

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**Official Report
of Debates
(Hansard)**

No. 256

**Journal
des débats
(Hansard)**

N° 256

1st Session
42nd Parliament

Monday
3 May 2021

1^{re} session
42^e législature

Lundi
3 mai 2021

Speaker: Honourable Ted Arnott
Clerk: Todd Decker

Président : L'honorable Ted Arnott
Greffier : Todd Decker

Hansard on the Internet

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

<https://www.ola.org/>

Index inquiries

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7400.

Le Journal des débats sur Internet

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

Renseignements sur l'index

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7400.

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

CONTENTS / TABLE DES MATIÈRES

Monday 3 May 2021 / Lundi 3 mai 2021

PRIVATE MEMBERS' PUBLIC BUSINESS / AFFAIRES D'INTÉRÊT PUBLIC ÉMANANT DES DÉPUTÉES ET DÉPUTÉS

Ground current

Mr. Rick Nicholls.....	13191
Mr. Peter Tabuns.....	13193
Mr. Stephen Crawford.....	13193
Mr. Michael Mantha.....	13194
Mr. Lorne Coe.....	13195
Mr. Rick Nicholls.....	13196
Motion agreed to.....	13196

MEMBERS' STATEMENTS / DÉCLARATIONS DES DÉPUTÉES ET DÉPUTÉS

Employment standards

Mr. Jeff Burch.....	13196
---------------------	-------

Workplace safety

Ms. Jane McKenna.....	13197
-----------------------	-------

Poet Laureate of Ontario

Mr. Percy Hatfield.....	13197
-------------------------	-------

Indus Community Services

Mr. Deepak Anand.....	13197
-----------------------	-------

Environmental initiatives

Ms. Sandy Shaw.....	13197
---------------------	-------

Greenbelt

Ms. Kathleen O. Wynne.....	13198
----------------------------	-------

Anti-Asian racism

Mr. Aris Babikian.....	13198
------------------------	-------

COVID-19 response

Mr. Peter Tabuns.....	13198
-----------------------	-------

First responders

Mr. Stephen Crawford.....	13199
---------------------------	-------

COVID-19 immunization

Mr. Rudy Cuzzetto.....	13199
------------------------	-------

QUESTION PERIOD / PÉRIODE DE QUESTIONS

Long-term care

Ms. Andrea Horwath.....	13199
Hon. Merrilee Fullerton.....	13199

Long-term care

Ms. Andrea Horwath.....	13200
Hon. Merrilee Fullerton.....	13200

COVID-19 response

Ms. Sara Singh.....	13201
Hon. Christine Elliott.....	13202

COVID-19 immunization

Mr. Aris Babikian.....	13202
Hon. Christine Elliott.....	13202

Employment standards

Ms. Peggy Sattler.....	13203
Hon. Monte McNaughton.....	13203

Long-term care

Mr. John Fraser.....	13203
Hon. Merrilee Fullerton.....	13203

COVID-19 immunization

Mr. Aris Babikian.....	13204
Hon. Sylvia Jones.....	13204

Long-term care

Ms. Andrea Horwath.....	13204
Hon. Merrilee Fullerton.....	13205

Child protection

Mrs. Belinda C. Karahalios.....	13205
Hon. Sylvia Jones.....	13205
Hon. Paul Calandra.....	13206

COVID-19 immunization

Mr. Aris Babikian.....	13206
Hon. Christine Elliott.....	13206

Government accountability

Mr. Michael Mantha.....	13206
Hon. Paul Calandra.....	13206

COVID-19 immunization

Mr. Roman Baber.....	13207
Hon. Christine Elliott.....	13207

COVID-19 response

Ms. Marit Stiles.....	13208
Hon. Stephen Lecce.....	13208

Education funding

Ms. Kathleen O. Wynne.....	13208
Hon. Stephen Lecce.....	13209

Indigenous health care

Ms. Suze Morrison.....	13209
Hon. Christine Elliott.....	13209

REPORTS BY COMMITTEES / RAPPORTS DE COMITÉS

Select Committee on Emergency Management

Oversight

Mr. Tom Rakocevic.....	13210
Report presented.....	13210

**INTRODUCTION OF BILLS /
DÉPÔT DES PROJETS DE LOI**

**Inherent Right to Safe Drinking Water Act, 2021,
Bill 286, Mr. Mamakwa / Loi de 2021 sur le droit
inhérent à de l'eau potable saine, projet de loi 286,
M. Mamakwa**

First reading agreed to.....	13210
Mr. Sol Mamakwa.....	13210

PETITIONS / PÉTITIONS

COVID-19 response

Mr. Deepak Anand.....	13210
-----------------------	-------

ORDERS OF THE DAY / ORDRE DU JOUR

**Advancing Oversight and Planning in Ontario's
Health System Act, 2021, Bill 283, Ms. Elliott / Loi
de 2021 visant à faire progresser la surveillance et
la planification dans le cadre du système de santé
de l'Ontario, projet de loi 283, Mme Elliott**

Mr. Chris Glover	13211
Ms. Jane McKenna.....	13213
Mr. Percy Hatfield.....	13214
Ms. Natalia Kusendova	13214
Mr. Michael Mantha	13214
Mr. Sheref Sabawy.....	13215
Mr. Sheref Sabawy.....	13215
Mr. Percy Hatfield.....	13217
Ms. Jane McKenna.....	13218
Mr. Sol Mamakwa.....	13218
Mr. Logan Kanapathi	13218
Mr. Chris Glover	13218
Mr. Jeff Burch.....	13219
Mr. Rudy Cuzzetto.....	13221
Ms. Teresa J. Armstrong.....	13221
Ms. Natalia Kusendova	13221
Mr. Chris Glover	13222
Mr. Stephen Crawford.....	13222
Ms. Sandy Shaw.....	13222
Ms. Natalia Kusendova	13222
Mr. Sol Mamakwa.....	13226
Mr. Aris Babikian	13226
Mr. Percy Hatfield.....	13226
Mr. Chris Glover	13226

Ms. Jane McKenna.....	13227
Ms. Sandy Shaw.....	13227
Mr. Jeff Burch.....	13230
Mr. Vincent Ke.....	13230
Mr. Percy Hatfield.....	13230
Ms. Jane McKenna.....	13231
Mr. Michael Mantha.....	13231
Mr. Percy Hatfield.....	13231
Ms. Jennifer K. French	13235
Mrs. Robin Martin.....	13235
Mr. Joel Harden.....	13235
Mr. Aris Babikian.....	13236
Mr. Michael Mantha.....	13236
Mr. Vijay Thanigasalam.....	13236
Ms. Jennifer K. French.....	13238
Mrs. Robin Martin.....	13239
Ms. Suze Morrison	13239
Mr. Vincent Ke.....	13239
Ms. Jennifer K. French	13239
Mr. Peter Tabuns	13240
Mrs. Robin Martin.....	13241
Ms. Marit Stiles	13241
Mrs. Robin Martin.....	13242
Mr. Joel Harden.....	13242
Mrs. Robin Martin.....	13242
Ms. Jennifer K. French.....	13242
Mrs. Robin Martin.....	13244
Ms. Peggy Sattler	13244
Mr. Stephen Crawford.....	13244
Ms. Suze Morrison	13245
Mrs. Robin Martin.....	13245
Mr. Kaleed Rasheed	13246
Mr. Percy Hatfield.....	13247
Ms. Jane McKenna.....	13247
Ms. Suze Morrison	13247
Mrs. Robin Martin.....	13247
Ms. Jennifer K. French.....	13248
Ms. Marit Stiles	13248
Mrs. Robin Martin.....	13249
Mr. Joel Harden.....	13250
Mrs. Robin Martin.....	13250
Mr. Percy Hatfield.....	13250
Ms. Natalia Kusendova	13251
Second reading debate deemed adjourned	13251

LEGISLATIVE ASSEMBLY
OF ONTARIO

Monday 3 May 2021

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Lundi 3 mai 2021

The House met at 0900.

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

Prayers.

The Speaker (Hon. Ted Arnott): I wish to acknowledge this territory as a traditional gathering place for many Indigenous nations, most recently the Mississaugas of the Credit First Nation.

This being the first sitting Monday of the month, we're going to hear the Canadian national anthem, followed by the royal anthem. Consistent with public health advice, I would ask you not to sing.

Playing of the national anthem/Écoute de l'hymne national.

Playing of the royal anthem/Écoute de l'hymne royal.

PRIVATE MEMBERS'
PUBLIC BUSINESS

GROUND CURRENT

Mr. Rick Nicholls: I stand up and want to say that I move that, in the opinion of this House, the government of Ontario should create a working group to examine the issue of ground current and to provide recommendations about developing best practices in order to protect people and livestock from stray current.

The Speaker (Hon. Ted Arnott): Mr. Nicholls has moved private members' notice of motion number 158. Pursuant to standing order 101, the member has 12 minutes for his presentation.

Mr. Rick Nicholls: Back when I was in the official opposition, prior to 2018, I was the critic for community safety. Back then, I took my role very seriously, as I do now, as public safety has always been a major concern of mine. That is why I'm introducing this motion to the Legislature with the hopes that it passes and that meaningful results will come forward from the working groups that are anticipated to be formed.

Before I begin, I would like to recognize a few of the major driving forces that have led me to the introduction of this motion: Lee Montgomery from my area of Chatham-Kent, Dr. Magda Havas and Mr. Frank Clegg. They are experts in this field.

Lee Montgomery is a former award-winning dairy farmer who lives just north of my riding of Chatham-Kent-Leamington. He has been relentless in his pursuit of resolving this issue for over 35 years, when he lost his entire dairy herd due to ground current pollution and, sadly, he lost the love of his life, his wife, Donna. To this

day, he believes her death can be attributed to the same problem that killed his prized dairy cattle.

Dr. Magda Havas is a world-recognized expert on the topic of EMF radiation and ground current/stray voltage. She does research on the biological effects of electromagnetic pollution and on the beneficial effects of electrotherapies. She has provided expert testimony in Canada, the US, the UK, South Africa and the Philippines on the health effects of power lines, occupational magnetic field exposure and, of course, radiofrequency radiation.

I also want to recognize Mr. Frank Clegg. Frank has spent 40 years in the technology industry and most recently was the president of Microsoft Canada. After extensive research and discussions with experts from Harvard, Yale, Columbia, McGill and the University of Toronto, he co-founded Canadians for Safe Technology in 2012.

Speaker, I am recommending that an established working group consist of independent experts, one or two farmers who have experienced ground current problems, independent contractors, utility employees who are in a position to do testing and remediation, as well as those who have greater authority in decision-making. The purpose of this working group would be to learn how to monitor ground current based on the most recent scientific research and to teach others how to properly conduct ground current testing, learn which equipment to use, how to discover sources of ground current, and how to remediate or fix the problem, including sanctioning work-shops on how to conduct ground current monitoring.

You might ask, why am I bringing this motion forward? Well, I believe it is important to protect the health and livelihood of those especially in our farming communities throughout Ontario. Ground current causes livestock to experience health issues such as mastitis, food rot, open sores that won't heal even with antibiotics, sudden death, and even miscarriages. This results in a huge financial loss to our farmers.

In the past, some of the supporting organizations include the Ontario Federation of Agriculture, Dairy Farmers of Ontario, Beef Farmers of Ontario, Holstein Ontario, the city of Kawartha Lakes, Christian Farmers Federation of Ontario, and even the county of Dufferin, which, by the way, represents eight municipalities.

Of note, there is scientific evidence that the wrong metrics are being used to determine if there are stray current problems on farms. That is why I believe a panel of experts are needed to develop a consistent manner in which to measure ground current and develop solid best practices to be taught to others. The current practices need to be improved upon.

After all, Thomas Edison, the father of electricity, did studies back in the 1800s that mandated return currents be returned on the wire and never through the ground because of the negative impact on living creatures.

I'm sure that if he were alive today, Mr. Edison would have said, "When you mess up, you fess up and then you fix it." In my opinion, the party making that error must in fact fix it at their expense.

0910

To support my argument of Edison's statement, I would like to present the current situation right here in rural Ontario. This is where the topic of ground current, or stray voltage, comes in. Our power infrastructure works by taking power to the customers but also allowing the excess electricity to return to the source or dissipate it back to the earth. This is known as grounding. For big hydro towers, a grounding wire can be run all the way back to the power plant, but this costs a lot of money. So the power companies use a simpler method, by having a wire connect straight to the earth, which, in most cases, happens every few towers. This is not good. When I say "towers," I also can attribute it to the power poles out in rural Ontario, where you may see, after so many different power poles, a line running down the pole—protected, but it's then attached to a grounding rod, and that live wire is connected to the grounding rod, and that dissipates throughout the ground.

