of the measures that were taken to protect long-term care specifically and those workers when we were lacking leadership from the province. I would say that Dr. Moore had the gumption and the ability, the knowledge, to disseminate the data that was in front of him to immediately deploy the resources to support and apply that iron ring around long-term care. We saw early on in the Kingston region where their infection rate in long-term care was drastically, dramatically lower than in other regions, because of Dr. Moore's understanding of the nature of asymptomatic spread and the nature of long-term care and the fault lines that exist in our long-term-care system.

So I wholly support Dr. Moore as being a candidate. I'm certain that he has shown exemplary service as the chief medical officer for his region, and I ultimately welcome his expertise now at the helm. It does breed confidence in me, exclusive of the process that we know existed before and should continue to exist. Given his track record and his pedigree, I think we can all rest assured that this is an individual who is competent. Nevertheless, that is my opinion. That is our opinion, from people, elected officials, who have been examining all regions of this province throughout the pandemic to see how each region is faring.

Public health officials have never been so closely scrutinized than in the last year and several months, so I only have that knowledge because of my position here. For the general public, they may not know Dr. Moore, and they need a government and a Premier that is able to articulate clearly why this individual has what it takes to lead us through and out of the next pandemic, and that could have come with support from the opposition. We wish the government would have taken the time. This is not an endeavour that would have taken up too much time. We all understand the nature of the pandemic. We all understand the urgency to get competent people in positions to be able to support the people of the province and the regions, so certainly, it's not something that opposition members would have any rationale to delay. But I think, again, the message to the people of the province is quite important.

We now know, as, again, my colleague from Nickel Belt has clearly articulated, the incredible importance of public health in our communities. We all used to, sort of on the periphery, understand that they were there. We would see smoking cessation campaigns delivered through public health. We would see inoculation campaigns, family planning. They do some really important, wonderful work, and certainly, Speaker, as you would know, our public health officials in Windsor and Essex county have done tremendous work given the fact that they have been the most underfunded public health agency year over year for, I believe, nearly a decade in Ontario—a shout-out to

all of our public health officials, Dr. Ahmed, Theresa Marentette, who have all done tremendous work to support our communities and our regions and our hamlets.

Nevertheless, we now know how imperative it is to fully fund our front-line public health officials. I can remember just prior to the pandemic those front-line public health workers having to go on strike, Speaker. I believe you were there with me at one of their rallies where they were demanding fair and equal pay for the job that they were doing. They were demanding full funding support from this government to be able to carry out the important work that they do. It runs the litany of public health services that we all know are so important today.

It goes without saying that when it comes to public health we have seen a government that is late to the game in acknowledging its importance and validating the real, fundamental nature of public health in our societies. These aren't just stickers on a restaurant, giving them a five-star rating for the cleanliness; these are data-based, science-based officials who take pride and take quite seriously their job in protecting the public of Ontario, and they need our support. They need us to trust them. They need us to believe in the science and the data even though that is not our area of expertise. We have to ensure that this House provides them broad support to carry out their work, because we've seen the attack that public health officials have been under. We've seen them, those who don't believe in the science, those who without any factual evidence just can't come to terms with the fact that we are where we are today. That doesn't get us out of this situation sooner. In fact, we can look at areas, other jurisdictions like British Columbia, an NDP-led government under Premier John Horgan and their health minister, Adrian Dix, who worked in tandem with their chief medical officer of health.

1410

They are side by side in their public announcements, daily media announcements, most often the chief medical officer of health taking the lead and shepherding, guiding, supporting with transparency the policies of the government and clearly articulating how their province is going to get out of the pandemic. By and large, they have succeeded. Their economy is back to an operable sort of measure. Their COVID numbers have always been lower than ours. They've protected those vital components of their economies. And they've allocated the resources. That's the number one thing. They weren't afraid to spend the money to make sure that the supports were there for their small businesses, for their communities, for public health agencies. They did that work, and they are exiting this pandemic sooner than the province of Ontario. It's unfortunate, Speaker.

A couple of weeks ago, we on the NDP side called for a safe reopening plan, one which we still haven't seen fully articulated by this government. What we did see, at the same time, is an explanation from the Premier himself as to why golf courses couldn't be open at that time. He had stated that he had spoken to some of his buddies and they told him what happens around golf courses. It was

shocking. I want the Premier to succeed. We need him to succeed in articulating the requirements and articulating the policies of the government, but he has utterly failed every step of the way. How is it that instead of taking a data and scientific approach to tell people why policies are in place, he leans on his friends, his buddies he golfs with, to decide whether golf should be open and whether it's safe? That isn't the approach that leaders take. Leaders take approaches that are factual, that are data-based, that are reasonable, and that people can understand and adhere to. It is unfortunate, because there has been a lot of strain and anxiety placed on our communities because of this lack of leadership and lack of transparency and ability to fully communicate the policies of this government from the beginning to where we are today.

My hope is that with the new appointment of Dr. Moore, this ushers in a new era of transparency and a new level of communication for the public that doesn't get weighed down by the pressures of the Premier, by his political fortunes or what he may believe is most politically expedient. We need competency at the helm, and that's something that I think regions that have been successful in exiting or mitigating against the effects of the COVID-19 pandemic have done.

We all look to New Zealand. We all look to that bright spot, where they took a hardline, scientific-based approach to dealing with the pandemic. They did a hard lockdown. The Prime Minister of New Zealand clearly articulated why it was important to do that. They supported their small businesses immediately. They supported those marginalized people to be able to get through this pandemic. They supported working-class people to be able to afford to buffer the economic impacts of a total shutdown. And within three months, Speaker, they were out of the pandemic. They had effectively neutralized COVID-19. When and where hot spots flared up, they quickly deployed the resources needed to be able to mitigate and put out that COVID fire.

We never saw any of that type of action here. We saw delay. We saw hesitancy. We continue to see a failure in communications.

What we saw yesterday was a government that decided that it was important to extend their emergency powers until December. This is an overreach. All opposition members voted against the extension of the emergency powers that were proposed by the Premier. He has decided exclusively that those are powers he would like to retain post-pandemic.

We are hopeful that we have a two-dose summer and that we can return to normal, but that will only be done with competency at the helm.

Speaker, our only reference to how to deal with a global pandemic or a pandemic in the province of Ontario—our most recent reference—is the SARS outbreak. There was a commission into the SARS outbreak that clearly stated that the Chief Medical Officer of Health should be an independent officer of this Legislature with the autonomy to make those very critical decisions between life and death, critical decisions about whether an economy has to

throttle down, shut down completely or can manoeuvre. This government failed to adopt the measures proposed in a private member's bill from my colleague from Nickel Belt that would have given that autonomy to our Chief Medical Officer of Health, which was called for by the SARS commission.

We hope that the government recognizes—ultimately, we need a full judicial inquiry into how this province and this government has dealt with the COVID-19 pandemic. It is very clear that there is no way that we can just let them sweep all of their actions underneath the carpet. We need to know why, how, when and where they made the decisions that they did, because it has affected each and every Ontarian in this province. Nothing less than a judicial inquiry will get us close to that answer.

We need a Chief Medical Officer of Health who has that autonomy, who is free from the pressures of an overbearing government that is looking to continue to have extraordinary powers. Instead of relying on their legislative powers, they should rely on the powers of public health and the science that exists and the people who are able to deploy that science to protect us all. That's what we hope Dr. Moore is able to do in his new endeavour. We wish him well.

We will be supporting the motion.

I thank you very much for your time, Speaker.

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

Mr. Mike Schreiner: It's always an honour to rise in the House, and today I rise to talk about the motion for an appointment of a new Chief Medical Officer of Health.

One of the things that has been very clear to me and, I think, to many Ontarians, when it comes to learning the lessons of this pandemic and prior ones, is that we weren't ready. Part of the reason we weren't ready is, we didn't fully understand and learn from SARS. One of the recommendations that came from the commission looking at SARS was the importance of the independence of the Chief Medical Officer of Health.

So while I highly regard Dr. Moore—and I think the Minister of Health and the minister's parliamentary assistant clearly articulated why Dr. Moore is qualified for this position. I've met with city councillors and other municipal officials in Kingston who have talked about what a good job he has done. I've met with other public health officials who have talked about it. So that's not the issue. The issue is that if you're going to have an independent officer of the Legislature, you need to have all parties of the Legislature involved in the appointment of that particular position, involved in the selection process, involved in the interview process. And the reason it's so important, Speaker, is because the person in this position needs to have the confidence of everybody in this Legislature, of everybody in our province. Confidence builds trust, and trust is what enables the public to respond to public health emergencies.

1420

Mr. Speaker, I believe Dr. Moore will do a good job, but I'm disappointed in the process that led to this

decision, because this isn't just an appointment of how to get us through the remainder of the COVID pandemic; it's a five-year appointment. As some of my other colleagues have mentioned, the Chief Medical Officer of Health deals with a number of issues, in particular dealing with the connection between the social determinants of health and health outcomes, how poverty and housing and other social determinants of health affect public health. I'd like to know Dr. Moore's opinions and credentials on those issues, but we're not going to have the time to go through a proper process.

In the very limited time I have, I want to first take a moment to thank Dr. Williams for his service. I'll also make it clear that I'm going to support this motion because I think Dr. Moore has the credentials to do the job. But, Speaker, let's have a process that quarantines partisanship, like we talked about in the early days of the pandemic, and do this right, moving forward.

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

Ms. Laura Mae Lindo: I am also honoured to be able to add a few thoughts from the people of Kitchener Centre to this debate. It's interesting listening to everybody in the House speak about this motion. Like my colleague from Nickel Belt, I also found out about this new appointment with a pop-up on my phone, a news article that was announcing it. One of the very first thoughts I had was that this government had effectively missed an opportunity to present themselves differently to the public. Had they followed the process to have all parties on the selection committee and in this process, there would have been an opportunity to demonstrate to the people of Ontario that they're going to lead us through the pandemic in a different way.

I'm going to pause on that note for just a second to also reiterate another note that many of my colleagues have said today: This debate isn't about Dr. Moore. Dr. Moore has proven to be able to lead us in a very strong and commendable way. The challenge, though, is that when somebody new takes on such a large role, the public wants to know that we in this House who speak for them in all of these different ridings across the province also trust in Dr. Moore's ability. One way of our being able to demonstrate that is to actually work collectively to make this decision. When we do that, we're able to help Dr. Moore do his job even better. I think that piece seems to have been missed in the decision made by the government to have this appointment arise and follow through the media to alert people to it, as opposed to having us run through that process.