A beef farmer in my riding once told me that he lives in fear of the unknown, ground current pollution. You can't see it, you can't hear it, you can't smell it, but animals and humans sense it.

If this motion and if all the studies and teachings are done—the farmers in our province need legislative support to act as a means of health and safety enforcement.

Let me define what ground current is, for those of you who may not be aware of what it is. According to the OFA, the Ontario Federation of Agriculture, stray current or uncontrolled electricity is a constant underground current that runs through the soil and is detectable on barn floors or through metal feeders or stabling structures. It is electricity that delivers unwanted electrical currents that can cause serious harm to livestock.

A common phrase heard in reference to electrical safety goes something like this: "It's not the voltage that kills; it's the current." You see, the principle that current kills is essentially correct. It is the electric current that burns tissue, freezes muscles and fibrillates hearts. However, electric current doesn't just occur on its own. There must be voltage available to motivate the current to flow through a victim. While there are examples that high current can kill quickly, exposures to low levels of current flowing along the ground have the same effect, but much more slowly.

Cattle on farms have been dying from the effects of stray current and voltage for at least the past 40 years—probably more. Indeed, thousands of cattle have been adversely affected. Dairy cows are extremely sensitive to electricity. Generally, they will start to notice currents flowing through their bodies and subsequently produce

less milk each day, as well as suffer additional health problems, such as mastitis, an infection of the udders. At higher levels, they die. In some of these cases, dairy farmers sell off their remaining cows and start planting crops on the land. One of them, based near Woodstock, claims he has lost more than 100 cows and over \$1 million due to utility-based stray voltage issues that have been confirmed by electrical engineers.

In a recent investigation, a farmer spent more than \$100,000 to hire five different electricians over four years to solve a stray voltage problem. He found that his cows were reluctant to drink at watering troughs or enter automated milking machines, and his milk production was reduced by 40%. You see, when a cow goes to get a drink and they get a tingle, they don't like that. The body tells them that there's something wrong. In our bodies, if something is wrong and we're not feeling well, perhaps our white blood cell count increases. As a result, that does, in fact, affect the milk production of cows.

Utilities should examine electrical distribution designs. SaskPower appears to be the first in Canada to require a four-wire drop for new residential and agricultural customers, which is a step in the right direction. Further, SaskPower recommends the installation of a bond wire between agricultural buildings to establish an equipotential plane, with the neutral bonded only to the ground at the transformer or weather head to prevent the ground or bond wire from carrying any current.

In California, meanwhile, special electrical utility high-voltage systems designed for farming areas have yielded what we call the "happy cow" designation.

Recommendations for fixing such problems will cost money, raising issues of politics, shareholder returns and legal liability. But what is the cost to society when farms are shut down?

Let me summarize something right now: Do we have a problem with ground current? The answer to that is absolutely, yes. Some of those reasons include:

- power quality is deteriorating;
- the load is increasing;
- antiquated utility infrastructure needs upgrading;
- utility practice: primary neutrals with multiple connections are attached to the ground.

What are the consequences, then, of objectionable ground current? As mentioned previously, dairy cattle experience lower milk production, milk quality issues, mastitis, swollen joints, foot rot, reproductive problems, and behaviour—we call that "dancing cows." I've seen it; I've been on farms. I can attest to the testing that has taken place on these farms. When they all of a sudden increase the current flow as a test, you can see the cows—the current goes up maybe a hindquarter, through their body and down. They try to break that. We call that the "dancing cow syndrome." People also experience electrosensitivity, reproductive problems, depression, stress, and even cancer. And many farmers experience huge financial hardships, with some leading to bankruptcies.

Speaker, as a way to honour my friend Mr. Lee Montgomery, I hereby do declare, unofficially, that I want

to call this private member's motion the "Lee Montgomery motion."

I will have more to say with regard to stray current in just a few moments, but I will now turn the floor over to those who also want to participate in this debate on stray current.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mr. Peter Tabuns: I appreciate the opportunity to speak to this issue, and I thank the member for bringing it forward.

It's funny; if you stay here long enough, issues recycle. I think, in my first year here, in 2006, it was MPP Maria Van Bommel from Sarnia-Lambton who brought forward a private member's bill to address the question of stray current. As all of you in the chamber will know, I'm a downtown Toronto kind of guy, so I had never heard of stray current in cattle as an issue. Who knew? MPP Van Bommel was gracious enough to spend a little time with me explaining what the problem was. Frankly, she must have left her notes for the member, because I've pretty much heard all of that before—and it's important for people to know.

Why would we, in fact, not correct a problem that leads to financial loss and, clearly, to discomfort, pain and disease on the part of farm stock? Why would we not take it on? I think it makes sense for a working group to be established.

This is not a criticism of the member, but I would have appreciated it if there had been more talk about timelines etc. However, I know motions are relatively constrained. You don't get to do everything in a motion; you get to set the broadest of outlines. But he's right; this is something that those of us who think Ontario needs a strong economy should be addressing. We have agricultural production as a major part of our economy—dairy production, livestock—and when it's being undermined by something that is technologically correctable, then we should be figuring out how we correct it and how we move forward.

This past weekend, when I was told that I would be discussing this item, I actually checked out the Ontario Federation of Agriculture, which has a page or two on its website about stray current explaining, as the member has, what the source of the problem is, what the consequences are—and far more limited than his commentary, noted that there were, effectively, two sources of stray current on most farms. One was on the farmer side of the meter, where bad wiring in a barn or in a home led to stray current—and then the other side of the meter, the utility side of the meter, where you had to have correction by utility, and a farmer wouldn't have ability to actually engage in that correction.

0920

I was very interested to hear that Saskatchewan has proactively regulated this matter, put in place measures so that this issue is substantially reduced. I was also interested that California has done this. I find it interesting that the "happy cow" language is used—I think it's fair enough. If I was getting electric shocks when I was

walking around, I would not be a happy legislator, and if I was getting no electric shocks I would be a much happier legislator. So I appreciate both the term and the action on the part of those legislative bodies.

I found it interesting—and I look forward to his comments when we go further—talking about the wrong metrics being used. I guess I need a more in-depth exploration of what the problem is with the metrics we have now and what metrics are actually necessary for us to understand and come to grips with this problem. I found interesting his comment that we're just dumping this power into the ground. If he in his work and the work of the group looks at a way of taking that excess power and recycling it so that we can use it—I don't know even if physics allow that—I think that would be fabulous, to the extent that you can reduce demand for electricity and maximize our utilization of every kilowatt hour that's produced. I think that would be a real bonus.

And I hope that, in terms of looking at the experts on this working group, obviously, you're looking at people who will understand how current moves through the ground. You're talking about farmers. You're talking about people who work with livestock. But I would be interested in power planners and energy analysts being part of this so that we can see how we could actually maximize use of the now currently dumped electrical power that winds up in the ground causing the problems that we are facing.

I don't know if the member has a sense of how quickly, how soon, this matter could go through if the motion was passed. I think it would be a very useful thing for this to get through the Legislature, go through committee, be passed, and I would hope that the government would set up this working group very quickly. In fact, after 15 years of this idea simply recycling through the Legislature, it makes sense to at this point actually take the steps necessary to address the problem, deal with the issues that farmers are dealing with and, frankly, make this a richer, better place.

Thank you very much to the member.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mr. Stephen Crawford: It's an honour to rise in the Legislature today in support of the motion presented by my colleague the member from Chatham-Kent-Leamington. Similar to the member from Toronto-Danforth, being in a suburban riding outside Toronto with no farms, I wasn't particularly educated or informed on this topic, but having read about it and learned about it, I realize how important this motion is.

Speaker, this motion asks the government to create a working group to examine the issue of ground current and to provide recommendations about developing best practices in order to protect people and livestock from stray current.

As I mentioned, coming from a suburban riding, I had to look deeper into this topic, not growing up on a farm or not living on a farm.

Stray voltage is generally understood to be low-level electric shock that can produce a sensation or annoyance

to farm animals. The Institute of Electrical and Electronics Engineers has defined stray voltage as a voltage resulting from the normal delivery or use of electricity that may be present between two conductive surfaces that can be simultaneously contacted by members of the general public or their animals.

Speaker, it is two objects with different voltage potential that the animal or person body completes an electrical circuit, allowing the current to flow between the two objects. A neutral wire that is inadequate—or if there is a weak or failed connection, the electrical current arriving on the hot wire must return to the source in some manner, which means it will try to go through any or all objects that will conduct electricity.

It is simple: In the normal course of delivering electricity, there will be a stray current. These voltages are undesirable, and yet it is prevalent for them to occur on farms. There are households within rural areas of Halton, as well, that can experience this problem. Any farm that operates in Ontario can have stray voltage problems.

Why now? Why should the government create a working group at this particular time? Again, the member opposite did allude to this being mentioned in the Legislature for over a decade. Coming from a rural area, this is not something I receive emails or phone calls on. I haven't had any people contact me on this particular issue, but that doesn't mean it's not an issue that affects the farming communities in our province. Looking into stray currents—it is a problem, because it does obviously harm livestock and people.

Speaker, almost any animal can easily feel anything at 0.5 volts or higher.

This is a problem Ontarians are facing, and I applaud the member for taking their concerns to heart and working towards solutions.

A stray voltage can bring problems for farmers. Animals that are affected by the current exhibit problems. These can include being jumpy when they're being milked, not producing as much milk, and being less inclined to drink.

In a 2007 discussion paper that Ontario did, dairy cows are the most at risk of stray voltage. This is because they are large animals, the facilities are wetter than on other farms, and there are more opportunities for exposure.

Speaker, it is dangerous for farm workers, as well. Metal conducts electricity, and stray voltage can run through a ladder, a faucet or any other material that may cause harm. Some farmers may even carry a dry rag around so they can shut off their shower faucet without getting a mild shock. Imagine that. People in Toronto and in our suburban ridings never even think to have to do that to prevent getting a shock—walking around with something like that. So, clearly, this is on the minds of a lot of people in our rural communities.

Even though this is an invisible problem, there are still a few mitigation techniques. For instance, a farmer can look for loose connections or defective wire connections. Working on farms, the elements get inside a barn and can also cause a problem. For instance, heat, wind and rain can

cause the insulation on wires to peel off. Improper grounding, equipment problems and systems imbalances are potential sources.

Looking for stray currents is important. We are dealing with the health and safety of farmers and their livestock. The problems facing livestock are real, and any that exhibit the signs I have mentioned could be because of a stray current, and not because of the animal alone.

As I conclude my time, I would like to say that I will happily support this motion by the member, and I hope every other member will be able to stand in support.

Just to reiterate a few of the key issues and common effects of stray voltage: There are often mild behavioural reactions, such as eye-blinking, involuntary muscle contractions, and twitching and discomfort and pain causing intense behavioural reactions. The indirect effects of these behaviours can be considered depending on the location, level of stray voltage and other factors. But at the end of the day, this is clearly an issue in our rural communities, in the farms of our province that produce our food, our milk.

I think that the member bringing this to the forefront here today is doing a good thing to serve that community, to make this province safer for farmers and livestock. I'll support this motion.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mr. Michael Mantha: It's always a pleasure and a privilege to rise in my seat on behalf of the good people of Algoma-Manitoulin.

I want to commend the member for being persistent on bringing this motion forward this morning. He has brought it up in the past. Again, this is not a criticism against the member. This would have been great legislation to see come forward from this government, knowing that this is an issue that has been ongoing for many, many years.

I reached out to a colleague of mine, the member from Timiskaming-Cochrane, who has been very outspoken and has spoken numerous times about this piece of legislation, or the need for this, and who has first-hand experience of what transpired and how his constituents were affected by this.

0930

Ron and Helen Cowan from Earleton started their farming career in 1992. At first, they were successful with their herd. However, it didn't take too long—by 1997, about five years into their operation—when they became plagued with problems and low production. They tried a variety of steps to enhance the health of their herd. They tried new options. But by 2002, they had no choice; they had to let go of their herd and their quota. They did some preliminary investigation, and they actually took their issue to court, because of the stray voltage. The unfortunate part is, they weren't able to demonstrate to the courts that the loss was significant and that it was related to the stray voltage. However, the courts did identify certain things that the utility provider could have done differently—which was raise greater awareness, and that the inequities of the tingling of voltage were inadequate, and

also the information that was being relayed back to the community members in regard to the potential for this harm could have been a lot better than your random pamphlet that was being received in the mail. So here we have a family whose entire livelihood was completely devastated by this.

The OFA has been very outspoken on this issue. I think they best explain with their overview, and I want to read it word for word. It says, “Uncontrolled electricity is a constant underground current that runs through the soil and is detectable on barn floors, through metal feeders or stabling structures, delivering unwanted electrical currents that can cause serious harm to livestock.

“In rural Ontario, electricity that uses the ground as its return path back to its source (rather than the primary neutral) is a concern, causing unintended and often unpredictable consequences. If left undetected, uncontrolled electricity, sometimes referred to as stray voltage, can result in serious issues for farmers and has plagued rural livestock farms for” at least the past five decades.

“OFA has been working in partnership with Hydro One to address and resolve ground current challenges impacting Ontario farm businesses since 2013. In 2016, the farm rapid response team was developed by Hydro One in partnership with OFA to deal with issues including stray voltage, ground current and power quality. The purpose of the partnership is to help identify, assess, and mitigate on-farm electrical issues.

“The farm rapid response team is the outcome of the uncontrolled electricity working group, made up of livestock and electricity stakeholders including Hydro One and OFA. Hydro One’s collaboration with OFA and their commitment to this serious issue are important steps to resolving these issues that can cause serious problems on Ontario farms.”

Again, this is not a new issue. It is an issue that has been brought forward to this Legislature, as the member from Toronto–Danforth brought up in his comments. It has come from previous members of the Conservative Party.

Again, I want to stress the fact that this is not a stone-throwing—to the member, good on you for being persistent—but I’ve always been one to ask the question: If it’s a good idea, what’s happening that we’re not letting it come through? Where is the resistance coming from? Why aren’t we seeing this come through as a government bill instead of as a motion or as a private member’s bill?

As an MPP from the official opposition, I bring ideas forward to this House on behalf of the good people of my riding of Algoma–Manitoulin or on behalf of the general population of Ontario, but I expect resistance from the government at certain times—because we’re not always in line with our policies and ideas that we’re bringing forward. However, coming from within the party where the previous three pieces of legislation have come from this government—again, whatever the member needs in order to light a fire within the cabinet in order to bring this legislation up, let’s do that.

We’re obviously seeing individuals—as I stated, this family from Earlton, who were completely devastated.

We see what the Ontario Federation of Agriculture’s position is on this.

This is a long-overdue issue. Let’s deal with it.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mr. Lorne Coe: I’m pleased this morning to have an opportunity to speak to this motion brought forward by the member from Chatham–Kent–Leamington for a couple of reasons.

To begin, I have a riding—Whitby—and in the north part of my riding is Myrtle Station. It is the home of a lot of dairy and livestock farms. Through my work with the farm owners and with the region of Durham’s agricultural advisory committee, I’ve learned that stray current is a serious concern that can have negative effects on animal health as well as the residents on the farm. I’ve had the opportunity over the years that I’ve represented the riding of Whitby to visit many of these facilities. As I walk through these facilities with the owners, there are obvious examples of what we speak of here in this Legislature this morning.

Speaker, added to that, research has shown that exposure to higher levels of stray current affects the behaviour and performance of livestock animals, which, in turn, has detrimental effects on the economic viability of farm operations. This is particularly important for an area like Whitby, in the north part of my riding, but it’s also important to the region of Durham’s agribusiness operations because, in turn, they are key pillars of the region of Durham’s economic development plan. They contribute to what the region would like to see for its economy—particularly a strong, resilient local economy—whether it be the town of Whitby or whether it be some of the more distant northern municipalities like Brock, where this issue is also prevalent. Despite a number of measures proposed to reduce or eliminate stray current from livestock and dairy facilities, many of the farm operations continue to struggle with this problem and its effects.

Having said that, many of the farmers in my riding are encouraged by the development of this motion by MPP Nicholls as it recognizes the ongoing—and yes, some members have spoken about the origin of this motion. Yes, it does go back 15 years. But this has been an ongoing challenge for many livestock and dairy farmers. Whether it’s in the town of Whitby or other parts of the region of Durham, they’re experiencing it as a result of this stray ground current.

So they’re very pleased with the content of the motion, particularly the aspect of creating a working group to examine the issue of ground current and, added to that, providing recommendations about developing best practices in order to protect people and livestock from stray current. They’re pleased with that particular approach because it’s inclusive and it’s all-encompassing. As some of the members here today have rightly point out, there are many agricultural associations that have identified this as an issue, but they want to be part of the solution. And the very fabric of this motion does provide

this opportunity for agricultural associations, but it's also all-encompassing for other farming communities who want to participate and provide their voices in developing best practices in order to protect people and families.

Clearly, practical measures should be and must be implemented to address the problem of stray current, including timelines and processes to resolve this particular issue going forward. I believe that the motion, as it's struck, is going to allow for those voices to be heard, whether it's the Durham region agricultural advisory group or other advisory groups across this province.

Speaker, other jurisdictions around North America have recognized this problem and have taken steps to address it, as they should. Together—and I stress “together,” because we succeed together when we take the time to consult, take the time to hear voices, take the time to develop best practices in order to protect the families here in Ontario—I look forward to a made-in-Ontario solution, securing family farming businesses while saving the lives of livestock and ensuring a sustainable future for the farming sector, whether it be in the region of Durham or other parts of Ontario.

The Acting Speaker (Mrs. Lisa Gretzky): Back to the member for Chatham-Kent–Leamington.

Mr. Rick Nicholls: I want to reiterate the fact that if you always do what you've always done, you'll always get what you've always got. The purpose of these working groups is to in fact allow fresh eyes to look at how we can correctly and more accurately measure ground current pollution, which will save a lot of farmers from financial stress and distress, as well as their livestock.

It affects not just dairy cattle; it also affects beef cattle and other four-legged animals, and even two-legged animals. I visited a chicken farm back in the Chatham area several years ago—because, in fact, I introduced my bill back in 2016. It passed second reading, but the government of the day, the Liberals, refused to bring this bill into committee, where it could be further examined.

I would like to thank the member from Danforth, the member from Oakville, the member from Algoma–Manitoulin and, of course, the member from Whitby for their contributions to the debate today.

Again, knowing what we know—and I'm working closely with the Ministry of Energy. I brought this motion forward to create working groups, in accordance with the Ministry of Energy and local distribution companies, to clearly pinpoint the hot spots and solve the problem of stray current and stray voltage and ground currents.

I was part of a team, part of a group many years ago, back in opposition, and the party of the day—well, not the party of the day; that would be the Liberals. Hydro One created what they called rapid response teams, but nothing really developed out of that—so we need to take this step even further.

Again, Speaker, I want to thank everyone for the opportunity of bringing this motion forward. We don't know the long-term effects, but from what I've seen so far, it can't be good. I'm happy and thankful for all of those

who have worked with me to help bring this situation to light. There are solutions out there. Let's find them. Let's make what we're doing now even better.

Thank you so much, Speaker, for the time to present my motion to the Ontario Legislature. I appreciate it.

The Acting Speaker (Mrs. Lisa Gretzky): The time provided for private members' public business has expired.

Mr. Nicholls has moved private members' notice of motion number 158. Is it the pleasure of the House that the motion carry? That is carried.

Motion agreed to.

The Acting Speaker (Mrs. Lisa Gretzky): Orders of the day? I recognize the Associate Minister of Small Business and Red Tape Reduction.

Hon. Prabmeet Singh Sarkaria: No further business.

The Acting Speaker (Mrs. Lisa Gretzky): There being no further business, this House stands recessed until 10:15.

The House recessed from 0944 to 1015.

MEMBERS' STATEMENTS

EMPLOYMENT STANDARDS

Mr. Jeff Burch: Next week is Nursing Week in Ontario.

COVID-19 has shown the vital role that nurses play in every aspect of health, but front-line health care workers are reaching out to my office in droves, and many are at their breaking point. Our nurses are working tirelessly, often with minimal support. In Niagara, our ICU capacity is at 108%, and our level 3 ICU, the highest level, is at 164%.

Despite this unprecedented strain on our health care system, this government has yet again refused to support nurses in their work. Front-line health care workers report that when exposed to COVID-19 in the line of duty, they are sent home without pay. While the Premier was able to take 12 paid days for his isolation, the health care workers on our front lines are left with nothing.

I've raised the issue of unpaid isolation numerous times with this government and the minister. The Niagara Health System stepped up when this government wouldn't and provided isolation pay while this government dragged its feet. That program expired on March 31, and nurses are once again left carrying the financial burden and added stress.

How is it possible that in our current situation, this government would place additional stress and anxiety on the backs of the workers who are already carrying us through this crisis? Nurses and health care workers have been fighting on the front lines; they should not lose one cent of their income when exposed to a virus this government has failed to contain.

Shame on this government for their lack of support for our nurses and front-line health care heroes when they need us most.

WORKPLACE SAFETY

Ms. Jane McKenna: Across North America this week, occupational health and safety is in the spotlight as employers, workers and safety organizations focus on the importance of preventing injury and illness in the workplace, at home and in the community. This week has been observed in Canada, the United States and Mexico since 1997.

For decades, Ontario and Canada have led the way in improving workplace health and safety.

Most recently, the Auditor General's 2019 annual report found that Ontario has the lowest lost-time injury rates of any province for the past 10 years. But we can do better.

That's why I'm proud that tomorrow, for the first time ever, we recognize Occupational Safety and Health Day in Ontario. Every year, on the first Tuesday in May, this day will help promote health and safety by highlighting the roles and responsibilities of employers, supervisors and workers to support and nurture a health and safety culture every day in every workplace.

To mark this inaugural event, I'm hosting a Zoom event together with the League of Champions and health and safety experts from across Ontario at 10:30 a.m. tomorrow. To register, please visit janemckennamp.ca/safetyandhealth. I hope you can join us.

POET LAUREATE OF ONTARIO

Mr. Percy Hatfield: Speaker, my thanks to you for chairing the panel that selected Ontario's first Poet Laureate to honour the memory of Gord Downie of The Tragically Hip. Scarborough's 29-year-old Randell Adjei will be an officer of the Legislature for a two-year term.

I thought it might be appropriate this morning for a bit of poetry; I've called it "Randell":

He's hip, oh so hip—our new friend Randell
His poetry is spoken word—he does so well

Not Tragically Hip—but oh, oh so hip!
He's Ontario's first Poet Laureate—

And Gord Downie
Would be oh so proud
As Randell always attracts an appreciative crowd

The Laureate position was named in Gord's memory
Here—in our provincial parliamentary

In doing so we honour Gord's legacy
And Randell brings the same intensity.

Not Tragically Hip—but magically hip, yes, oh so magically hip

His spoken word, his poetry
Creates the possibility

To educate—and motivate
For all us—to appreciate

A new, modern passionate and literate
Poet Laureate.

In memory of Gord Downie and there's no debate.

His lyrics—it's been a long time running
A long time in coming—but it's been worth the wait.

1020

INDUS COMMUNITY SERVICES

Mr. Deepak Anand: Mr. Speaker, I would like to spotlight an incredible organization from my riding of Mississauga–Malton, serving the community for 35 years, with seven locations in Brampton, Mississauga and Oakville, and 140 staff who provide excellent, culturally appropriate services to newcomers, families, women and seniors. Indus Community Services is a true community partner. During the pandemic, Indus hosted over 5,000 virtual adult day service sessions and helped over 150 people file their taxes through their free clinics.

As part of our government's \$12.5-million investment strategy for high-priority communities, Indus has provided 36,000 people with information on testing and distributed over 12,000 PPE kits. They also created a website, apnahealth.org, which provides information about COVID-19 resources in Hindi, Urdu, Tamil, Bengali and Punjabi.

I want to thank 24 community health ambassadors for going door to door in my riding, talking to the people and providing them with the information and the resources they need.

A decade ago, I served on Indus's community board, and I'm proud to have played a small part in their journey.

I would like to thank Mohini Sareen Chander-ji for a lifetime of volunteering, and I congratulate past ED Kitty Chadda and current ED Gurpreet Malhotra and their dedicated team for their tireless service and taking Indus to these heights. With this message, I want to say thank you for your services during this tough time.

ENVIRONMENTAL INITIATIVES

Ms. Sandy Shaw: It's always an honour to rise on behalf of the good people of Hamilton West–Ancaster–Dundas. For the last year and a half, our residents—and, in fact, everyone in Ontario—have endured so much during the COVID-19 pandemic, so it has been an inspiration to witness the resilience, the creativity and the innovation in our community.

But with spring just around the corner, I'm delighted to highlight some wonderful green initiatives in my riding.

The Hamilton Seed Library is an initiative of the local Hamilton gardening community and is maintained by Green Venture. It's a hub for folks to borrow, share and donate seeds at no cost.

Another great program or gardening project is the Grow a Row program. This program was a response to the COVID-19 crisis and is a way for local gardeners to help fight food insecurity. The gardeners commit to planting an extra row of produce in their home gardens to donate to local food banks. Both Neighbour to Neighbour and the Hamilton community fridges have been recipients of this and have been able to offer locally grown fresh produce to folks in Hamilton.

We also have the pollinator project, which is a partnership of the Hamilton Naturalists' Club and Environment Hamilton. They're helping gardeners to create spaces for at-risk pollinators.