That leads me to something else my colleagues have also discussed that I think is really important for us to reiterate. The MPP for Essex said he was hoping that this appointment of Dr. Moore could usher in a new era of transparency. I hope that is the case. It's just difficult to believe it when here we are speaking about the fact that many of us found out about this appointment through the media, as opposed to through a process that was actually created specifically because of other kinds of issues that

arose when we were trying to navigate the SARS pandemic.

I think we can't reiterate enough how important it is to follow the processes that are put in place, especially those that are put in place specifically to address a lack of transparency by the government. When we opt to not follow those processes, it inadvertently undermines public confidence, and that, I think, is the exact opposite of what it is that we want to do in order to get us to the other end of this pandemic. We should be building that confidence, and we can do that if we follow the processes that have, in fact, been put in place when that confidence and truth was lacking.

I think it's also rather interesting to be discussing this at the same time that—near the beginning of the first wave of the pandemic, there was a call from many community members to collect race-based data. I can tell you that in Waterloo region, there were many community members who were reaching out to my office and to the office of my colleague and friend the MPP for Waterloo asking that we collect this data. They wanted public health to collect it because part of public health's mandate is health equity and to make sure that in fact we are providing resources to those that are disproportionately impacted by things like the COVID pandemic.

Many public health units were left on their own to make a decision about whether or not they were going to collect this socio-demographic data. The reason they were left on their own to make that decision was because the government had indicated that they didn't think this was very important. And because the government had indicated that they didn't think this was very important, the chief medical officer didn't follow through with that bigger call happening in community.

I tell you that, as my people say—my parents are from Jamaica, so they always say this: I tell you that to tell you this. There are questions about how the Chief Medical Officer of Health in the province can do their job if they are not fully independent from the political will of the government. The importance of that independence cannot be expressed enough. When I think back to what happened with the call for the collection of race-based data, for instance, during this pandemic, that puts into question how independently the chief medical officer was being allowed to do their job.

With that being the case, with that being a clear example of a moment where we needed that independence and that leadership, my hope is that the change of chief medical officer to Dr. Moore will not result in the same kind of thing. Because part of our jobs as individual MPPs is to be able to explain government decisions to the people in our ridings, and it's going to be difficult for us to go home to our ridings and explain why somebody so qualified to do this job as the Chief Medical Officer of Health for the province didn't have to go through the process that would have allowed us to help him to do his job, that would have allowed us all to work collaboratively to build that trust.

I do hope that we will find ourselves having different kinds of discussions where we're actually being led by the

science and the expertise of the Chief Medical Officer of Health, of Dr. Moore, as opposed to what people have remarked to me. They feel like navigating this pandemic has been navigating the will of the government. It's been murky for them to try and figure out what it is that the science table, for instance, is saying versus what it is that the government and the friends that they're relying on to make some of their decisions are deeming to be the right way through.

1430

I'm going to pause that for a moment just to tell you—I keep thinking about this story, so I think I may as well say it out loud and put it on the record. I have stood in the House before and spoken about my late partner. In 2012, he passed away from a long battle with leukemia. At one point, because our kids were very small—they were seven and four when he passed—they had to do their immunizations. I remember it was the public health nurses who alerted me to the fact that the particular immunization they were supposed to get contained a live virus, and because my partner had no immune system, had they taken that immunization they wouldn't have been able to spend any time with him while they were waiting for it to work through their system. I tell you that, and I keep thinking about this, because for somebody who did not have access to anything but the public health nurses and health care workers at the time, had they not told me that, I would have thought I was doing the right things to get my kids the vaccination, and then could have potentially put my partner's life into even more jeopardy.

I don't think that people realize how much everyday people rely on their public health units. In fact, everyday people oftentimes don't know who the Chief Medical Officer of Health is. They know who their local public health nurses and practitioners are, and they go to them for really serious things. And they go to them because they trust them, because they're part of that community. That same kind of trust in the midst of a pandemic is something that I think they're looking to us to build, so that they can have the same level of confidence in the person who, as my colleague from Guelph was saying, is in this appointment for five years. We don't plan on being in the pandemic for five years, we plan on getting to the other end of this, which means that there's so much more work that Dr. Moore is going to be helping us to navigate, including day-to-day kinds of things that we don't really think about.

I'm hoping that as we make this transition, we use it as an opportunity to build stronger, transparent processes, that the government chooses to navigate these processes more transparently, that they choose to invest in public health, because that's also how we're going help Dr. Moore be successful in his job. If we don't provide the investments that are needed to rebuild after massive cuts, then it's impossible for us to follow some of the advice that he will, in fact, be bringing to us.

I also hope that people in this chamber remember that there are so many folks who are just trying to navigate their day to day who are relying on their public health units

as the only way for them to receive a lot of this information, and what they want to be able to know is that those health experts are the ones who are leading the health agenda.

So I'm going to bring us right back to this idea that when you don't follow processes that have been developed specifically to build the trust between government and the community, you undermine public confidence. I don't think that that is necessarily what any government would want to be doing, because without the confidence of the public they're not able to remain in these roles to govern.

So there are still outstanding questions as to how we ended up in this particular situation. It's unfortunate, because I would have wanted Dr. Moore to have a stronger foundation to rebuild some of that trust, because the reality is that the political desires of the government that have interfered with the navigation of COVID so far are going to be things that Dr. Moore now has to clean up. So my hope is that he will, in fact, be provided with the independence to do so, with the independence to lead.

I think where I'd like to end off is in—at first, when I mentioned it, I said that it was a missed opportunity for us to work collaboratively in this House, and I'd like to end off in that space and just take some of the time that I have to talk about that, to talk about the fact that we're having this discussion in the midst of a pandemic.

A sudden change of leadership is going to make the public have a lot of questions. And part of what we can do is to work better together to rebuild that trust, to ensure that we cement a stronger trust in these systems that are meant to protect everyday Ontarians, but we can't do that if we keep finding out about government decisions through media outlets. We can only do that if these processes that we have available to us are the ones that are followed, so that we can actually navigate this pandemic collectively, which is what I think the public wants to see. I know there's always a time and a place for the back-and-forth and disagreements about which direction we should go etc., but in a pandemic I believe that what the public wants—I can tell you that what I'm told in Kitchener Centre is, they want to see us working collectively, collaboratively. They don't want to see political interference in our health care system.

They are very unhappy, for instance, with yesterday's vote. I was not in the cohort that was in the chamber. But yesterday's vote for the extension of the emergency powers going even further was not something that the public wanted to see, and part of why they didn't want to see that is because there's so much that gets decided behind closed doors—it's the lack of transparency.

So we seem to be in the same theme day after day after day in this chamber, of the government insisting that it's okay for them to do things behind closed doors and the public crying out and saying, "No, it's not okay." They don't want that, and then we end up in a situation like this.

Being an eternal optimist, I want to make sure that I put into the universe as much support and gratitude to the Chief Medical Officer of Health—especially as we're trying to turn the corner in this pandemic. So I am

surrounding Dr. Moore with so much gratitude. I am very excited about the idea of creating a new opportunity to rebuild the public health care system, to keep us navigating the pandemic in a way that is led by science and by the medical experts, not by the politicians. And I hope for Dr. Moore that he continues to have the confidence to push back if he does experience resistance when trying to tell the public what it is that we need to know to ensure that we're safe. I hope that he is treated with the respect and dignity and care that his expertise should afford him to be able to do this job.

I do hope that the next time we stand up in this House, we're doing so more collaboratively, not just because we're in this pandemic but because that's what real leadership should, in fact, look like.

I do hope that the government will think differently next time, of actually making use of processes that are more transparent so that we can navigate the most challenging times in a way that puts the people of Ontario front and centre.

I'd also like to say thank you to Dr. Williams. It's not an easy task that he found himself in. Nobody anticipated that we would be in a global pandemic, and nobody anticipated that there would be such pressure from government to move away from the science and towards the politicizing of it or trying to navigate in a different way, and so I do want to say thank you to Dr. Williams for doing his best in the midst of that.

1440

I think I will end off with one more bit of gratitude, and it's to the MPP from Nickel Belt, for doing such an amazing job today with this debate, but also for the forethought of tabling a private member's bill that would ensure and enshrine independence in this role, because that idea of making sure at every turn that the chief medical officer is, in fact, an independent officer of this assembly is critical. It's absolutely critical. Ensuring that all parties are part of the selection process is also critical because, as we've heard, that's what builds and capitalizes on the confidence that we need in some of the more challenging times.

I think that sometimes when we're in these difficult kinds of situations and don't necessarily see the light at the end of the tunnel, it's these kinds of moments where we can celebrate the stuff that we've tried to change to ensure that we're better equipped to navigate any kind of public health emergency. We should also take some time to think through and celebrate and, most importantly, support; not just support because this time we decide that we're going to provide Dr. Moore with the space to do his work independently of political desires, but actually support the legislation that would ensure that this process is followed, the independence is had and the public is fully safe.

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

M. Guy Bourgouin: Il me fait toujours plaisir de me lever en Chambre pour représenter le monde de Mushkegowuk–Baie James, mais surtout à ce sujet, quand on parle du médecin hygiéniste en chef de l'Ontario. Je pense que c'est important qu'on parle du sujet.

Je veux être clair que je pense que, comme vous avez entendu de tous mes collègues, on supporte le D^r Moore. Je pense qu'il n'y a pas de doute là-dessus. On ne questionne pas ses qualifications. On ne questionne pas—aucun doute du D^r Moore. Mais je vais prendre aussi l'opportunité de remercier le D^r Williams. Ma collègue de Nickel Belt a dit très bien que c'est un gentleman, puis c'était une personne qui, si tu lui envoyais une lettre, t'envoyait une réponse avec le support médical et essayait d'expliquer la situation pour que le monde comprenne. Ce n'est pas évident, là.

Je peux imaginer, pour un médecin hygiéniste en chef d'une province, la pression qu'il peut être en dessous—surtout dans une crise de pandémie. Ça ne doit pas être évident de prendre des décisions qui affectent des milliers de personnes. Ce qui fait que, chapeau pour le D^r Moore, qui est prêt à prendre cette position-là, avec les responsabilités dans un milieu de pandémie. Je peux vous dire qu'il y a du travail devant lui et qu'il y a de l'ouvrage à faire.

Mais surtout, je veux parler du processus. Vous avez entendu mes collègues en parler. On questionne pourquoi le gouvernement—vous savez, on l'a appris à travers des médias sociaux. On est le parti officiel. Notre critique—elle l'a mentionné—l'a appris samedi matin à travers des journaux puis des médias sociaux.

On a un gouvernement qui dit qu'il veut travailler avec nous. Je ne sais pas, monsieur le Président. Ce n'est pas l'opportunité qui leur manque, là. On n'est pas à un mile entre, là. Elle a mentionné dans son allocution que la semaine passée, elle était dans un « standing committee », et qu'il y avait la ministre et d'autres personnes du gouvernement qui auraient pu informer notre parti ou notre gouvernement.

On parle d'un des postes les plus importants dans la province. Ce n'est pas un petit appointement, là. Ce n'est pas un petit appointement qu'on voit que le gouvernement peut faire; on parle du médecin hygiéniste en chef de la province.

Ma collègue de Nickel Belt, elle a tellement d'expérience. Elle a parlé de l'expérience qu'ils ont vécue quand on a vécu le SRAS, que du monde est mort, puis il y a eu des recommandations de ça. Ce dont on parle aujourd'hui, ce dont mes collègues ont parlé puis ce dont on parle, c'est qu'on questionne le processus. On ne réinvente pas la roue, monsieur le Président. On parle de la recommandation qui est venue d'une commission pour nous dire que le médecin hygiéniste en chef de la province devrait être indépendant et qu'il devrait être appointé par les trois partis. Ma collègue de Nickel Belt a dit, quand ils ont fait le premier processus, parce que c'est venu des recommandations, combien il y a eu d'applications. Il y a eu des applications qui ont été envoyées. Peut-être que le résultat n'aurait pas changé. Peut-être que ça aurait été le D^r Moore.

Mais vous avez entendu mes collègues parler, à plusieurs reprises, de transparence : comment la transparence est importante. Je pense que c'est mon collègue d'Essex qui a mentionné dans son allocution

qu'avec les médias sociaux aujourd'hui, les messages qui sortent, c'est fou—même s'ils n'ont pas de support médical ou qu'ils n'ont aucun support. Ça amène le monde à croire certaines choses. C'est pour ça que c'est important, quand on parle du médecin hygiéniste en chef de la province, qu'on ait l'appui de la Chambre et des trois ou quatre partis, parce que c'est important, ça, monsieur le Président.

Comme député de Mushkegowuk, mes commettants viennent me voir, puis ils disent : « Guy, qu'est-ce qui se passe? » Il me semble que la province aurait dû apprendre de leurs erreurs—pas de leurs erreurs, mais du rapport de la vérificatrice, qui questionnait notre médecin hygiéniste en chef sortant, qui questionnait la manière dont c'était fait ou la « lead » qui se faisait avec les annonces au début de la pandémie. Ce n'est pas n'importe quoi, ça, là. C'est la vérificatrice qui fait une recommandation, qui questionnait. Puis dans son rapport, elle disait qu'il y a eu un manque de leadership de la part du médecin hygiéniste en chef de la province. Le rapport aurait dû sortir de lui, mais il est venu de la province quand il y a eu des décisions de prises. Il y a eu ces rapports-là qui sont sortis.

Puis les commettants vont nous poser ces questions-là, puis nous, on va dire, « Bien, comme vous, on l'a appris dans les journaux, puis on l'a appris dans les médias sociaux. » Il y a quelque chose qui manque, là. Puis le monde va voir ça, puis—c'est ça qui est déplorable—ils vont dire : « Ils essaient de nous en passer un autre, vite. » On sait qu'il y a eu bien des appointements du bord du gouvernement qui étaient à questionner. Là, on est parti d'une barre de même. Ils ont réduit la barre très basse.

Le D^r Moore est plus que qualifié pour faire le travail, mais je pense que c'est ma collègue qui a dit qu'on vient de lui mettre un boulet aux pieds en l'embarquant dans un travail qui n'est pas facile à faire. On lui donne un boulet, on lui met peut-être un manque de transparence ou un manque de support de toute la Chambre—puis on le supporte, nous, mais il reste que le reste de la province, les Ontariens, vont le questionner. On a dans notre Chambre, même ici dans la Chambre, des sceptiques. On entend des questions des députés, des sceptiques de COVID.

Puis là, on a ce processus où on dit qu'on a eu la chance—puis encore, je pense que c'est ma collègue qui l'a dit; j'en ai pris note. Il y un an passé, elle a envoyé une lettre à la ministre, parce qu'on savait que le D^r Williams parlait de prendre sa retraite. C'est tout à son honneur qu'il l'ait étirée dans la crise de pandémie.

Il reste que le gouvernement savait qu'il y avait une date butoir qui s'en venait. Ce n'est pas n'importe quoi, là. On sait que le médecin en chef s'en venait. Il y'avait déjà un processus qu'ils auraient pu mettre ensemble avec tous les partis pour mettre les mêmes recommandations qui ont été faites—en quelle année, France? Ça m'échappe, l'année dont tu as parlé.

M^{me} France Gélinas: En 2003.

M. Guy Bourgouin: En 2003 : les recommandations de 2003. Le gouvernement aurait pu commencer le processus, à mettre les applications, tout le temps supportant le D^r Williams qui faisait son travail, mais

commencer à s'approcher de ça. Le D^r Moore, peut-être qu'il aurait été le candidat. On ne questionne même pas ça et on va le supporter, le D^r Moore, pour lui donner tout le support possible pour qu'on passe à travers cette crise. Mais ils auraient pu avoir mis un processus ensemble, transparent, pour appuyer les candidats, pour voir qui est venu. Je pense, comme ma collègue a dit, que c'était un processus qui était assez ardu, assez compliqué. Elle parlait même de CVs avec des centaines de pages sur leurs qualifications. Donc on ne parle pas, comme on dit en français, de « p'tit quoi-c'est ». C'est un terme que mon père utilisait. Ce n'est pas des « get out of here », là. C'est du monde qui est qualifié.

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Le gouvernement le savait, ce processus-là. Il savait que la date butoir s'en venait. Puis il faut dire, que ma collègue—c'est probablement son expérience ici qui l'a fait—elle a déposé un projet de loi. Pourquoi? Justement pour adresser ce processus-là.

Dans son projet de loi : « The bill amends the Health Protection and Promotion Act to make the Chief Medical Officer of Health an officer of the assembly », qu'il soit un officier de l'Assemblée. « Enshrine in the legislation, an all-party selection process for future Chief Medical Officers », donc, de mettre dans la législation que tous les partis, non confondus, font partie du processus. « Provide for the appointment of a select committee in the event of a declaration of an emergency under the Emergency Management and Civil Protection Act », donc, encore, un comité qui regarde tous ces candidats pour aller chercher le candidat dont on a besoin pour faire la position qui, comme j'ai dit, n'est pas une position qui est assez simple. Le projet de loi, pour ceux qui sont intéressés de le savoir, c'était le 227.

Ce qui fait que, un an avant, ma collègue de Nickel Belt envoie une lettre pour justement adresser ça, puis pour dire : « Écoute, on sait qu'il s'en va; il faut faire de quoi. » Si on regarde, elle était encore plus proactive. Elle a déposé un projet de loi. Le gouvernement le savait, là. Tu ne me feras pas croire que tu changes de médecin hygiéniste en chef à la dernière minute, que tout d'un coup, il y a une petite lumière qui s'allume : « Oh, il s'en va. Il faut le changer. » Écoute, il y a un processus qu'il fallait mettre en place. Ils étaient déjà en train de regarder pour un nouveau candidat, mais ils ne nous l'ont jamais mentionné, ça. Ce n'est pas à cause qu'ils n'ont pas eu l'opportunité. On se croise souvent ici en Chambre. On a la chance de se parler. On est dans des comités. Ce n'était pas un secret de Polichinelle que le médecin hygiéniste en chef s'en allait. On le savait. Il avait déjà annoncé sa retraite; il l'avait étirée. De plus, pour être proactif, il y a des députés qui ont envoyé des lettres, comme ma collègue, pour dire : « Écoute, il faut faire de quoi. » On dépose un projet de loi. Le gouvernement ne fait rien.

Puis un bon samedi matin, notre collègue—puis écoute, ce n'est pas que ma collègue; c'est tous les députés. On se fait bombarder de questions par les médias, on se fait bombarder par nos commettants : « Un nouveau médecin en chef—étiez-vous au courant? » Bien, voyons donc. Tu

vois si ça se fait. Mais on dit : « On travaille avec vous. On veut travailler avec les partis. On est dans une crise de pandémie; il faut travailler ensemble. » Puis on est là, puis on l'a fait au début, mais tout d'un coup—je ne sais pas, moi. On apprend ça à travers des médias. Ce n'est pas travailler ensemble, ça. C'est de la dictature, si je peux utiliser le terme.

Il reste qu'on est là pour supporter le médecin Moore. Ce n'est pas la question. C'est le processus, monsieur le Président, qui n'est pas correct. C'est un processus qui aurait pu être transparent. C'est un processus qui aurait pu emmener des sceptiques aussi puis répondre à ça puis avoir le support de cette Chambre, ce qui est très important. Il a enlevé le boulet. Il a enlevé le boulet, puis de faire ça—ce n'est pas ça qu'on a fait. Mais on semble oublier. Des fois, on pense que l'opposition n'est rien que là pour critiquer, on n'est rien que là pour essayer d'assommer le gouvernement puis d'essayer d'empêcher les processus. Ce n'est pas ça. On a un devoir, comme opposition, de faire certain que les projets de loi reflètent certaines valeurs. Des fois, on a une tendance à penser que : « Oui, on forme le gouvernement. On connaît tout, on sait tout. » Mais je pense que l'opposition, on a un devoir à faire. Dans cette situation, on aurait pu aider. On aurait pu aider au processus. On l'aurait supporté parce que, à la fin de la journée, la décision pour le médecin hygiéniste en chef, il faut qu'elle soit unanime—qu'on amène une recommandation unanime à la Chambre, monsieur le Président. C'est très important.