I'm happy to say that my office is also excited to play a role in growing pollinator gardens. We have pollinator-friendly native wildflower seeds available for individuals and community groups who are interested in community greening projects.

I want to give a big thank you to all of our local gardeners and to all of our community groups who are not only growing gardens but are also helping to grow resilient communities.

GREENBELT

Ms. Kathleen O. Wynne: Ontario's greenbelt is a source of pride to me and to the vast majority of the people of Ontario, not because of any partisanship or politics. Polling numbers show that nine out of 10 Ontarians support the greenbelt, and that 86% of Ontarians agree that the greenbelt is one of the most important contributions of our generation to the future of Ontario. It is an act of stewardship of land, water, trees and wildlife for future generations.

In my tenure as Premier, we received literally hundreds of requests to open up the greenbelt to make adjustments for development. Only in a handful of cases did we respond. We believe that the greenbelt should never be shrunk, but should only be expanded—which we did, and continued to plan further expansions.

In Ontario, we have a government currently that has turned back the clock on environmental protection. The Ford government has decided that ministerial zoning orders which override local decision-making will be the rule rather than the infrequent exception.

They revisited our government's decision to cancel the building of Highway 413, and are now pushing to build this unnecessary highway against the wishes of local communities and environmental good sense.

And now the government has appointed the least environmentally responsible former environment minister in Ontario's history to chair the Greenbelt Council. Norm Sterling oversaw the tragedy at Walkerton. He voted

against the Greenbelt Act, and he argued for a decrease in the size of the greenbelt in his debate of that bill.

The Ford government claims that it supports the greenbelt, but there's absolutely nothing in its actions that supports that claim.

ANTI-ASIAN RACISM

Mr. Aris Babikian: In the last few weeks, we have heard of and witnessed increased acts of racism against our Asian neighbours and friends. The anti-Asian bigotry, hatred and prejudice are alien to our society. They contradict Canadian values and traditions. The perpetrators of these crimes do not represent the Canadian and Ontarian people.

My riding of Scarborough–Agincourt is a diverse society that enriches our daily lives, and I am proud of it. Over 50% of the residents are of Asian descent. I have heard from so many of them and listened to their anxieties. I have even participated in two press conferences organized by various community organizations to sensitize the public about these heinous incidents and condemn them. Furthermore, they launched a coalition to stand on guard and eliminate such acts.

Regrettably, the COVID-19 pandemic exacerbated this phenomenon, especially against the Chinese community.

I am pleased to say that various community organizations, regardless of their background, elected officials, notable Canadians and the public at large are standing up in support of our Asian community and slamming such behaviour against our peaceful and law-abiding citizens.

Mr. Speaker, it is our duty to condemn these deeds by a tiny minority and to educate future generations about the catastrophic results of prejudice, xenophobia and hatred in our society.

COVID-19 RESPONSE

Mr. Peter Tabuns: Why does the Premier want to prolong the COVID-19 pandemic? I can't figure that out, and neither can anyone else in this province.

Last week, the Premier brought in a half measure on paid sick days after more than a year of pressure from doctors, nurses, public health advisers and many others. They told him what was needed to stop transmission of the disease in workplaces, to bring it under control, and he still won't do what's needed to actually bring the pandemic under control.

Last week, the Premier brought in a partial version of what the science table had called for: a ramped-up focus on virus hot spots. Instead of providing the vaccines necessary for the hottest outbreak zones for the amount of time needed to actually win, he gave us much less than we needed.

Speaker, this is not the first time he has ignored the science and prolonged the pandemic. In February, scientists told him that if he opened things up, we would have many more cases and many more deaths, prolonging the pandemic, and he went ahead and he prolonged the

pandemic—more deaths, more misery, more frustration for a public that has had its fill.

It's time for the Premier to stop stalling, stop with half measures, and actually do what we need to do to end the pandemic and let people get on with their lives.

FIRST RESPONDERS

Mr. Stephen Crawford: It's an honour to rise in the Legislature this morning.

This past year has been unlike any that we can ever look back to in history, and it has been truly hard on everyone in my riding of Oakville and throughout the province of Ontario. But it is our first responders, who continue to be on the front line of duty, who have experienced the brunt of this pandemic.

This past weekend, on Saturday, May 1, it was First Responders Day, and we all took a moment to thank these hard-working men and women for their incredible work and sacrifices.

Despite the extreme challenges and difficulties this pandemic has presented, we continue to rely on them every day, and we can count on our first responders to be there when we need them most.

Oakville and Halton are fortunate to have great leadership from the Halton Regional Police, under the leadership of Chief Steve Tanner; Halton paramedics, under the leadership of Greg Sage; and the Oakville fire-fighters, under the leadership and direction of Chief Paul Boissonneault, who support our community.

1030

Whether our first responders wear a police, an EMS or a fire uniform, they put others before themselves every day on the job. Not only does my community count on them for our safety, our health and, importantly, our pandemic response, but they support our community with charity events and educational opportunities.

I am extremely grateful for the accomplishments and sacrifices of our local first responders and first responders throughout Ontario.

COVID-19 IMMUNIZATION

Mr. Rudy Cuzzetto: On Friday, I received my first dose of the COVID-19 vaccine at the Mississauga Hospital in my riding of Mississauga–Lakeshore. I want to thank the hard-working staff and volunteers at Trillium Health Partners who ensured the process was as smooth and seamless as possible.

I also want to thank Dr. Banwatt of CarePoint Health for working with me to set up a vaccine clinic for essential workers at Sure Good Foods.

Workplace and community pop-up clinics began last week at Maple Leaf Foods and Maple Lodge Farms and will continue this week at Amazon Canada.

Last week was World Immunization Week, and we hit some important milestones in Peel. As of Friday, over 531,000 doses have been administered in Peel. We hit 70%

coverage for populations over 60 and 40% for all other adults.

In the past few weeks, the number of doses delivered to Peel has been among the highest in the province on a per capita basis. Of the 786,000 doses the province expected to receive this week alone, about 151,000—almost 20%—will be allocated to Peel for the hot spot communities that need them most.

Most adults in Peel will be eligible to book an appointment beginning this week.

This is the best way to protect you, your loved ones and our front-line health workers, so I urge everyone to take this vaccine as soon as possible.

The Speaker (Hon. Ted Arnott): The member for London West has informed me that she has a point of order she wishes to raise.

Ms. Peggy Sattler: I rise on a point of order to seek unanimous consent to bring forward a motion to pass Bill 239, the official opposition's paid sick days bill, so we can follow the science table's advice to protect Ontario workers from COVID-19 and make sure no one has to make the difficult choice between staying home if they are sick and paying the bills.

The Speaker (Hon. Ted Arnott): The member for London West is seeking unanimous consent to bring forward a motion to pass Bill 239. Agreed? I heard a no.

QUESTION PERIOD

LONG-TERM CARE

Ms. Andrea Horwath: My question this morning is for the Minister of Long-Term Care.

We've now had three reports on the government's failure in long-term care. Of course, the first was the Canadian Armed Forces report from last year. Last week, we had the Auditor General's report. And on Friday of last week, we received the long-term-care commission's report—a report that was really devastating, quite horrifying and painful to read, in terms of some of the things that people shared with the commission about what was happening in long-term care. The failure of the government was clear. The report says, "Alarm bells should have been ringing loudly in Ontario" and "There was no plan to protect residents in long-term care."

Speaker, it was the minister's job to protect seniors in long-term care. She failed. Will she do the right thing and resign?

Hon. Merrilee Fullerton: I want to, first of all, commend the commission for their important and insightful work—as well as the work done by the Auditor General—to really go back and understand what brought us to the pandemic today and what we can do, moving forward, with the guidance.

They were very clear—both the Auditor General and the commission report—about the many years of neglect of this sector, leading up to the sorry state that our government found the long-term-care sector in.

We were working very hard from the very beginning to make sure that the staffing crisis that predated the pandemic was addressed—the capacity issues, the 38,000 people on a wait-list. All of these things needed to be addressed. Quite frankly, that's why I came into politics—to fix a system so badly neglected by previous governments. Our government is doing the work.

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

Ms. Andrea Horwath: There's no denying that cuts and neglect by the Harris government, the McGuinty, Wynne, Del Duca governments—nobody is denying that that was the case. There's no argument there.

But the report clearly shows that this Ford government was making cuts that cost lives. They literally got rid of the comprehensive inspections back in 2018. In 2019, they were cutting long-term care and public health.

It was this minister's responsibility to protect our seniors in long-term care. She failed at that job. Will she now step down from her job?

Hon. Merrilee Fullerton: As I said, the commission has provided very important insight into the many years of neglect. As a family doctor, this is devastating to me—to want to be able to help, to have measures taken that simply did not accomplish the necessary prevention that was required. The commission talks about additional measures that we can take to address this. This is foundational.

This was also a collaborative approach, with many, many groups involved: Public Health Ontario; Ontario Health; the Ministry of Health; the Ministry of Labour, Training and Skills Development; our local health integration networks—and the list goes on and on. Thousands of people have been working around the clock to address the crises related to the COVID-19 pandemic—and this is happening around the world.

Our government is the first government in the history of this province to make the investments necessary to overcome the previous years of neglect. We will continue to do this. We will move forward with long-term care. We will continue to do the work until this sector is shored up the way it should have been done—

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

Ms. Andrea Horwath: Speaker, the minister doesn't want to take responsibility for what the commission describes as this government's failure, and so I'm going to remind her of something they said: that there were no excuses for the deaths that occurred in the second wave. "The summer of 2020 was the time to prepare for the second wave.... With the lessons learned from the first wave and a summer to fortify long-term care, it was reasonable to anticipate that the second wave would be less punishing than first. That was not the case."

The commission showed there was no staffing plan put in place by this government; there was no infection prevention and control plan—no funding for extra resources in that regard. Homes were left to self-assess their ability to deal with COVID-19.

That was this minister's job. It was her job to protect seniors in long-term care. She failed. Will she do the right thing and resign now?

Hon. Merrilee Fullerton: Despite those remarks by the member opposite—they are simply unfounded.

Our government has continued—

Ms. Andrea Horwath: It's in the commission report.

The Speaker (Hon. Ted Arnott): Order.

Hon. Merrilee Fullerton: It's absolutely unfounded, what you have just said.

Our government has continued to work with our sector. The survey was one of many, many measures taken.

We learned lessons in the first wave—an unknown virus, not known to the world; global shortages of many, many things; and working around the clock to address the problems in this sector.

The remarks by the member opposite are absolutely unfounded. The commission points over and over again to the long-standing systemic issues.

We worked to shore up the staffing in the sector, hiring 8,600 and more staff into the sector, with our pandemic pay.

And the survey informed the fall preparedness plan. Each of our long-term-care homes was receiving the support that our government collectively was organizing.

So when she talks about the things that—

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

LONG-TERM CARE

Ms. Andrea Horwath: My next question is also for the Minister of Long-Term Care. I did, however, send her over the direct quote from the commission that outlines the issues I just raised in my last question.

This question is about the ongoing failure of this minister and this government in long-term care.

It's very, very clear that staffing remains a huge problem in this sector. We know that the staffing levels are in fact lower than they were in the first wave of COVID-19, but still this government is not supporting the folks who work in the sector. In fact, what the government has done is to basically call into question their ability to get this sector dealt with. They have not yet put in place what the commission says they should do immediately: increasing the wages of staff permanently; making sure those jobs are full-time jobs, permanent jobs; making sure people have the staffing necessary in long-term care to receive four hours of hands-on care now, not in 2025.

Nobody believes that this minister will make those changes, that she'll bring those changes to Ontario. Will she resign now?

1040

Hon. Merrilee Fullerton: Those remarks are stunningly ignorant, and I say that, Speaker—

The Speaker (Hon. Ted Arnott): I'm going to caution the minister on her language and ask her to conclude her response.

Hon. Merrilee Fullerton: Thank you.

If you want to have adequate staffing in long-term care, if you want to have the necessary support for residents, you need to actually train the staff, and that's exactly what we're doing. To get to four hours of care, you need people who want to work in long-term care, who are trained to work in long-term care. That's exactly what we've done. We hired over 8,600 in long-term care at the end of the first wave, into the second wave. Those measures were taken. We have 8,200 in the pipeline—6,000 new and 2,200 already. We have another 8,000 coming through the district school boards and private career colleges. We're using the public college system to train. We will have 10,000 within a year. That is far more than any previous government ever did. We are fixing this problem.

Interjection.

The Speaker (Hon. Ted Arnott): The Leader of the Opposition will come to order, and the Leader of the Opposition can ask her supplementary question.

Ms. Andrea Horwath: Thank you very much, Speaker.

The commission was also clear about the profit motive in long-term care. I'm going to quote again from the commission's report:

"It is difficult to see how one can build a culture of excellence in care when care is only a means to profit...."