Je parlais de la santé publique. Je veux la remercier, en passant—j'ai l'opportunité de le faire, ça fait que je veux remercier toute la santé publique pour le travail qu'ils font. Je pense que, tous partis confondus, on reconnaît que le travail que la santé publique, que ça soit dans tous les comtés ou toutes les unités de santé publique, ils ont un travail—puis je peux vous dire que ce n'est pas évident avec tous les services qu'ils donnent. Des fois, on le prend pour acquis, puis je pense que c'est ma collègue de Nickel Belt qui l'a dit encore. On ne pense pas, quand on ouvre un robinet puis l'eau sort, que la santé publique est derrière ça pour faire certain que cette eau-là est potable, même si on le sait que dans la région du Nord, il y a beaucoup—puis mon collègue de Kiiwetinoong a dit qu'il y a encore certaines communautés en Ontario qui font bouillir leur eau. J'en ai dans mon comté aussi.

Dans mon comté—vous savez, je représente Baie James, qui est un très grand comté. Mushkegowuk—Baie James, c'est super grand, puis Porcupine Health Unit, qui est le plus grand « health unit » de la province, fait un travail exemplaire, ce qui n'est pas facile. Quand on parle de la juridiction, la grandeur, la superficie—dont j'ai parlé, je pense, dans mon « member's statement » à matin. Dans mon comté, on a 86 cas à Baie James; on en a 27 à Moosonee; on en a 27 à Fort Albany; on en a 18, je pense, à Attawapiskat, puis un à—ça m'échappe, mais un, c'est certain—puis on en a d'autres ailleurs dans ma communauté, dans mes communautés des Premières Nations. Il faut tout faire pour essayer d'enrayer—parce que, vous savez que dans les communautés autochtones,

on n'a pas les services qu'on a ici. C'est dommage. Mais quand tu n'as jamais été dans une communauté dans le Grand Nord, tu vois que—puis j'en ai parlé souvent en Chambre, en passant. Dans les maisons, on voit deux ou trois générations qui vivent dans une maison qui a été conçue pour six personnes. Il y a des matelas dans les salons pour que le monde puisse dormir. Mais la santé publique a un gros rôle à jouer pour essayer d'éliminer ces situations-là : le manque de maisons. Puis la province, on a une responsabilité envers ça qui est très importante.

Mais il faut qu'on pense que, la santé publique aussi—on n'a rien qu'à penser aux vaccins. Ils donnent les vaccins. Je pense que c'est ma collègue aussi qui a parlé de l'immunisation dans les écoles. On est tellement habitué de prendre ça pour acquis que—aujourd'hui, on le réalise plus, parce que la pandémie a tout mis ça sous la loupe, puis là, on réalise comment importante que la santé publique est pour la province. Mais avant ça, ils faisaient un travail exemplaire. Tu sais, la restauration : quand on va dans un restaurant, puis on sait que le manger est bon, parce qu'il y a des inspecteurs qui vont visiter. Ça revient encore à la santé publique. Toutes ces affaires-là se font faire à travers la santé publique, puis aujourd'hui, dans la crise de pandémie, tout d'un coup, c'est accentué. Puis là, on réalise comment c'est important.

Mais ce qui est épeurant, si je peux utiliser le terme, monsieur le Président, c'est que le gouvernement a coupé—30 % : ils veulent mettre ça sur les municipalités, que 30 % du financement va aller aux municipalités. Les municipalités sont déjà débordées. Ils ont déjà eu plusieurs coupures de la province. Ça, c'en est une de plus. Ça, ça veut dire quoi pour la santé publique? Ça veut dire moins de services. Ça nous met encore plus vulnérables, puis ce n'est pas le temps.

S'il y a de quoi qu'on devrait avoir pris dans cette leçon ici, c'est que la santé publique, c'est important. C'est primordial, si je peux utiliser le terme. S'il y a de quoi qu'on devrait avoir appris, c'est qu'on ne devrait pas couper dans la santé publique, parce que, ce n'est pas compliqué : c'est nous autres qui payons. Ce sont tous les individus qui vont perdre les services, qui, soient vont être privatisés et qu'on va payer encore plus cher quand c'était déjà couvert. C'est une réalité; il faut le dire. C'est une réalité que 30 %—plus : ils veulent le réduire. Ils veulent aller à 10, des régionales.

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Je viens de vous dire que ma santé publique, c'est la plus grande en Ontario. C'est la superficie. Il faut réaliser que ce n'est pas comme dans le sud de l'Ontario, quand tu vas aller d'un site à l'autre, là. Chez nous, tu vas conduire trois heures. Je conduis deux heures—bien, une heure et quart—pour me rendre à Cochrane. Je prends un train : je suis cinq heures sur le train pour me rendre à Moosonee. Là, je prends—ils appellent ça un « water taxi »—pour me rendre à Moose Factory. C'est une réalité, là, de la superficie qu'on a.

Mr. Taras Natyshak: How much bigger can it get?

M. Guy Bourgouin: Attends : je ne suis pas encore rendu à la baie James, là. Bien, j'étais à la baie James. Mais

quand je suis obligé de partir de Kapuskasing en avion, on parle de trois, quatre heures d'avion, là, pour me rendre dans mes communautés pour leur donner des services. C'est une réalité. Mais là, on va les grossir encore plus?

Écoute, il ne me reste pas grand temps, monsieur le Président, mais je veux remercier encore le D^r Moore, parce que je pense qu'on reconnaît que c'est une personne qualifiée. Puis je pense c'est mon collègue, justement, d'Essex, qui a mentionné que quand on était au début de la pandémie, on s'est viré et on entendait beaucoup de choses avec les « health units », mais le D^r Moore était dans son comté—

Mr. Taras Natyshak: Kingston.

M. Guy Bourgouin: Kingston, merci—le comté de Kingston. Il était le médecin en chef à Kingston, de sa région, puis qu'il avait pris des décisions que beaucoup de—il se faisait remarquer beaucoup pour les décisions. C'était un leader. Tu sais, quand tu prends des décisions de même, il y a des qualités de leader, puis je pense que le D^r Moore l'a démontré à multiples reprises durant cette pandémie.

Juste pour terminer, je veux remercier aussi le D^r Williams pour son travail, comme j'ai dit au début de mon allocution. Tu sais, on prend pour acquis que ce monde-là, quand ils prennent des positions de même—ils sont sous pression. Puis je peux imaginer les sacrifices qu'ils ont dû faire, qu'ils ont été obligés de prendre pour leurs familles et tout ça.

Je voudrais les remercier de toute la province, puis de notre parti, parce que je pense que, des fois, on prend du monde pour acquis, mais on oublie les positions qu'ils prennent ou la position où ils sont comme médecin hygiéniste en chef d'une province. Et pour ça, on leur doit un merci.

The Acting Speaker (Mr. Percy Hatfield): Further debate? Further debate? Further debate? I take it the motion has collapsed.

Therefore, Ms. Elliott has moved government notice of motion 113, relating to the motion for an address to appoint a Chief Medical Officer of Health. Is it the pleasure of the House that the motion carry? I declare that the motion has carried.

Motion agreed to.

BUILDING OPPORTUNITIES IN THE SKILLED TRADES ACT, 2021

LOI DE 2021 OUVRANT DES PERSPECTIVES DANS LES MÉTIERS SPÉCIALISÉS

Mr. McNaughton moved third reading of the following bill:

Bill 288, An Act to enact the Building Opportunities in the Skilled Trades Act, 2021 / Projet de loi 288, Loi édictant la Loi de 2021 ouvrant des perspectives dans les métiers spécialisés.

The Acting Speaker (Mr. Percy Hatfield): Would you like to kick off the debate, Minister?

Hon. Monte McNaughton: Thank you very much, Mr. Speaker. Indeed, I would like to lead off the debate on this very, very important initiative. Mr. Speaker, I do want to let you know that I will be sharing my time with my good friend the member for Burlington, the parliamentary assistant to the Minister of Labour, Training and Skills Development. I have to say, the MPP for Burlington has done a tremendous job of ensuring that we move forward with a modern skilled trades and apprenticeship system here in Ontario. I know she comes to this with a personal aspect as well, because her son has picked up a career in the skilled trades and actually started his own business. I'm sure she'll talk to you about that.

I also want to just take a couple of moments before I get into my speech to thank a number of people who really have spent thousands of hours on this file over the last couple of years. I want to thank my team in my office at the Ministry of Labour, Training and Skills Development and the deputy ministers who have been involved in this and their staff. They've done incredible work to really build a consensus around this new agency and the new path forward for the skilled trades in Ontario.

I also want to thank industry employers, who have worked closely with our office. Labour leaders, Mr. Speaker: We've met and spent hundreds of hours with some of the largest labour leaders in Canada to ensure that we get this right. And, of course, we have to thank the countless workers, those apprentices and journeypersons who have worked really closely with me, with our office, with the MPP for Burlington to ensure that we build a skilled trades system that is centred around the tradesperson.

I also want to take a moment just to talk about why I'm so passionate about this. I come from a small business background, as many in the Legislature know. I grew up in the village of Newbury, population 402 people. In fact, Mr. Speaker, I started at a very young age in our family business, a Home Hardware building centre, working in the hardware store. I remember at a very young age—actually, it's quite funny; now, as Minister of Labour, I can't actually say at what age I started working in our family business many, many years ago. But my dad had me sweeping floors, cleaning toilets, cleaning the washrooms, stocking shelves, running the cash register. And then, Mr. Speaker, I remember starting out in the lumberyard, loading trucks, loading drywall, OSB, pressure-treated—and I have to say, the pressure-treated lumber was much cheaper many, many years ago than it is today.

But it was from that experience working in our hardware store, auto parts store, working with tradespeople—and whether they were union members or non-union members, it was a pleasure to serve them and to see the passion they have for their careers. I think what we're doing here today, hopefully with passing this legislation, will really build a skilled trades system that's going to make it simpler and make it easier and faster for young people to pick up a career in the skilled trades.

Lastly, I have to give a shout-out to very good friends of mine, Bill and Janice Mader, who are next-door

neighbours of mine in Mount Brydges, Ontario, where my wife and daughter and I live today. Bill Mader has been a member of the heat and frost insulators union for about 40 years. He did an apprenticeship as an insulator and has been a journeyperson now for decades. His wife, Janice, is also in the skilled trades. She has a small business out of her house as a hairstylist.

They are great friends of ours; we love them like family. In fact, Mr. Speaker, I was very blessed last year. My daughter and I were able to build a treehouse. I was the apprentice on the job, and my daughter was too, obviously, since she's only seven, and Bill was the journeyperson. We worked four Saturdays last summer to build a treehouse, and I can tell you—and I've heard literally thousands of stories from other tradespeople in Ontario, but one of the best things about being in the skilled trades? You can be damn proud of what you build. And I can tell you, by having that experience last year, building that treehouse with my daughter, I am very proud. But I also thank my neighbours, who gave me the opportunity to do that project.

Speaker, I am immensely proud to rise today to speak to the third reading of Bill 288, the Building Opportunities in the Skilled Trades Act, 2021. As I said, the MPP for Burlington will be speaking very soon. This legislation, if passed today, would create the long-awaited and much-anticipated generational change that our skilled trades system has literally needed for decades.

The skilled trades are often overlooked as a career. There is this idea that every young person needs to go to university to become successful. Mr. Speaker, this is simply not true. When people think of the trades, they often think of plumbers and electricians, but there are so many more across industrial, automotive and service sectors too. Quite simply, jobs in the trades can be great. They offer long-term, lucrative careers, and often, you get to travel, move into management and can even be your own boss.

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Tradespeople build our hospitals, broadband, transit systems, natural gas infrastructure and our homes. They manufacture our cars and ships and keep them running. They cut down trees. They care for our children. They grow our food and prepare it too. They are critical today, and they will be critical for Ontario's future.

But many of our tradespeople will soon be retiring. Nearly one in three journeypersons today are 55 years or older, and the average age of an apprentice in Ontario is 30. Just in construction alone, we need more than 100,000 workers over the next decade.

In addition, our government has embarked on a record investment in infrastructure of more than \$144 billion, including bringing all-day, two-way GO service to every corner of the greater Toronto and Hamilton area; the largest subway expansion project in Canada's history, in Toronto, Mississauga and Richmond Hill; and broadband and natural gas expansion projects like the ones in my riding of Lambton-Kent-Middlesex that will bring affordable heating and Internet connectivity to families in

rural and northern Ontario. These create good jobs for tradespeople and will help level up Ontario to bring all regions up, to lift those regions up.

Of course, the costs of our ambitious infrastructure projects could escalate substantially if they don't have the workers they need.

Because of the leadership of our Premier, the federal government has committed to funding their fair share towards our priority transit projects, including the 14-kilometre Hamilton LRT connecting McMaster University to Stoney Creek, and 60 new streetcars to be built by members of Unifor Local 1075 at Alstom's Thunder Bay plant.

While Minister of Infrastructure, I focused on attracting more competition to procurement and signalled that our province is open for investments. That's why I'm pleased to share that just last week, German construction leader Strabag was awarded a contract to design, build and finance the long-awaited tunnels for the three-stop Scarborough subway, and the consortium team of Aecon, Dragados, Ghella, ACS and Scotiabank were awarded the contract to design, build and finance the tunnels for the Eglinton Crosstown West extension through the heart of Etobicoke.

All of these investments will create literally tens of thousands of trades jobs for years to come.

As recently as the fourth quarter of 2020, close to one in 10 job vacancies in Ontario were in factories. And thanks to the leadership of our Premier, we're seeing new investments. Ford Motor Co. will build electric vehicles, Fiat Chrysler will bring more jobs to Windsor, and General Motors will build trucks again in Oshawa. Labour, industry, and government are working together to bring billions of dollars of investments into all of our communities and create more than 9,000 skilled trades jobs for years to come. This is great news for Ontario.

Over the course of second reading and committee hearings, I heard members of the opposition say that Bill 288 only works to serve the interests of businesses, but nothing could be further from the truth.

When I first became Minister of Labour, I took the time to reach out and speak with hundreds of experts in health and safety, business and labour leaders. In fact, I was the very first Conservative labour minister to march in a Labour Day parade.

After I inherited the training and skills development portfolio, I listened carefully about how to enhance training opportunities and understood the concerns that were being shared, and why it was important to take a thoughtful, measured approach to transforming the apprenticeship system.

I believe in spreading opportunities, particularly for women, youth and those from Indigenous, under-represented and underprivileged communities, more widely and fairly—careers that are rewarding, well-paying, and provide security with pensions and benefits.

That's why in the skilled trades alone, between 2020 to 2024, our government is investing a record \$1.1 billion in training and learning opportunities like pre-apprenticeship

and OYAP, along with funding to bolster our vast network of trade schools and incentives for businesses.

I'm proud of our work with unions, industry leaders, employers, associations and hundreds of thousands of workers to grow Ontario and strengthen our skilled trades system. To guide us through this important work, our government established a new skilled trades strategy built upon three principles: breaking the stigma and attracting more youth to the trades; simplifying the system; and encouraging employer participation in apprenticeships.

Speaker, a key aim of our legislation is implementing the second pillar of our strategy: simplifying the system.

I would like to thank the skilled trades panellists: Mike Sherrard, Jason Ottey, Shaun Scott, Melanie Winter and Melissa Young. Thanks to their expertise and hard work, we have the plan which informed the legislation before us. This expert panel told us in their first report that we needed a simpler, customer-focused system. The decades-long Ping-Pong process between my ministry and the College of Trades has not been successful, but the panel also made clear that there is no desire to return to the previous model of my ministry handling all aspects of the skilled trades. Instead, they recommended that we replace OCOT with a new crown agency.

Skilled Trades Ontario will be a nimble and industry-informed training authority leading the promotion, research and development of the latest training and curriculum standards—instead of a big government approach. With Skilled Trades Ontario, we'll have a digital system instead of paper logbooks and wet signatures—a clear path from start to finish, with a new, one-window experience where apprentices would be able to register, log their hours, schedule their in-class learning and schedule exams, all from a home computer, laptop or smart phone. If they need it, they can find information there about financial supports and how to apply online.

Industry and labour are excited about the steps our government is taking with this legislation.

Stephen Hamilton, chair of the Ontario Skilled Trades Alliance, which includes RESCON, the home builders, the sewer and water main association and Ontario general contractors, said this: "We welcome a new agency that takes a fresh approach and genuine interest in advancing Ontario's skilled trades and apprenticeship system. We are hopeful that Skilled Trades Ontario will stay focused on its mandate to promote the trades and encourage employers to play a greater role in mentoring aspiring tradespeople from the start to finish of their apprenticeship. That's the way to close the skills gap, lead economic recovery and keep Ontario competitive."

Similarly, on the labour side, Joseph Mancinelli, LIUNA International vice-president and regional manager of central and eastern Canada, said: "Minister McNaughton continues to exemplify collaborative and strategic leadership in eliminating red tape for apprenticeship training and enhance prosperous opportunities in the skilled trades.... The Labourers' International Union of North America (LIUNA) is proud to continue its advocacy, in partnership with industry and government, to

remove barriers and empower Ontario's future workforce who remain the centre of building and strengthening communities across the province."

I'd like to highlight for this House three key differences for the proposed new framework under Bill 288.

(1) Instead of an unwieldy 21-member board of governors, Skilled Trades Ontario's 11-member board of directors and CEO will be appointed based on competencies and the agency's mandate. This includes their knowledge in the skilled trades, experience with board-governed bodies and personal attributes to ensure diversity. Industry's input will instead come through advisory committees.

(2) We are separating compliance and enforcement from research, updating curriculum and on-the-job training standards, and certification.

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(3) We're ending the fragmentation of the apprenticeship system by ensuring all services for apprentices and their sponsors are housed under one roof. The days of Ping-Pong will be over.

Speaker, I'm also proud to say that we are restoring whole trades that will have their scopes of practice and not pursuing skill sets any longer. This is clearly reflected in the bill. The term "voluntary" is also being removed to destigmatize non-compulsory trades, and once the bill passes, I am committed to preserving all 144 trades in the transition to Skilled Trades Ontario. To be clear, not a single trade is being lost in the move from the College of Trades to our new agency.

If this legislation is passed, my ministry would take on responsibility for enforcement of compulsory trades and ratios through our health and safety inspectors. We have hired more than 100 new health and safety inspectors and now have the largest inspectorate in Ontario's history, at over 500 inspectors. We have also doubled the phone lines at our health and safety contact centre. Over 51,000 COVID-related inspections have been conducted, and 99 unsafe workplaces have been shut down. By moving these functions to the ministry, this would reduce any duplication in inspections while leveraging the existing robust network that is already in place. This is also consistent with the government's ongoing efforts to ensure coordinated enforcement amongst regulators.

Speaker, Bill 288 builds on the progress we have made to date after the Liberal government set up a broken system, decimated the skilled trades and invested pennies on the dollar. The member from Scarborough-Guildwood, who is a former minister of skills development, had every opportunity to fix the system but instead oversaw a loans-for-tools program that cost government more to administer than the cost of loans themselves. After the Liberals introduced OCOT, the number of new people signing up as apprentices dropped by over 17,000, or 40%. Since 2014 and until we formed government, the number of certificates of apprenticeship and certificates of qualification also decreased every single year. In 2016, the Auditor General reported that only 47% of apprentices completed their apprenticeship. Speaker, our government is up to the

task, and after listening and consulting with our labour and employer partners, we are so close to closing this poor chapter in Ontario's history.

As contrast, I'm pleased to share some of the work that we have been doing. We are investing more than \$17 million in the Ontario Youth Apprenticeship Program, or OYAP, to help grade 10 summer students and those in grades 11 and 12 gain experience in the skilled trades while earning credits towards their high school diploma. OYAP is delivered by all 72 school boards in over 800 secondary schools. Between 2018 and 2019, 18,017 students participated in this amazing program. A notable example is a partnership between the Hamilton-Wentworth Catholic District School Board and LIUNA Local 837 that gives students opportunities to get started in construction.

We're also investing \$21 million every year in pre-apprenticeship programs specifically targeted at providing no-cost placements for women and underprivileged people so they can try one or more trades. This last round of the program included over 1,800 placements, which is up 14% since we took office.

The Central Ontario Building Trades' Hammer Heads Program, led by James St. John, is an organization that we support through pre-apprenticeship funding. They help at-risk youth from underprivileged and Indigenous communities by providing health and safety training and exposure to a variety of trades. They also have partnerships across the private and public sectors like with Ryerson University, Concert Properties and Tridel.