"Now is the time to revisit the business of long-term care."

The Ford government should have been cracking down on long-term care. They should have been pulling licences. They should have been taking over those for-profit homes, but they didn't do any of that. Instead, they stopped the inspections and then removed any legal liability from the private, for-profit long-term-care sector. They did exactly the opposite of what they should have been doing.

How can this minister, who has relentlessly stood up for and approved of the for-profit model in long-term care, have the trust of the people of Ontario that they will do the right thing and get rid of the profit motive? Nobody believes they will. Will she resign?

Hon. Merrilee Fullerton: I think the magnitude of this problem has been building for many, many years. That's clear from the Auditor General. It's clear from the commission's report. We are taking action on this. The commission is very, very clear that it's about being mission-driven. It doesn't matter whether it's for-profit, not-for-profit or municipal; it's about the mission.

Interjections.

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

Hon. Merrilee Fullerton: If you bother to read the report, it is about being mission-driven.

Our government is on a mission to repair long-term care, which has been so badly neglected over many, many years, as demonstrated in the Auditor General's report, in the commission for long-term-care report. It is very, very clear. And it is our government that is looking at new ways of understanding how we can separate the operations from the construction. It is this Conservative government that is

repairing and rebuilding long-term care, despite the narrative being pushed out—

Interjections.

The Speaker (Hon. Ted Arnott): The House will come to order.

Leader of the Opposition, final supplementary.

Ms. Andrea Horwath: Speaker, some of the stories in that commission report from family members and staff were nothing short of horrifying—and I do want to thank those folks who retraumatized themselves by sharing their stories. Here's one: "Of all the pictures I have of my mother over the years ... the one that's burned into my mind forever is her lying there in a wet diaper without even a blanket to cover her, with her arm up, stretched in the air, begging for water and asking God why he had forsaken her."

Speaker, this can never happen again.

It was this minister's job to protect seniors in long-term care, and she utterly failed. Will she do the right thing now and resign, step down from that post? She certainly has not done her job.

Hon. Merrilee Fullerton: As I've said many times, I take responsibility. I took responsibility for this before I even got to politics—understanding and researching long-term care for almost 14 years to understand what we can do—

Interjections.

The Speaker (Hon. Ted Arnott): I've repeatedly asked for order. I will have no choice but to move to warnings if members continue to ignore my requests for order. That will apply to all members.

Minister of Long-Term Care, please conclude your response.

Hon. Merrilee Fullerton: The key component to addressing this problem, as we are doing, is the action of taking responsibility. That's exactly what we are doing.

I went through this with my own family members. It is devastating—certainly, another level being with the pandemic. I can only try to understand what families, residents and staff have gone through. But I understand the neglect of the long-term-care sector and what it has meant for so many people, including my own family.

That's why we are repairing a broken system, with unprecedented, historic measures—not only plans for staffing capacity, IPAC—

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

COVID-19 RESPONSE

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

The COVID-19 crisis in Brampton continues to spiral out of control. Eight of our neighbourhoods now have positivity rates of over 20%. That's more than double the provincial average. For example, in communities in the postal code L6Y, at Chinguacousy and Steeles, we see a shocking positivity rate of 24%. In the postal code L6S, at Williams Parkway and Bramalea Road, we see positivity rates of 20% and upwards.

Speaker, Brampton needs help. We are a city full of essential workers who keep this province moving. But the Conservatives still refuse to step up and help. Our workers don't have enough paid sick days. They don't have access to vaccines. Our hospitals are overwhelmed.

Experts have been clear: The inequity in this government's response has meant that Peel has not received its fair share and we have been left behind.

How much longer is the Deputy Premier going to let our city burn before she finally gets off the sidelines and does something to help the crisis in our—

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

Hon. Christine Elliott: I would say to the member opposite—through you, Mr. Speaker—that what you're suggesting is simply not the case.

We recognize that Peel—and Brampton contained with Peel—is a hot spot area, as is Toronto and, to some extent, York. We made the decision, following the recommendations of our medical experts last week—because we are receiving considerably larger quantities of the Pfizer vaccine—to dedicate 50% of the vaccines coming in over the next two weeks to those hot spot areas. There are 114 across Ontario, but Peel definitely has a number of them.

As a matter of fact, we are going to be, during the month of May alone, allocating 432,960 doses to Peel region, which will make Peel the public health unit with the second-highest doses per capita in the province. That comes simply after Toronto.

So there is a vast number of vaccines being delivered to Peel, recognizing it's one of the hot spots, recognizing that Brampton within Peel is a hot spot area.

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

Ms. Sara Singh: While the Conservatives continue to ignore Brampton, our community is now taking it upon themselves to do the Premier's job. The #SavePeel movement is made up of front-line workers, teachers, community organizations, health care workers and everyone in between, all working together to try to convince this government to finally step up and get us the support we need.

My question again, Speaker, through you to the Deputy Premier: When is this government going to finally step up with the supports we need to save Peel? That means real paid sick days, prioritizing vaccinations to our communities, and giving us the supports we need to keep our families and essential workers safe.

Hon. Christine Elliott: The number of vaccines being allocated to Brampton and Peel region, as I indicated earlier, is the second-highest in the province.

We also have over 150 pharmacies in Peel, seven of which are going to be running 24/7, and six of those 24/7 pharmacies are in Brampton.

We also have four hospitals offering the vaccines, and hot spot pop-ups administering vaccines.

We've had workplace clinics at Maple Leaf Foods, Maple Lodge Farms, Amazon, and also at the BAPS complex and 40 primary care sites in Peel region.

We have the quantities of vaccines coming in, and we also have countless places for people to receive those vaccines.

We encourage everyone over 18 who is now able to receive a vaccine in a hot spot area to please apply and have your vaccine done as quickly as possible.

1050

COVID-19 IMMUNIZATION

Mr. Aris Babikian: My question is for the Minister of Health, through you, Speaker.

My riding of Scarborough—Agincourt, like all of Scarborough, has been hard hit by COVID-19.

We know that vaccines are the way out of this pandemic, but until now, we haven't had the supply to make a difference in Ontario's hot spots.

Can the minister tell this House what we are doing to target our hot spot communities like Scarborough?

Hon. Christine Elliott: Thank you very much to the member for Scarborough—Agincourt for that very important question.

Due to a stable and reliable increase in vaccine supply this week, we are expanding our booking eligibility for COVID-19 vaccination appointments across the province. As of this morning at 8 a.m., individuals who are 18 and over in 2021 and who live in one of the hot spot communities will be able to book a COVID-19 vaccine appointment at a mass immunization clinic through the provincial online booking system or directly through public health units that use their own booking system.

I'm very pleased to advise that as of this morning, since 8 a.m., over 73,500 appointments have been booked. This is great news for the people of Ontario and great news for the people who are living in the hot spot areas.

The Speaker (Hon. Ted Arnott): Supplementary.

Mr. Aris Babikian: Thank you, Minister, for your response.

It is critical for the people in my riding to get these vaccines into arms as quickly as possible.

Can the minister please tell this House what we are doing to support high-risk Ontarians now that we finally have the supply to expand our vaccine prioritization?

Hon. Christine Elliott: Thank you again for the question.

Speaker, beginning Thursday, May 6, at 8 a.m., more groups throughout the province will be eligible to book a COVID-19 vaccine appointment through the provincial online booking system and call centre or directly through the public health units that use their own booking system. These groups include individuals turning 50 and over in 2021, individuals with high-risk health conditions, people who cannot work from home who fall under group 1, including remaining elementary and secondary school workers, and First Nations, Inuit and Métis individuals—in addition to the other channels previously available to book their appointments.

We continue to increase the speed and scale of our vaccination program as we receive these significant new supplies from the federal government.

EMPLOYMENT STANDARDS

Ms. Peggy Sattler: My question is to the Deputy Premier.

Experts say this government's eleventh-hour capitulation on paid sick days was too little, too late to have an impact on reducing the spread. In a pandemic that requires 14 days to self-isolate, three paid days won't keep workers home when they are sick. Once the three days are used up, workers who test positive or have to quarantine must go without pay and wait until the following week to apply for the federal program, then wait some more until the benefit arrives.

If this government cared about workers, they would have made sure that workers could stay home when they have COVID-19 without risking their own financial security. That means covering 14 paid days of infectious disease emergency leave. Why did the government not do this?

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

Hon. Monte McNaughton: I first want to begin by thanking the member opposite, her party, as well as the opposition parties for supporting our legislation last week to bring in 23 paid sick days for workers in Ontario. Mr. Speaker, I'm proud to say that we were able to pass that legislation because of the support of all members in this House, and in record time.

Mr. Speaker, the health and safety of all workers remains our government's top priority. That's why the very first action we took as a government was to bring in job-protected leave. If any worker has to stay home because of COVID-19, they can't be fired for that. We also eliminated the need for sick notes. And we introduced, last week, our paid leave plan to ensure that workers across the province have 23 paid sick days.

The Speaker (Hon. Ted Arnott): Supplementary.

Ms. Peggy Sattler: Given the frustration that thousands of Ontario small businesses are experiencing with the small business grant program, there is not a lot of employer confidence that they will be reimbursed quickly by the WSIB for the three paid sick days.

For years, WSIB has faced chronic understaffing problems. A massive new workload will be required to administer the new program, which means hiring and training sufficient staff. Injured workers are already waiting far too long for claims to be resolved.

Will this government commit to providing adequate staffing and training resources for workers at the WSIB to administer the new program so that struggling small businesses aren't stretched even further and injured workers aren't forced to wait even longer?

Hon. Monte McNaughton: Well, Mr. Speaker, again I thank the member opposite and her party as well as the independents for supporting our legislation so we could get that piece of legislation through the Legislature quickly last week.

One of the reasons why our plan is balanced is the fact that small businesses and employers are going to get

reimbursed. We've seen a number of private members' bills come forward at Queen's Park over the last couple of weeks that were going to put 100% of the costs on small businesses, which would have forced thousands of small businesses into bankruptcy and would have ensured that workers would not have had a job to go back to when we get through COVID-19. Our plan ensures that workers get paid quickly and small businesses and employers get reimbursed quickly, as well.

LONG-TERM CARE

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

On Friday, the independent long-term-care commission released their final report. Amongst other things, it highlighted a lack of a sense of urgency. It went on to say that the province's response was slow and reactive. "Critical decisions came too late.... Days make a difference. Delay is deadly."

There are 85 recommendations made by the commission. There are specific provisions around accountability and enforcement. It said that repeated findings of non-compliance must be met with consequences of increasing severity, including mandatory management orders and the transfer of licences.

Speaker, through you, will the minister be adopting the recommendations of the commission with regard to accountability and enforcement?

Hon. Merrilee Fullerton: Thanks to the member opposite for that important question.

Clearly, the neglect of the long-term-care sector had been—for many years. The commission on long-term care is very clear about that.

Looking at how we can make sure that our staff are supported in long-term care and that they can, in turn, support residents in long-term care requires not only transparency, good communication and enforcement, but it also requires the spending that is required to shore up the staffing, as our government is doing—\$115 million to create 8,200 more PSWs for long-term care through the public college system and another 8,000 through the district school boards and private career colleges. This is going to amount to 10,000 more staff for long-term care. This is unprecedented in the history of long-term care—to address these staffing challenges and also the capacity.

So, absolutely, transparency is key, as well as accountability. It must be also through supportive measures that allow the workers to do their jobs.

The Speaker (Hon. Ted Arnott): Supplementary?

Mr. John Fraser: I didn't think I heard a yes there.

I do want to remind the minister that we did take way longer to staff up between the first and second wave than other provinces, like Quebec, very clearly.

You had the tools before this pandemic. Bill 160, Strengthening Quality and Accountability for Patients Act, passed in December 2017. The bill creates greater standards in long-term-care homes and enforces greater penalties for home operators who do not adhere to these

standards. It outlined new rules on the treatment of residents and raised the bar on accountability and inspections. The bill received royal assent, but you never enacted it. You decided against increased accountability and inspections. You decided against stronger penalties for home operators. You decided against increased care standards and protecting our most vulnerable.

Speaker, through you, I have a simple question. Bill 160 is there. It's ready to go. The long-term-care provisions—will the minister enact them?

Hon. Merrilee Fullerton: First of all, I'd like to clarify some of the comments made by the member opposite.

Our government was able to hire 8,600 more people into long-term care between the first wave and the second wave, through the pandemic pay. We were shoring up long-term care as we were dealing with not only the pre-existing crises of staffing, but the pandemic.

1100

We understand the importance of transparency.

The member opposite likes to use Quebec as an example. They did not hire PSWs. They were trained in a matter of weeks.

We were creating a reserve support workforce for seniors. We were creating many supports for our long-term-care homes as we went, and I think that that's important to clarify.