Earlier this year, I spoke with Kris, a Hammer Heads alum who is now a journeyperson steamfitter with UA Local 46. Kris had a very tough upbringing. This young man grew up in a community where crime was high and many didn't believe they had opportunities. Several years ago, Kris entered a career apprenticeship program to get experience in the trades. He worked hard, gained experience and, after his 12-week pre-apprenticeship program, ended up becoming an apprentice.

I'm proud to say that he became a journeyperson back in January of this year and is now earning more than \$48 per hour, with pension and benefits. But most importantly, Kris is a very proud father of two kids. He's got a child on the way. Just talking to him, you could just sense the emotion, but also the pride in his career path. I can tell you, I was so happy for Kris. I ended up calling him on Sunday night to congratulate him after hearing about his story. We're just so proud of Kris and, really, the thousands of other young people who are getting into the trades. Good for Kris; more than \$48 an hour with pension and benefits, a damn good union job. So I want to say to Kris, congratulations for your achievement.

I also say "life-changing," because that exactly how Nattisha, a licensed ironworker I spoke with, described her experience after going through a pre-apprenticeship program. Nattisha was a single mom of two young girls on welfare. Since learning a trade, she's now making \$44.08 an hour, with a pension and benefits, and is a member of a union. These are the kinds of programs that would have

become illegal to operate had we adopted two of the opposition's motions at committee.

I would also like to highlight today some of the troubling propositions brought forward by the opposition at committee. One example is on apprentice-to-journey-person ratios. It is shocking that after members of the opposition NDP, including the member from Niagara Falls, talked about there needing to be more restrictive ratios, they then proposed an amendment to cancel them outright. The current 1-to-1 ratio aligns our province with our neighbours, allowing our apprentices to receive the mentorship and quality training they need.

Another example, Speaker, is on extending time to write exams. Sometimes apprentices can't write their exams after completing their apprentice program, if they are struck with a chronic disease, need to care for a loved one, or need to take maternity or paternity leave. Had our government adopted the NDP opposition's motions, those journey-person candidates would not have been able to have their provisional licence extended until they were able to write their exam. We recognize there are personal circumstances when apprentices can't write their exam in a timely manner, and we will outline a process for fair and reasonable exceptions.

Speaker, we also heard the opposition accuse us of ignoring industry input. This could not be further from the truth. Our new agency will establish industry advisory committees to inform things like trades standards, curriculum equivalency assessment, labour market trends, advancement in technology, and others. We heard loudly and clearly that OCOT was paralyzed and politicized by too many committees. Their structure was too rigid and they became difficult to manage and populate. If the bill passes, Skilled Trades Ontario and its advisory committees will be more flexible and nimble.

We also heard the opposition criticize the Ontario Labour Relation Board's role—a role that they have had since 2017. Our adjudicators are quite skilled in occupational health and safety, employment standards and labour relations matters, as well as over 30 other statutes. We have full confidence in them continuing to play this important role in the best interest of the public. The labour board will consider the scope of practice, a compliance and enforcement framework, and other relevant factors of public interest like jurisprudence and expertise of other regulators.

By working with unions, industry leaders, associations and hundreds of thousands of workers, we are getting this right.

Lee Caprio, business manager of IBEW Local 353, said this: "Building relationships is vital in creating positive steps in the right direction for the skilled trades of Ontario. Working with" the minister "and the Ontario government has led to significant recognition of careers in the skilled trades. Our goal should be, and we will work diligently, to advocate that our industry is represented on the Skilled Trades Ontario's advisory committees and also ensure that the compliance and enforcement framework reflects and prioritizes the importance and value of compulsory trade certification."

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Jerry Dias, the national president of Unifor, Canada's largest union in the private sector representing 315,000 workers in every major area of the economy, said this: "Since the provincial government first announced its intention to replace the Ontario College of Trades, Unifor has been deeply engaged in this process." He said, "I look forward to continuing to work together as we move to the next phase and implement these changes for the next generation of skilled tradespeople that our province will rely on."

Speaker, the trust and endorsement that the government and I have earned are not things any of us take lightly. I believe that if the bill passes, we will create long-awaited, long-lasting, generational change for years to come.

The members of the opposition refused to vote in favour of any section of the bill at committee, which is truly disappointing. I want to commend all of my colleagues in the PC government for always defending working-class families, always ensuring that we're spreading opportunity widely in fairness to working class people across the province, but—

Interjections.

The Acting Speaker (Mr. Percy Hatfield): Opposition members, please come to order.

Hon. Monte McNaughton: —I'm certainly pleased to share some of the remarks from the member from Sudbury during second reading:

"I think there's decent feedback coming through here ... I think the government wants to get this right. I've been to enough meetings with different tradespeople and lobby groups for the trades about trying to get this right, and the feedback I get is that they want to get it right."

"I think that the College of Trades had flaws ... and a lot of tradespeople I talked to saw it as inefficient and flawed; employers did, too."

"And so I really hope this is successful."

I would like to thank the member from Sudbury for his support.

Speaker, I will conclude by calling for all in this House to pass the Building Opportunities in the Skilled Trades Act, 2021. Join with our government, join with the largest labour leaders in this country, join with workers and industry leaders from across Ontario to help get more people into the skilled trades, get our projects built on time and on budget. Mr. Speaker, I just want to thank everyone that's been involved in this for really coming together in a very collaborative way to get this right. We took our time but we got it right.

I will now yield my time to my parliamentary assistant, the MPP for Burlington.

The Acting Speaker (Mr. Percy Hatfield): Thank you. The minister did say he'd be sharing his time. We turn to his parliamentary assistant, the member from Burlington.

Ms. Jane McKenna: I'm happy to rise today to speak on third reading of Bill 288, the Building Opportunities in the Skilled Trades Act, 2021. And I say that, Speaker, first and foremost because for the last 15 years skilled trades

weren't even at the table and we were absolutely paralyzed by the previous government for them not to have a voice.

Before I start my speech—we all watch and listen, but unless you're impacted by it and you have something in your life that makes you open up your eyes to what exactly is going on there, I say that—I know, Speaker, you've heard me talk about my son Mac numerous times, and I'm sure that name is embedded, but the reason I say that is because not everybody has the opportunity to recognize what skilled trades are and how many people actually haven't got into skilled trades because they didn't have the opportunity to know what exactly they were wanting and missing. So I will just reiterate this before I start.

Again, because we're in here, we're not here to politicize anything. We're in here to make sure that we do what's right for the people out there. That's our voice to make sure they're heard in here, and I'm just going to use my son's voice. Again, I had four girls—all went to university. My son was a hard no to go to university; he wanted to go to college. Thankfully, he's a mix of his father and myself and he decided that he was going to source out and look up everything there possibly was for him to do. We put him in a school just to get him some extra help, and in high school he decided that he was more interested in what was going on at a party than he was going to school and found every opportunity not to be able to go.

I was sitting across where the NDP are today, so they'll understand. When you have a son at home who's the last child, who's the only boy, who has decided he's going to not go to school, it's pretty difficult to skip out of here to go home to drive him over to school. Nevertheless, I didn't think he would ever find his way, and I was worried because the girls had all found their path—not to say they haven't changed them along the way, because my oldest is a nurse in Windsor Regional. They've all looked at different avenues in their life, but they all knew what passion they wanted to take. He did not; he kind of floundered all over the place.

One day, I came home from here at Queen's Park and he said to me, "You know what, Mom? Saturday I've decided we're going to go up to Georgian College. I want you to see that I can enrol today for school." Well, I was absolutely gobsmacked. I didn't know what to really think, because I was hoping he would go to university, because that was my stigma. And I thank the minister very, very much, because the stigma is about us as parents. You can't put ownership on the government or pinpoint one particular area that they're responsible for, because we all have ownership in everything that happens, and at the end of the day, we all have five minutes of truth where we sit in here and politicize or say things that definitely are misleading.

What I wanted to say is that my son throws me in the back of the car, gets me a steeped tea, and drives far too fast, because he's got a lead foot, and we drive up to Georgian College on a Saturday morning. We get there and he has sourced all this out. He had a friend, Shane, who dropped out of school in, I think, grade 11, I'll say,

because he didn't know that he would be excellent at being a plumber. He didn't know that there were other opportunities for him that he had the opportunity to touch with his hands, so he decided to drop out. My son, even though he was barely getting 50%, decided that he was going to stay just because of the force of his mother encouraging that to the best of my ability.

Anyway, we get up there and he gets out of the car. I've never seen him so enthused about anything in my life unless it was a Friday night party with his friends. We get into the school, we sit down in these chairs at Georgian College, and they start talking about welding, which he wants to go and do. They say, "You can sign up at the end of the day here." He goes along to the back and he says "Mom, have you got your chequebook? I'm going to sign up today." So I reluctantly signed up for him, because I was still questioning his choice of what he wanted to do. Nevertheless, he signs up in September; we drive him up to Georgian College to find him a place to go.

It was the very first time in my life while he was in high school that I didn't have to beg him to go to school. I never once called him in the morning. He got up out of bed and he went and did what he had to do because it was important for him to do it. It was the first time I saw passion in his eyes. It was the first time I didn't have to say, "You've got to go. This is what life's about," and da da da da da. He got up every day. It was just so self-rewarding, because, as I said, I was still here, and it was frustrating because I felt as a parent, like we all do in here, that maybe I had failed him because I didn't have the time, being here for as many hours as we are, and that I had dropped the ball with him because he was a different kettle of fish as opposed to the girls. Nevertheless, he gets up and he decides that he is going to work extremely hard. He gets his welding, and there are different tickets to that—I won't get into all the semantics of that—and then he decides he is going to also do his marine mechanics.

He calls me—he has lived up there. In my previous life, we had a cottage up north in Browning Island and Lake Muskoka, and so my son spent many, many weekends with his dad up there and loved every second of it. As a kid, he'd be 10 years old, taking the lawn mower apart in the garage with 9,000 bolts everywhere, and my husband at the time would have a meltdown because he couldn't figure out how the heck we were going to get all these bolts back together in this lawn mower. Nevertheless, my son would figure that out. He'd sit out there for hours doing it.