Transparency and accountability are key.

Our government will consider the recommendations by the commission, and we will definitely make sure that we take their recommendations to heart. They are very insightful.

Once again, I want to thank the commission for doing this important work and for being transparent about it and for getting it done on time.

COVID-19 IMMUNIZATION

Mr. Aris Babikian: My question is for the Solicitor General.

In my riding and across Scarborough, I hear from many constituents, like child care workers who cannot work from home. They are anxious to get their vaccines so they can continue to provide high-quality care to our children.

Can the minister please tell this House what we are doing to support—

Interjections.

The Speaker (Hon. Ted Arnott): Order. The government House leader will come to order. The member for Ottawa South will come to order. The member for Don Valley West will come to order.

Response, the Solicitor General.

Hon. Sylvia Jones: It's a really important question—and frankly, a new pathway this coming week—so thank you to the member from Scarborough–Agincourt for raising it.

As the Minister of Health said, starting this Thursday, May 6, at 8 a.m., even more Ontarians who cannot work from home will be eligible to book their vaccine appointments. Those include:

—remaining elementary and secondary school workers, including educators, custodial, bus drivers and administrative staff;

—remaining workers responding to critical events, including police, fire, special constables, children's aid society workers, emergency management and critical infrastructure restoration workers;

—remaining individuals working in licensed child care settings, including all licensees, employees and students in educational places who interact directly with children in licensed child care centres and in authorized recreation and skill-building programs; licensed home child care and in-home service providers; and employees of home care child agencies; and

—foster care agenda workers, including customary care providers.

Speaker, we've vaccinated five million Ontario adults—and we will continue to do that as our supply increases.

The Speaker (Hon. Ted Arnott): Supplementary.

Mr. Aris Babikian: Thank you to the minister for that answer.

I know many of my constituents are excited to finally be able to book their vaccine appointment. There is finally a light at the end of the tunnel for Scarborough–Agincourt.

Mr. Speaker, in addition to child care workers, there are many more essential workers in Scarborough.

Can the minister tell this House if there are any additional groups that will be able to start booking this Thursday?

Hon. Sylvia Jones: There are, and I'm very pleased to share.

As I said, five million Ontario adults have already received their first dose, and starting on Thursday we have an additional group who are eligible to book online:

—food manufacturing and distribution workers;

—agriculture and farm workers;

—funeral, crematorium and cemetery workers;

—enforcement, inspection and compliance roles, including bylaw enforcement, building inspectors, food inspectors, animal welfare inspectors, border inspection officers, labour inspectors and WSIB field workers.

We said from the very beginning, when we made our provincial framework, that individuals who could not work from home would get access to the vaccine as soon as we had sufficient supply. I am thrilled to be able to share with the House today that that happens on Thursday.

LONG-TERM CARE

Ms. Andrea Horwath: I have another question for the Minister of Long-Term Care.

Speaker, I've quoted a story from a resident. Here are a couple from PSWs in long-term care from the commission report: "Couldn't get to a resident fast enough that was asking for some water. So here I am, still struggling with the thought of [i]s she thirsty still on her journey? Because I couldn't get the water to her fast enough. By the time I'm going for the water, someone else is calling or calling out."

Another quote: “How many PSWs, how many health care workers have to give up their lives because we can’t get it together? I don’t think we have to be—we shouldn’t have to die in order to do our jobs. So there has to be a workable, workable isolation plan.”

People were crying out for this minister to do her job. It was her job to protect residents in long-term care and protect long-term care from COVID-19. She failed at that job. Will she do the right thing and resign today?

Hon. Merrilee Fullerton: It is devastating to listen to the stories and to understand what happened. I think that is the very reason why I’m here in politics today—to address these long-standing issues. Why nobody else was doing it before this, I do not know.

My resignation would not replace a single ward bed. It would not create a single vaccine for someone. It would not stop a single new variant from emerging.

But what I can do, and what our government has been doing, is repairing and rebuilding and advancing long-term care, ever since we became government. We will continue to do that. We are shoring up the long-neglected staffing. We are building capacity. We are accelerating builds. We are using new methods of construction. We are understanding the needs of families and residents, unlike any previous government before us. We are committed to doing—

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

Ms. Andrea Horwath: Speaker, the stories that are outlined—the horrifying, devastating stories in the commission’s report—aren’t new. The same stories were being told to the government by the Canadian Armed Forces and, as the commission said, instead of spending the summer shoring up long-term care, this minister chose not to do so. This government didn’t want to spend the money.

Here is another family member’s story: “The bottom line is that dealing with my mom during the pandemic ... is that we saved our mother’s life, and she likely would have died from neglect. She lost over 20 pounds in a matter of weeks and was nearing death by starvation because we were locked out and unable to help her while staff were off recovering from COVID.”

This minister’s job was to protect that woman and everybody else in long-term care from COVID-19. She failed at that job. Will she do the right thing and step down? She does not belong as the Minister of Long-Term Care. She failed utterly.

Hon. Merrilee Fullerton: In fact, if you go back and read the testimony of the commission of long-term care, you will see Dr. McGeer talk about the magnitude of the second wave and the inadequacies that had been left for many, many years in long-term care. The second wave magnitude was so great that it could not be overcome. That level of community spread in wave 2 was very significant.

So we are here now, as a government, committed to long-term care—to the rebuilding, and the repair, and advancing it. That is very clear from the historic investments, almost \$10 billion to shore up the staffing;

our commitment to four hours of direct care per resident; the capacity issues; the dollars that have been spent for IPAC; and working with all the different entities responsible for the health care system—Ontario Health, Public Health Ontario, our medical officers of health and multiple ministries—making sure that every stone is turned to repair and rebuild long-term care. That is our mission. That is what we were doing before COVID-19, that is what we were doing during COVID-19 and—

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

CHILD PROTECTION

Mrs. Belinda C. Karahalios: My question is for the Minister of Children, Community and Social Services.

On Friday, April 23, local publication Peterborough This Week reported that on Sunday, April 18, two OPP officers approached a group of eight parents at a park with 11 of their children. The officers were demanding from parents their names and dates of birth, and then went on to threaten the parents to let them know that, in these types of situations, they are liaising with the children’s aid society. He didn’t explain what the situation was, as the parents were not breaking any rules. The Peterborough county OPP’s community safety and media officer defended the move, stating that the OPP may liaise with children’s aid if social distancing or mask wearing is not done by parents.

Does this government believe that it is the job of the OPP to spy on parents in parks with their children, collect their information, and go running to children’s aid if, in their opinion, the appropriate mask wearing or social distancing is not occurring?

The Speaker (Hon. Ted Arnott): To reply on behalf of the government, the Solicitor General.

Hon. Sylvia Jones: Clearly, I am not going to be able to talk about individual instances that may or may not have occurred. The proper investigation should be left to the OPP and/or the jurisdiction in which the alleged incident occurred.

1110

What I can tell you is that we all need to understand and appreciate that there is currently a stay-at-home order in place. There are a number of facilities, including a number of provincial assets, that have been closed to discourage people from gathering together so that we continue to stay safe and keep people physically distanced from each other—and if they cannot, then wear masks. All of these pieces together ensure that we can, as much as possible, limit the transmission of COVID-19 and the variants of concern. We will continue to do that to protect our friends and neighbours.

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

Mrs. Belinda C. Karahalios: Speaker, it appears that the government has lost the plot. I’d like to remind this government that it is parents—not the OPP, not the minister, and not the Premier—who are the primary educators and caregivers of their children.

In the same news report, the Ministry of Children, Community and Social Services said that it has not provided specific guidance to children's aid to report parents who are not complying with current stay-at-home orders. But that's not good enough.

What I want to know is, since the news report, has this government instructed children's aid and the OPP to back off when it comes to how parents are parenting their children on things like mask wearing and social distancing?

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

Hon. Paul Calandra: I think the government has been very clear right from the onset that the best way to protect parents and children is to abide by the regulations that have been put forward by our medical officer of health in the province of Ontario.

I think we are in agreement—myself, the government and the member opposite—that parents are, of course, best placed to keep their children safe.

At the same time, it is the government's responsibility to help and provide assistance to ensure that parents know everything they must know in order to help keep their children safe.

I think we all have the exact same goal: keeping our children safe, keeping the province safe. We'll continue on that path.

COVID-19 IMMUNIZATION

Mr. Aris Babikian: Mr. Speaker, my question is to the Minister of Health.

Despite an inconsistent vaccine supply to date, our government has continued to build a solid foundation in Ontario's vaccine rollout, with a focus on age and risk, allowing us to reach our most vulnerable populations and have a measurable impact.

Can the Minister of Health update this House on the status of our vaccination program for the month of May?

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

I was pleased to report to this House that last Thursday we were on track to achieve our goal of administering first doses of COVID-19 vaccines to 40% of Ontarians aged 18 or over—which was achieved. As of today, over 5.3 million doses have been administered across the province.

Importantly, over 91% of Ontarians aged 80 and over have received at least one dose; over 25,000 first and second doses have been administered in 31 fly-in First Nations communities and Moosonee; and 95% of long-term-care residents are now fully vaccinated, providing a layer of protection to those who need it most.

Mr. Speaker, the best vaccine for anyone remains the first vaccine that you're offered. I hope that everyone in Ontario will take that up as soon as they've reached the required age and level.

The Speaker (Hon. Ted Arnott): Supplementary?

Mr. Aris Babikian: Thank you to the minister for the update.

Mr. Speaker, I am proud of what our government has been able to accomplish despite the unpredictable supply of vaccines to date.

Now that we have more vaccines being delivered this month, can the minister tell us how we are going to expand our capacity to vaccinate even more Ontarians?

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

Approximately 800,000 doses of the Pfizer COVID-19 vaccine are expected to arrive in Ontario each week at the start of May, ramping up to 940,000 doses per week by the end of May. This reliable increase in vaccine supply allows our government to further accelerate our vaccine rollout and get more shots into arms.

Because of this, last Friday we launched a pilot through select pharmacy locations in hot spot communities to administer the Pfizer vaccine to individuals aged 55 and over. Eight stores in Peel and eight in Toronto will participate in this pilot, with each location receiving approximately 150 doses per week to help continue to grow province-wide capacity to vaccinate as many individuals as quickly as possible.

With a strong and steady supply of vaccines on the way, we will continue expanding access to individuals across the province.

GOVERNMENT ACCOUNTABILITY

Mr. Michael Mantha: Last week, we learned that the Premier's personal pollster and professional lobbyist Nick Kouvalis has been quietly pocketing over \$100,000 a year of taxpayer money to advise the Conservatives. That's on top of the \$120 million he has gotten in government contracts from the Premier in the last few years.

My question is to the Deputy Premier.

We know it's not just Nick; Kory Teneycke, the chief lobbyist for big corporations like Amazon, is also on the PC Party payroll.

Why does the government think that lobbyists and PC insiders deserve a bigger say around the cabinet table than experts like the science table?

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

Hon. Paul Calandra: Clearly, we don't. This is why cabinet and this caucus have been meeting for months, and why this Legislature, as well, has been meeting for months, non-stop, to bring forward an aggressive pandemic response.

I remind the member opposite that indeed his party voted with the government—unanimously, in fact; all members of this Legislature voted with the government—on a number of proposals at the onset of this pandemic.

It's the job of the government to bring people together and address issues with respect to global health and an economic pandemic the likes of which we have not seen in over 100 years. I'm very proud of the fact that we have done that—whether it's on states of emergency, which we've received unanimous consent for; whether it's on budgets, which we received the unanimous support of this

House for; or, most recently, the Minister of Labour, who was able to bridge gaps between all parties in this Legislature and bring forward a bill on sick pay which received the unanimous consent of every member of this Legislature and speedy passage. We're getting the job done for all Ontarians, and more often than not we're doing it together.

I appreciate the support of all members.

The Speaker (Hon. Ted Arnott): Supplementary?

Mr. Michael Mantha: Again to the Deputy Premier: While lobbyists and PC Party insiders are steering the ship around the cabinet table, Ontarians are asking what the Premier and his ministers are doing. It turns out they're all out fundraising.

First, the Premier left his 24-hour, super-important cabinet meeting to expand police powers and shut down parks to fundraise—his third fundraiser that month.

Now the Minister of Labour has another \$1,000-per-plate fundraiser planned this week. Speaker, \$1,000 per plate pays for a lot of sick days—just saying.

My question, again, through you, to the Deputy Premier: Why, when we're in the worst crisis our province has ever seen, is this government's top priority filling the PC Party bank accounts?

Hon. Paul Calandra: First, we've been working very, very hard.

I'll tell you what I have been doing.

On the weekend, I was able to speak to a small business in my community that has had a challenging time. He opened up just as the pandemic was starting—a brand new shoe repair business for Stouffville. I want Baktash to know that we are supporting him and helping him.

I spoke to parents Lisa and Margaret, who told me about the challenges that they're facing, understandably, with having children at home—they're trying to get their kids through school while still doing their jobs.

I know those are stories that we've heard from a number of people.

The member for Northumberland–Peterborough was telling us with respect to—

Interjection.

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

Hon. Paul Calandra: —in his riding and the great work that they've been doing on vaccinations.

We heard the Minister of Health talk about the incredible work that was done getting all of those First Nations vaccinated in the province of Ontario.

There's a lot of work—

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

1120

COVID-19 IMMUNIZATION

Mr. Roman Baber: My question is to the Premier.

Six months ago, the Premier started talking about vaccines as Ontario's exit strategy out of the pandemic. He did so knowing that distribution would take at least six

months to a year, but almost immediately, on cue, shifted the blame onto the federal government.

But now we have a major pivot. During his press conference on Friday, the Premier used the phrase “vaccine-resistant variants” three separate times.

So what was the Premier told about vaccine-resistant variants, and what does that mean for us? Does it mean that the vaccine is not a viable exit strategy anymore? And if this government believes that the lockdown is the only way to fight COVID-19, do vaccine-resistant variants mean that we're going to be in lockdown forever?

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

Hon. Christine Elliott: In fact, the vaccinations and the progress that we've been making on vaccinations has taken us very far: Over five million Ontarians have now received the vaccine. We also know that even if you have your first dose, you have much greater protection against COVID-19 than if you do not. And even if you do contract COVID-19 after your first vaccination, the evidence has shown that you're not likely to require hospitalization and that it will in all likelihood save your life. So we are going to continue. We are receiving more vaccines now from the federal government.

It is true that during the month of February we were receiving fewer doses of the Pfizer vaccine because of some of the work they were doing on one of their warehouses in Europe. We have also had a slowdown in the Moderna vaccines. But these vaccines are coming in in greater quantities now. We're going to continue to vaccinate people.

We're also learning more about the variants of concern. But the evidence so far suggests that except for the South African variant, which is not helpful with respect to using AstraZeneca, we are doing well with vaccines and they will provide the people of Ontario with the protection they need.

The Speaker (Hon. Ted Arnott): Supplementary.

Mr. Roman Baber: Speaker, with respect, I did not get an answer to my question. The Premier used the phrase “vaccine-resistant variants” three times on Friday; the minister didn't use it once.

The goalpost keeps changing month to month. It shows that the government never had an exit strategy. That's why Ontarians lost faith in this Premier. “Two weeks to flatten the curve” turned into “slow the spread.” “Slow the spread” turned into “stop the spread.” “Stop the spread” turned into, “Until we all get vaccinated, we must all stay home.” And now it has come to this moment: a repeated threat by the Premier of vaccine-resistant variants.

Ontarians want to know where this is going, because we demand our lives, our livelihoods and our liberties back.

Hon. Christine Elliott: Well, in answer to the member's question: We have had a plan for protecting the health and well-being of Ontarians since this pandemic began. We ultimately wish to receive the vaccines—which we are receiving now. We are supplying people with the vaccinations, and I'm very pleased that so many people are coming forward voluntarily to receive the vaccines—because that's not happening in every jurisdiction; in

Ontario it is, and we're very grateful for people coming forward to receive their vaccines.

However, we also know that we need to prevent the transmission of COVID-19, and that's what we're doing with the stay-at-home order. That is to protect people—again, to keep people from catching either one of the variants of concern or the original COVID-19, if I may call it that. That is also very important—limiting transmission, and getting people vaccinated.

We're not going to stop until every single person in Ontario who wishes to receive the vaccine gets one.

COVID-19 RESPONSE

Ms. Marit Stiles: This question is for the Minister of Education.

Speaker, internal emails published by the Toronto Star this morning show how a teacher's Twitter post sent the government spinning into damage control. The tweet shows a crowded 34-desk classroom with barely any room for students to move between desks, let alone stay safely distanced. It's just one of many such examples that have been shared by education workers at a time when this government was repeatedly refusing to cap class sizes.

Speaker, is the minister finally ready to admit that holding back needed supports for schools led to the cycle of school closures—the absolutely disgraceful mess that continues to this day?

Hon. Stephen Lecce: What I can confirm to the member opposite is that Ontario has one of the lowest case rates for youth under 20 because our government followed the advice, invested in a plan with the full stamp of approval by the Chief Medical Officer of Health.

In fact, it is a \$1.6-billion plan that helped us hire 7,000 net new staff—3,400 more teachers; 95% of air ventilation systems in the province of Ontario in publicly funded schools, as reported by the boards, have been improved; we doubled the public health nurse allocation supporting our schools; we launched one of Canada's only province-wide asymptomatic testing programs; and we purchased and implemented 33,000 HEPA units to improve air ventilation—all of this because we followed the advice, because we invested, and because our Premier and our government are committed to keeping students safe in this province.

The Speaker (Hon. Ted Arnott): Supplementary?

Ms. Marit Stiles: Our schools are closed across this province. We're in the third lockdown. What does this minister not understand about this?

All throughout this pandemic, the minister has been more interested in appearances than in actually keeping students and education workers safe.

Their approach has failed: 27% of schools had at least one case of COVID-19 before the recent closure. Infections and related isolation requirements caused absolute havoc for families.

Looking ahead, school boards have been told to plan for layoffs, that their reserves will not be replenished. And

they still don't have details about this year's funding breakdown.

Can the minister tell us how cutting staff and inflating class sizes is going to make schools safer or help kids recover from this pandemic?

Hon. Stephen Lecce: In the words of the Chief Medical Officer of Health last month, our schools—

Interjection.

Hon. Stephen Lecce: I wouldn't dismiss the public health leader of Ontario at a time of crisis. I would actually have confidence in him at a time when we need our institutions to have that confidence and—

Interjections.

The Speaker (Hon. Ted Arnott): Take your seat.

Member for York Centre, come to order. Member for Davenport, come to order.

Minister of Education, conclude your answer.

Hon. Stephen Lecce: It is most concerning to hear that level of distrust in our public health units.

What the Chief Medical Officer of Health of Ontario said is that our schools have been safe, and we want to keep them safe. That's why we put in place a plan, a \$1.6-billion investment, that hired more staff.

Our commitment, going forward, is that we are going to have more staff supporting our schools, continued improvements in air ventilation, the continuation of supports that have been critical, including PPE.

Speaker, we have, under our government—unlike under the former Liberal government—increased mental health supports by 400%, because we know the risks. The challenges are real for our students and for our staff.

We will be there for students as we look to September. We've been planning over the past months for that—being ready for wherever this pandemic takes us. We will be ready to ensure schools are safe and they are open in September.

EDUCATION FUNDING

Ms. Kathleen O. Wynne: My question is also for the Minister of Education and actually follows on the last question.

As of today, none of the school boards in Ontario have received the detailed information regarding the funding for next year, although that information in the form of the Grants for Student Needs was promised a month ago. This delay will already have caused turmoil in board planning. How many teachers? How many support staff? How many admin and cleaning personnel? These questions simply cannot be answered until boards receive the GSNs.

To compound the problem this year, boards have not received the guidance that they've asked for on how to plan for the coming school year. What are the public health expectations, and what are the scenarios boards should be modelling? These are questions that boards now, already in May, cannot answer.

Students, teachers, support staff in all 72 boards in Ontario have been under enormous stress this year.

What will the minister do to ensure the delay of the GSNs does not have a negative impact on the ability of boards to plan for the next school year?

Hon. Stephen Lecce: Thank you to the member opposite for the question.

Indeed, the Grants for Student Needs, the priorities fund and Ontario's learning recovery plan will all be unveiled in very short order to enable our school boards to be ready for whatever scenario, whatever path, this pandemic takes as we look forward.

While there's a promise of hope, as the Solicitor General confirmed, with educators this week now being eligible, child care educators last week, licensed child care educators being eligible for the vaccine—that gives us hope as we look to September.

We have been planning, listening to experts, and working closely with the Chief Medical Officer of Health to ensure every public health intervention that has helped keep case rates down—it is no coincidence that Ontario has one of the lowest case rates of youth under 20 in the country, because we put in place a plan that has listened to the science, because we've provided school boards with the funding they needed to combat this pandemic. We're going to continue to do that.

I assure the member that's coming in short order.

The Speaker (Hon. Ted Arnott): Supplementary?

Ms. Kathleen O. Wynne: It's interesting that the minister talks about the funding that was put in place to combat COVID-19, which was inadequate. But that funding is being removed.

In this year's budget, the government claims that it's increasing funding to schools in the province. In fact, while the pandemic is still in full force in Ontario, this government is cutting over \$1.5 billion from education. That funding paid for boards to support the realities of COVID-19, including some, though not enough, extra staffing.

Now, with no guidance on how they should plan for next year, the late release of funding information, and facing the removal of support that schools across the province may still need, boards are facing funding cuts.

On top of the direct funding cut, boards are also facing the reality that the reserve funds that had been earmarked for local school projects that they had to dip into to deal with COVID-19 pressures are not going to be restored. There was nothing in the budget to indicate that the government understands that the use of reserve funds was a short-term, flawed solution to an immediate problem, but that long-term problem still exists.

Speaker, when will the government restore the reserve funds to boards so they can fulfill their commitments to local school projects?

Hon. Stephen Lecce: Mr. Speaker, the Chief Medical Officer of Health of this province has confirmed that schools have been safe in this province.

The challenge we face in Ontario is a spike in community transmission that has stayed up—a challenge within our ICU capacity. We're all responding and doing our part.

What we have done in our school system is listened to the science and put in place every public health measure possible: quality PPE, the cohorting of staff, screening, active screening of children before they enter schools, an asymptomatic testing program that uniquely positioned Ontario to respond both in high-risk regions and in all school boards across the province. We've hired 7,000 net new staff.

I can assure the member and all families in the province, we will be there for school boards in September, for our children, for our staff and for the families who depend on our publicly funded schools. We will have more teachers. We will have improvements to air ventilation, mental health—in the areas of learning loss, focused on math and on literacy, the areas that we know we've seen a regression globally for students.

We're going to continue to invest, because we know it matters to families in this province.

INDIGENOUS HEALTH CARE

Ms. Suze Morrison: My question is for the Premier.

The urban Indigenous community in Toronto has been devastated by COVID-19. According to preliminary data, Indigenous people in Toronto have been hospitalized at more than three times the rate of the general population, and the rate of infection for Indigenous people is 23% higher. Despite that, Indigenous people across Ontario are not receiving equitable access to vaccines. Under current provincial guidelines, Indigenous people living off-reserve are being asked to wait four times longer for their second dose than those who are on-reserve.

Speaker, this is not the time to be distinguishing between and discriminating against Indigenous people just because they don't live on-reserve, when we know that all Indigenous people are equally at risk.

Will the Premier commit today to end this racist and discriminatory policy and offer all Indigenous people, on-reserve or off-reserve, equitable access to the second doses of their vaccines?

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

Hon. Christine Elliott: We are ensuring equitable access to a vaccine to all of the people of Ontario—and I would start with the Indigenous community and the operation in fly-in communities: Operation Remote Immunity, which was led by Dr. Homer Tien and Ornge, with people from the community, and making sure that all of those residents were vaccinated.

Regional Chief RoseAnne Archibald is a member of the task force on immunity, and I can advise you that she has been a very vocal proponent of ensuring that Indigenous people living off-reserve and living in urban areas also receive their vaccinations in a timely manner, in the same way as the people on-reserve have. Chief Archibald is a large proponent of that within the task force.

The Speaker (Hon. Ted Arnott): That concludes our question period for this morning. There being no further business, this House stands in recess until 1 p.m.

The House recessed from 1134 to 1300.

REPORTS BY COMMITTEES

SELECT COMMITTEE ON EMERGENCY MANAGEMENT OVERSIGHT

Mr. Tom Rakocevic: I beg leave to present the eighth interim report of the Select Committee on Emergency Management Oversight.

The Speaker (Hon. Ted Arnott): Mr. Rakocevic presents the committee's report. Does the member wish to make a brief statement?

Mr. Tom Rakocevic: As Vice-Chair of the Select Committee on Emergency Management Oversight, I am pleased to table the committee's eighth interim report.

I would also like to take this opportunity to thank the membership of the committee for their work: Daryl Kramp, Chair; Bob Bailey; Gilles Bisson; John Fraser; Christine Hogarth; Robin Martin; Sam Oosterhoff; Lindsey Park; Sara Singh; and Effie Triantafilopoulos.

The committee extends its appreciation to the Solicitor General for appearing before the committee. The committee also acknowledges the assistance provided during the hearings and report-writing deliberations by the Clerk of the Committee and the staff in legislative research.

Report presented.