So he gets up there, he does what he wants to do, and then he finishes his two courses, and he says, "Mom, I'm going to work for Jack up at the marina and I'm going to learn what I can." At this point, he's 21, and he goes up and he learns what he has to do. He loves Jack. Jack has been up there forever; he's going to retire. We all know Jack from the family. He phones me one day and he says, "Mom, I've decided I'm going to go on my own." Well, I just about have a coronary, thinking, "My God. I think you're far too young." I kept some of my inside voice so I wasn't being negative to him. He was very strong-willed and he said, "I've decided I'm going to buy a barge, I'm

going to get a backhoe, and I'm going to do these things." I said, "Mac, how in God's name are you going to be able to do all this?" He said, "Well, you're going to co-sign." I chuckled to myself, thinking, "Okay." Anyway, I co-signed for him to get this, and I was panic-stricken because obviously, as everyone in here knows, if you co-sign, you're responsible if the payments don't come in. That was when he was 21 years old. He is 25 years old today.

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Everyone in here should have bragging rights for their kids, because I know I do for all five of my kids. I say my son is my favourite son, but he's my only son, and my girls laugh when I say that.

I've never been so proud of anybody in my life. I can get weepy-eyed, talking about it. It wasn't my choice for him to get into the skilled trades, it was not my choice for him to become his own boss in his own business, and it sure as heck wasn't my choice that he was going to take the course that he did—but he did. And every day that I see him, he's got a smile from ear to ear. Sure, there are times when he struggles with payroll and trying to get things done. He's very fortunate that my daughter Courtney works at the bookends of all the rest of that and keeps him in check with things, because he spends money like a drunk and would continue to. Nevertheless, I'm super-proud of him—and I'm proud of all my kids. What I'm proud of is that this minister here gave him the ability to let his mother stop with the stigma, so he could enjoy having a life that his direction and passion and his chapter was, not mine.

When I got into politics, he said to me, "Mom, that's your choice and your passion; it's not mine. I can't stand the people who call and scream and yell every day at this house." We took the phone line out—because what you think of me is fine, but what you say to my son about his mother is not.

When he got into this passion of what he was doing, I recognized that it was my loss that I wasn't going to let him have his journey of where he wanted to go. It was a huge pill to swallow. His father was far more understanding of him to be able to do that.

I'll tell you this—and I'm not saying this for any other reason—when this minister called me and said to me, "Would you like to still continue being the parliamentary assistant for labour?", I was over the moon. The reason I was over the moon was because you can get into a position to help the minister, but if you're not passionate about those skilled trades or what you're getting yourself into, you can't possibly give him any type of capacity to let him grow—as well as myself—if you're not passionate about what you're doing.

The minister and I sat over there. We actually sat together. We were seatmates right out of the gate. I have the utmost respect for him.

Here's what I'll say: It's very easy to be an armchair quarterback. It's very easy to be misleading at times. And it's very easy to say things—even though everyone in here knows that skilled trades have been paralyzed for a minimum of 15 years, have not been at the table at all. But

it's time to recognize that we don't owe it for everybody in here; we owe it to everybody out there who has been lost in the system because, as a government, we didn't do the right thing for those people to be able to have the choices in life to succeed and be successful.

Because of this minister sitting here with the Premier and this government here, we are where we are today—because of not saying things that we didn't need to say or not getting where we need to go, because we had an opportunity in three years to do what's right for the good people out there in Ontario, and by God, we did it.

So for my son, who, every time I'm with the minister, says to me, "Mom, I want you to thank him—because I persevered and because you helped me persevere. But there were so many of my friends who dropped out because they didn't have the ability or the time or the understanding to be able to figure out how to get their parents to understand, government to step up to the plate, or anything up to that ability to be able to do it."

I'm privileged every day that I come into this House—because it's disappointing to hear the rhetoric at times that comes here, the information that comes that isn't accurate, of what we've actually done as a government.

At 61 years of age, I've never been so proud to work as the parliamentary assistant to this minister. And what I'm excited about even more is that my son, along with many other people in here, had an opportunity to achieve what he wanted in his life because of this government and this minister giving him that opportunity.

So I say this: I've never been so proud to give skilled trades an opportunity in Bill 288. I stand here with excitement today to make sure that we get this through because for all the people who have asked us to do it, we haven't done anything in the time that the previous government was here—that we've done it. Thank you to the minister. Thank you to everybody in here today who supports this bill because we need to do better, and we have with this bill.

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

Mrs. Jennifer (Jennie) Stevens: Thank you to the speakers from the government side. This legislation obviously creates—and you've mentioned it, and the minister mentioned—an 11-member board that will lead the new Skilled Trades Ontario. The risk I see is more partisan appointments from the government, and this government, obviously, with the appointments we've seen in Niagara but we've also seen across Ontario—the record they have is more Conservative appointments of individuals with probably no experience in the industry or, worse, a board full of employers.

I can't help but turn back to Tarion and the board that this government allowed to be run by developers and with no protection to homeowners.

My question is, will this government include in the wording, or commit to being fair, of only appointing qualified members that include half workers and worker representatives?

Hon. Monte McNaughton: What the bill does today is, it brings the skilled trades into the 21st century, and

that's what this bill is all about. It's about creating Skilled Trades Ontario, which is going to be a very nimble, efficient system to bring those trades into the 21st century.

I want to take a few seconds to thank the panellists once again: Chair Mike Sherrard, Jason Ottey, Shaun Scott, Melanie Winter and Melissa Young. They had dozens of meetings and over 70 written submissions. They heard from tradespeople, apprentices, unions, businesses, large and small.

I'm real excited about Skilled Trades Ontario. We're going to take the politics out of skilled trades and actually build a system that's going to attract more young people into the trades and really fill the skills gap going forward.

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

Ms. Andrea Khanjin: My question is to the minister or the parliamentary assistant, whoever wants to answer it; they are both very passionate about the file. Of course, they spoke about their families' experiences as well. The changes we're making today are significant changes to the skilled trades sector, but what does it mean for the future and those young kids who are looking to get into the trades tomorrow?

Hon. Monte McNaughton: Our whole plan to modernize the skilled trades system in Ontario is to end the stigma, to break the stigma. We want guidance counsellors, parents and teachers and young people to know that a career in the skilled trades is a viable, exciting and meaningful career. In many cases, they pay six figures with pensions and benefits.

We're also moving to simplify the apprenticeship system. That's what this bill really focuses on.

Then, thirdly, we have to get more employers to bring on more apprentices. That's how we're going to create opportunity and spread opportunity more widely and fairly in every single community across the province for generations to come.

The Acting Speaker (Mr. Percy Hatfield): The member for Waterloo has a question.

Ms. Catherine Fife: We have heard that the government—and we all want the skilled trades to be more inclusive. We heard from the Anishnawbe Business Professional Association particularly on the barriers that Indigenous students face entering into the skilled trades. So we brought forward a motion, which the government did not support, to promote inclusivity and diversity in relation to trades and apprenticeships, including better representation of women, Indigenous and other racialized groups and equity-seeking groups.

Why did the government remove representation of women, Indigenous and other racialized groups and equity-seeking groups and not support our amendment if the overall goal is to ensure that everyone has the opportunity to benefit from entering the skilled trades?

Hon. Monte McNaughton: I clearly outlined that in my remarks, if the member was listening. We're investing record amounts of money into pre-apprenticeship programs. Under this Conservative government, we're investing \$21 million every year in pre-apprenticeship

programs. The goal of that is to attract Indigenous and women and other under-represented groups to the trades. As the member opposite knows, we launched a very exciting \$115-million Skills Development Fund, and if she's following our announcements, it's all about getting young people from under-represented groups into these exciting, meaningful careers. We're working every single day with all people out there to ensure that we're spreading opportunity more widely and fairly in every community.

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The Acting Speaker (Mr. Percy Hatfield): The member for Etobicoke–Lakeshore.

Ms. Christine Hogarth: Thank you to the minister and the parliamentary assistant for your amazing speeches and the passion you bring towards your roles. As someone who sits on the benches with you, I just thank you for your passion and all the hard work you've done for the future generations, because for many generations, we haven't encouraged young people. I have two stepdaughters and I would love for them both to get into the trades. Why not? What a rewarding career it is.

I just want to ask a little question about this legislation and fill in the gaps of these jobs that we don't seem to have people to do the work for. How does this legislation help and encourage people to fill these gaps in a workforce that is desperately needed in Ontario?

Hon. Monte McNaughton: That's a great question. I thank the member for being such a champion for getting young people into apprenticeships.

Mr. Speaker, I can't tell you how many times young people have come up to me and said, "I know how to become a lawyer or a banker or a teacher, but I have no idea how to become an electrician or a steam-fitter or a sprinkler-fitter or a mechanic." I remember the very first day when I walked into the ministry and I had the ministry folks present to me the map of the journey to go from high school to a different trade, and it really did look like the Tokyo subway map. It is crazy. What we're doing today is simplifying the apprenticeship system so that people know, when they get to grade 9, how they clearly get into one of the 144 different trades to choose from in Ontario.

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

Mr. Terence Kernaghan: I'd like to thank the minister for his presentation. When this government was in opposition, they did a great deal of talking about accountability and transparency, and I want to make sure that they're continuing to consider those matters now that they are in government. When the College of Trades was wound down in October 2018, I have information indicating that there was a great deal of money left in the bank. I'd like the minister to confirm today the exact amount of money that the Ontario College of Trades had in their account, and can the minister show where that money has gone?

Hon. Monte McNaughton: Well, as the member opposite clearly knows, we eliminated all fees for apprentices in Ontario, and we cut every journey person's fee in half.

That party opposite, the NDP, joined with the Liberals to create the Ontario College of Trades. That's your legacy. You voted in favour of it. And do you know what else your legacy is? Some 17,000 fewer people in the apprenticeship system, a reduction of 40%.

They have failed young people in this province. We're going to create hope and opportunity. We've already begun recruiting more people into the skilled trades than this party opposite did with Kathleen Wynne and Dalton McGuinty. We are going to improve the skilled trades system in Ontario, take the politics out of it and make a system that's going to help generations of young people.

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

Ms. Andrea Khanjin: My question is—when I flip through local papers in the town of Innisfil, as I was doing today, page after page is about how we need to build more housing. But we can't build houses without the people who build them, and this government doesn't just have an ambitious plan for housing but for hospitals, for transit, for broadband and I could go on. So I wanted to ask the minister or his parliamentary assistant: How are these changes going to complement the system to get these

skilled tradespersons out much quicker so we can build these places and homes for people to live in?

Hon. Monte McNaughton: I have to congratulate the member from Barrie–Innisfil. I mean, she's a huge supporter of the skilled trades, but she joined my parliamentary assistant and me and Minister Dunlop as well to put a submission in to Skills Ontario for screwing in a screw. That will be coming out in her social media channel, I'm sure, very, very soon.

But, Mr. Speaker, we are on the side of working class families, those blue collar workers, as the Conservative government. The member from Barrie–Innisfil mentioned natural gas infrastructure, building more homes, broadband. The NDP and Liberals voted against every single initiative. They are abandoning communities that had been forgotten about under the Liberals. They have abandoned working class families.

Mr. Speaker, I'm proud to be a part of a government on the side of the working class, that will always be on the side of the working class. We're talking about hundreds of thousands of jobs with pensions and benefits, and we're going to be there for the people of Ontario.

Report continues in volume B.

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Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Anand, Deepak (PC)	Mississauga—Malton	
Andrew, Jill (NDP)	Toronto—St. Paul's	
Armstrong, Teresa J. (NDP)	London—Fanshawe	
Arnott, Hon. / L'hon. Ted (PC)	Wellington—Halton Hills	Speaker / Président de l'Assemblée législative
Arthur, Ian (NDP)	Kingston and the Islands / Kingston et les Îles	
Baber, Roman (IND)	York Centre / York-Centre	
Babikian, Aris (PC)	Scarborough—Agincourt	
Bailey, Robert (PC)	Sarnia—Lambton	
Barrett, Toby (PC)	Haldimand—Norfolk	
Begum, Doly (NDP)	Scarborough Southwest / Scarborough-Sud-Ouest	
Bell, Jessica (NDP)	University—Rosedale	
Berns-McGown, Rima (NDP)	Beaches—East York / Beaches—East York	
Bethlenfalvy, Hon. / L'hon. Peter (PC)	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	
Calandra, Hon. / L'hon. Paul (PC)	Markham—Stouffville	Minister Without Portfolio / Ministre sans portefeuille Government House Leader / Leader parlementaire du gouvernement
Cho, Hon. / L'hon. Raymond Sung Joon (PC)	Scarborough North / Scarborough-Nord	Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité
Cho, Stan (PC)	Willowdale	
Clark, Hon. / L'hon. Steve (PC)	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	
Downey, Hon. / L'hon. Doug (PC)	Barrie—Springwater—Oro-Medonte	Attorney General / Procureur général
Dunlop, Hon. / L'hon. Jill (PC)	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
Elliott, Hon. / L'hon. Christine (PC)	Newmarket—Aurora	Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé
Fedeli, Hon. / L'hon. Victor (PC)	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	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Ford, Hon. / L'hon. Doug (PC)	Etobicoke North / Etobicoke-Nord	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Premier ministre
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	
French, Jennifer K. (NDP)	Oshawa	Third Deputy Chair of the Committee of the Whole House / Troisième vice-présidente du comité plénier de l'Assemblée législative
Fullerton, Hon. / L'hon. Merrilee (PC)	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	
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	First Deputy Chair of the Committee of the Whole House / Première vice-présidente du comité plénier de l'Assemblée
Hardeman, Hon. / L'hon. Ernie (PC)	Oxford	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hassan, Faisal (NDP)	York South—Weston / York-Sud— Weston	
Hatfield, Percy (NDP)	Windsor—Tecumseh	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
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	
Jones, Hon. / L'hon. Sylvia (PC)	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	
Lecce, Hon. / L'hon. Stephen (PC)	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
MacLeod, Hon. / L'hon. Lisa (PC)	Nepean	Minister of Heritage, Sport, Tourism and Culture Industries / ministre des Industries du patrimoine, du sport, du tourisme et de la culture
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	
McNaughton, Hon. / L'hon. Monte (PC)	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	
Mulroney, Hon. / L'hon. Caroline (PC)	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	
Nicholls, Rick (PC)	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	
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Energy, Northern Development and Mines / Ministre de l'Énergie, du Développement du Nord et des Mines Minister of Indigenous Affairs / Ministre des Affaires autochtones
Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa- Ouest—Nepean	
Romano, Hon. / L'hon. Ross (PC)	Sault Ste. Marie	Minister of Colleges and Universities / Ministre des Collèges et Universités
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	Associate Minister of Small Business and Red Tape Reduction / Ministre associé délégué au dossier des Petites Entreprises et de la Réduction des formalités administratives Minister Without Portfolio / Ministre sans portefeuille
Sattler, Peggy (NDP)	London West / London-Ouest	Opposition House Leader / Leader parlementaire de l'opposition officielle
Schreiner, Mike (GRN)	Guelph	
Scott, Hon. / L'hon. Laurie (PC)	Haliburton—Kawartha Lakes—Brock	Minister of Infrastructure / Ministre de l'Infrastructure
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (LIB)	Glengarry—Prescott—Russell	
Singh, Gurratan (NDP)	Brampton East / Brampton-Est	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	
Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
Surma, Hon. / L'hon. Kinga (PC)	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	
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
Tibollo, Hon. / L'hon. Michael A. (PC)	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	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Walker, Hon. / L'hon. Bill (PC)	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	
Yakubski, Hon. / L'hon. John (PC)	Renfrew—Nipissing—Pembroke	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
Yurek, Hon. / L'hon. Jeff (PC)	Elgin—Middlesex—London	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs

**STANDING AND SELECT COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS ET SPÉCIAUX DE L'ASSEMBLÉE LÉGISLATIVE**

Standing Committee on Estimates / Comité permanent des budgets des dépenses

Chair / Président: Peter Tabuns
Vice-Chair / Vice-présidente: Donna Skelly
Teresa J. Armstrong, Toby Barrett
Lorne Coe, Rudy Cuzzetto
Randy Hillier, Jane McKenna
Judith Monteith-Farrell, Michael Parsa
Randy Pettapiece, Donna Skelly
Peter Tabuns
Committee Clerk / Greffière: Thushitha Kobikrishna

**Standing Committee on Finance and Economic Affairs /
Comité permanent des finances et des affaires économiques**

Chair / Président: Amarjot Sandhu
Vice-Chair / Vice-président: Jeremy Roberts
Ian Arthur, Stan Cho
Catherine Fife, Mitzie Hunter
Logan Kanapathi, Sol Mamakwa
David Piccini, Jeremy Roberts
Amarjot Sandhu, Dave Smith
Vijay Thanigasalam
Committee Clerk / Greffière: Julia Douglas

**Standing Committee on General Government / Comité
permanent des affaires gouvernementales**

Chair / Présidente: Goldie Ghamari
Vice-Chair / Vice-président: Mike Schreiner
Jill Andrew, Robert Bailey
Guy Bourgouin, Stephen Crawford
Goldie Ghamari, Chris Glover
Mike Harris, Sheref Sabawy
Amarjot Sandhu, Mike Schreiner
Daisy Wai
Committee Clerk / Greffier: Isaiah Thorning

**Standing Committee on Government Agencies / Comité
permanent des organismes gouvernementaux**

Chair / Président: Gilles Bisson
Vice-Chair / Vice-président: Aris Babikian
Aris Babikian, Gilles Bisson
Will Bouma, Lorne Coe
Wayne Gates, Robin Martin
Norman Miller, Rick Nicholls
Billy Pang, Amanda Simard
Marit Stiles
Committee Clerk / Greffier: Julia Douglas

**Standing Committee on Justice Policy / Comité permanent de
la justice**

Chair / Président: Daryl Kramp
Vice-Chair / Vice-présidente: Lucille Collard
Will Bouma, Lucille Collard
Parm Gill, Daryl Kramp
Natalia Kusendova, Suze Morrison
Lindsey Park, Gurratan Singh
Nina Tangri, Effie J. Triantafilopoulos
Kevin Yarde
Committee Clerk / Greffière: Thushitha Kobikrishna

**Standing Committee on the Legislative Assembly / Comité
permanent de l'Assemblée législative**

Chair / Président: Kaleed Rasheed
Vice-Chair / Vice-président: Vijay Thanigasalam
Rima Berns-McGown, Michael Coteau
Faisal Hassan, Logan Kanapathi
Michael Mantha, Jim McDonell
Christina Maria Mitas, Sam Oosterhoff
Kaleed Rasheed, Donna Skelly
Vijay Thanigasalam
Committee Clerk / Greffière: Tonia Grannum

**Standing Committee on Public Accounts / Comité permanent
des comptes publics**

Chair / Président: Taras Natyshak
Vice-Chair / Vice-présidente: France Gélinas
Deepak Anand, Toby Barrett
Jessica Bell, Stephen Blais
Stephen Crawford, Rudy Cuzzetto
France Gélinas, Christine Hogarth
Daryl Kramp, Taras Natyshak
Michael Parsa
Committee Clerk / Greffier: Christopher Tyrell

**Standing Committee on Regulations and Private Bills / Comité
permanent des règlements et des projets de loi d'intérêt privé**

Chair / Président: Logan Kanapathi
Vice-Chair / Vice-président: John Fraser
Will Bouma, John Fraser
Logan Kanapathi, Vincent Ke
Laura Mae Lindo, Paul Miller
Billy Pang, Jeremy Roberts
Dave Smith, Daisy Wai
Jamie West
Committee Clerk / Greffier: Isaiah Thorning

**Standing Committee on Social Policy / Comité permanent de
la politique sociale**

Chair / Président: Deepak Anand
Vice-Chair / Vice-présidente: Bhutla Karpoche
Deepak Anand, Aris Babikian
Jeff Burch, Amy Fee
Michael Gravelle, Joel Harden
Mike Harris, Christine Hogarth
Belinda C. Karahalios, Bhutla Karpoche
Natalia Kusendova
Committee Clerk / Greffière: Tanzima Khan

**Select Committee on Emergency Management Oversight /
Comité spécial de la surveillance de la gestion des situations
d'urgence**

Chair / Président: Daryl Kramp
Vice-Chair / Vice-président: Tom Rakocevic
Robert Bailey, Gilles Bisson
John Fraser, Christine Hogarth
Daryl Kramp, Robin Martin
Sam Oosterhoff, Lindsey Park
Tom Rakocevic, Sara Singh
Effie J. Triantafilopoulos
Committee Clerk / Greffier: Christopher Tyrell