INTRODUCTION OF BILLS

INHERENT RIGHT TO SAFE DRINKING WATER ACT, 2021

LOI DE 2021 SUR LE DROIT INHÉRENT À DE L'EAU POTABLE SAIN

Mr. Mamakwa moved first reading of the following bill:

Bill 286, An Act to amend the Safe Drinking Water Act, 2002 to require specified actions with respect to safe drinking water for Ontarians living and working on reserves / Projet de loi 286, Loi modifiant la Loi de 2002 sur la salubrité de l'eau potable pour exiger des mesures spécifiées à l'égard de la salubrité de l'eau potable des Ontariens et Ontariennes qui vivent et travaillent dans des réserves.

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): Would the member like to briefly explain his bill?

Mr. Sol Mamakwa: Meegwetch, Speaker.

This bill amends the Safe Drinking Water Act, 2002. Currently, one of the act's purposes is to recognize that the people of Ontario are entitled to expect their drinking water to be safe. The bill amends this purpose to specify that Ontarians living and working on reserves have the same entitlement.

The bill amends the act to require the Minister of the Environment, Conservation and Parks to submit to the

Minister of Indigenous Services Canada a comprehensive set of recommended standards respecting the provision of safe drinking water on reserves in Ontario.

PETITIONS

COVID-19 RESPONSE

Mr. Deepak Anand: "To the Legislative Assembly of Ontario:

"Whereas new mutations of COVID-19—known ... as variants of concern (VOC)—originating in other parts of the world are the main drivers of the devastating third wave of the COVID-19 pandemic, and are currently entering both Canada and the province of Ontario by way of international travel; and

"Whereas the provincial government has taken decisive action to stop the spread of new COVID-19 variants by closing interprovincial land and water borders and by instituting a first-in-Canada program of mandatory on-arrival COVID-19 testing for international flights; and

"Whereas in the last two weeks alone, 17 flights landed at Pearson International Airport with possible COVID-19 exposure; and

"Whereas further action is needed from the federal government to restrict international travellers who are at heightened risk of spreading COVID-19 and variants of concern from entering the province of Ontario;

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

"To immediately, through all means at the disposal of the government, petition the federal government to take swift and decisive action to curb all non-essential international travel to protect Ontario's public health care system from the unprecedented strains currently facing it if current trends are left unchecked."

I fully support this petition and will pass it on to the desk.

ORDERS OF THE DAY

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

Resuming the debate adjourned on April 29, 2021, on the motion for second reading of the following bill:

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

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

Mr. Chris Glover: It's an honour to rise in the House and speak on behalf of the people of Spadina–Fort York, and it's a real honour to speak about this bill, the Advancing Oversight and Planning in Ontario's Health System Act, Bill 283. There are two main schedules in this bill. The first one deals with vaccinations and the second one deals with the regulation of PSWs. That's how I'm going to divide my time. I want to talk about both of these: the vaccinations—the vaccination reporting act—and also the PSWs.

The first part of the act, the vaccinations, seems to give the ministry, from my reading of it, the power to collect information about vaccinations, including identifying information, who's been vaccinated, who they got vaccinated by and what kind of vaccination they got. This makes a lot of sense in the middle of a pandemic to keep these records. It seems also that vaccine passports are being talked about internationally in order for international travel to happen in the next stages of the pandemic. So collecting this kind of information makes sense. The question is: Why is it happening now? How did the government manage to mess up the vaccine rollout so badly in this province?

There's a team of volunteers in Spadina–Fort York who are desperately trying right now to register people for their vaccines. One of them just sent me this text message. He got a message—he's on the provincial online portal and he just got this message. He said: "We are using"—this is the government portal speaking to him—"a virtual queue to limit the number of people using the website at the same time. Your number in line is 915,515." That's the success of this government's vaccine rollout. That's the online portal.

There are 22 different sites where you can book your vaccine in the GTA and many of them are insanely difficult to use. The Conservative government's vaccine registration portal has also crashed multiple times, so that nobody had any way to book. It was closed for three days last week. There were 3,100 local appointments that had to be rescheduled because of the crash.

There are three postal codes in my riding that have been announced as hot spots, and for three weeks, people have been wondering, "How can we get vaccinated? We're identified as a hot spot. We were told that anybody 18 and over in those postal code hot spots would be able to register." But there has not been the capacity to do it. Part of the reason for that is that three weeks ago, the Premier was speaking to the media and he announced, "These are the postal codes that are hot spots, and anybody 18 and over will be able to register." The problem with making that announcement in the media is that he never informed the public health units or the hospitals or anybody who's actually doing the vaccinations that he was going to make this announcement.

1310

The next day, the University Health Network's website crashed because there were so many thousands of people trying to book their registration, and this was because there

was no plan for this rollout and there was no supply. This announcement was made and it just added further to the confusion.

On March 15, the Ontario portal was finally opened. At that point, because the government's vaccine registration portal came so late, we already had some supply in Ontario and the public health units and the hospitals had scrambled and developed their own registration sites. Otherwise, they would have had vaccines and nobody to vaccinate, and those vaccines would have expired. They would have gone to waste if they hadn't jumped into the breach that was left by this government's lack of attention to creating this online portal on time.

I saw this on Twitter last week. There was a woman from Ontario, and she said, "I registered my parents for vaccines in Ontario, and I registered my aunt for a vaccine in Nova Scotia. In Ontario, it was awful. It took several days and many attempts: Going online, finding out that there are registrations, the registration portal opens, it's open for an hour and then all of them are booked." And there are multiple different sites. As I said, there's 22 different sites in the GTA where you can register for a vaccine.

Then she registered her aunt in Nova Scotia, and in Nova Scotia there's one site. Whether you're registering for a vaccine at a pharmacy or a hospital or a clinic or one of the government mass vaccination sites, it's all happening through one portal. You type in your name, your age, your postal code, and they give you the locations near you where you can get vaccinated. So it's a much, much simpler system.

That's the system we should have had, and it's a system that was developed by an Ontario company called CANImmunize. Nova Scotia hired an Ontario company to develop their vaccine registration program, and they've got a really good system. We've got this mishmash, a confusing system where we've got Vaccine Hunters Canada and all these different things because this government has not taken the time or did not plan properly for this vaccine registration.

The other thing about vaccine registrations is that you can only book with a green OHIP card. If you're booking online, you can only book with a green OHIP card. If you've got one of the older cards, you can't book with it, so then you have to go to the phone, and you can wait on the phone for hours and hours. I've got many complaints from residents in my riding who said they've waited on the phone, and then the person wasn't able to help them. They wasted several hours waiting on the phone and the person on the other end of the phone just wasn't able to help them because either they didn't have proper training or there were no registration spots available after all those hours of waiting.

There are also 500,000 residents who do not have a medical card. Those people need a way to get registered for the vaccines as well, and there's no way to do that online right now. It's been a disaster from day one, this vaccine registration.

The other thing that's happened, and it came out over the last couple of weeks, is the political games that this

government has been playing with vaccines. The science table gave the government a list of postal codes that were hot spots based on the health data, and what happened was, they were edited to accommodate—and this is from the Toronto Star. The Toronto Star report asks, “Is the Ford government playing politics when determining which COVID-19 hot spots are given priority for vaccines?”

Conservative MPPs say it’s not, but a CBC investigation shows certain PC ridings such as York region neighbourhoods, which is a Conservative riding, have lower COVID-19 rates yet are getting vaccinated at a higher rate than others that are harder hit by COVID-19. That is shameful, because if you’re playing politics—

Mr. Kaleed Rasheed: Point of order.

The Speaker (Hon. Ted Arnott): Point of order.

Mr. Kaleed Rasheed: With all due respect to the member opposite, I know the bill talks about COVID-19 vaccines, but it doesn’t talk about the details that the member is going into, like postal codes and all of those things. So I would appreciate if the member opposite can talk about—I mean, he can talk about the COVID vaccine, but not what is not in the bill.

Interjections.

The Speaker (Hon. Ted Arnott): Order.

I appreciate the member’s point of order, first of all. It is a reminder to all of us that the remarks that we make in debate have to be relevant to the bill that we’re actually debating.

This bill, Bill 283, I have in my hands is a health-related bill. Schedule 1 is the COVID-19 Vaccination Reporting Act. I hear the member talking about the vaccination rollout, and so I find that his comments are in order. But I would again remind all members that the content of their debate and the contribution that they make in the House should be relevant to the subject that we’re actually discussing.

I return to the member for Spadina-Fort York.

Mr. Chris Glover: Thank you, Mr. Speaker. Do you know what? I’ll just wrap it around, then.

In Nova Scotia, they’ve got one online registration portal that everybody can use. The first schedule of this bill is to create a reporting act so that the government can collect information about who is getting vaccinated, who is doing the vaccination and what vaccination they’re actually getting. If we had one online portal where everybody was registering, then that data would already be collected. So the schedule may not even be necessary if there wasn’t such a mess in the vaccine registration program in this province.

Let’s see, the other—oh, so many things here. It’s funny, but it’s also awful, because the vaccines are our ticket out of this pandemic. We’re all exhausted by this pandemic. We all want to get back to some semblance of normal lives. We want our small businesses to get back up and running, and we want to be able to support them. We want our economy to be back. We want our PSWs and our front-line health-care workers not to be inundated with patients and overwhelmed with patients. These vaccines are so important.

But what we have is basically the Hunger Games of vaccines in this province. You’ve got people waiting for a release of vaccines at 7 a.m. They’re online and they try to—it’s like buying concert tickets. You’ve got people finding out about a pop-up site for vaccines. They start lining up at midnight in order to get in line to hopefully get a vaccine. This shouldn’t be happening this way. That this is happening speaks to the incompetence of this government, that this government did not prioritize developing a proper system of vaccines. If you had, then you wouldn’t even need, probably, schedule 1, or schedule 1 could look very different from what it does.

I’ve got a number of emails from constituents about the vaccine rollout:

“My father is 75 years old, suffers from COPD, colitis, and has stage 4 cancer. Due to his chemotherapy treatments he was not medically able to get a COVID-19 vaccine when the province opened up their eligibility to people in the 75+ age group.

“He is now able to get the vaccine and I have been trying to get him an appointment for a week now, both through the provincial booking system and Unity Health, with no success.” That’s just one person. These are people who are anxious to get the vaccine and not able to get it.

“My uncle, who is over 80” and also ill “got booked to get his first and second vaccine on March 9th and March 30th. When he went to get his second vaccine ... he was turned away. They said he wasn’t on the list. He is in the highest priority based on his health conditions. There is no process right now to set up their second vaccine.”

“My grandmother is ... housebound... She is a Holocaust survivor and”—anyway, she also has multiple health conditions. “She’s on a few lists” to get vaccinated—and this also speaks to the confusion when you have 22 different ways to register for a vaccine. Then people are registering on multiple portals, and that’s clogging up the system. That’s creating a mess. And it’s not the individual’s fault; it’s actually the government’s fault, because they’ve created this Hunger Games of the vaccine rollout.

1320

One person writes, “Everyday” my grandmother is “unvaccinated is terrifying given her age and health.”

Let’s see: “As a member of the community, I demand information about the COVID-19 vaccine. I live in a hot spot” postal code “and have diabetes. In the last two weeks I have tried to get an appointment without success.

“I see information about mobile clinics and pop-ups in different areas, but nothing related to us.”

This lack of transparency, the lack of communication from this government, is adding to people’s anxieties. This pandemic has been hard on everyone, particularly those who have lost loved ones, the front-line health workers, the front-line workers in all the various service industries in this province, and to everybody else who’s been in lockdown. We want to get out of lockdown. This government’s confused and messy rollout of the vaccines has only added to people’s anxieties, and that is shameful. This government—really, step back and fix it. If you’re going to introduce a bill here that has anything to do with

vaccines, for goodness' sake, fix the vaccine rollout that's already in place.

So that's the vaccine section of the bill, schedule 1. I also want to talk about schedule 2. It's to create a Health and Supportive Care Providers Oversight Authority. This is a regulatory body to govern personal support workers. I think this is the most problematic part of this bill, because on the one hand, regulating PSWs is an acknowledgement that personal support workers are a profession that deserve the respect of a profession, but this government has not provided any level of real respect for PSWs through this pandemic.

If you're going to bring in a bill that has something about PSWs in it, the first thing you should do is provide a living wage, decent working conditions and paid sick days. I would love to see this bill rewritten with those three things in it for PSWs. I don't know how you could possibly bring forward a bill about PSWs in the wake of all the horrific reports about long-term care over the past year, in the wake of the Auditor General's report and the commission's report on long-term-care homes last week, and not fix some of the problems.

The regulatory body for PSWs—I used to be a teacher and we had the Ontario College of Teachers; nurses have the College of Nurses of Ontario. All the different professions have these regulatory bodies. But for PSWs, the urgent thing right now is getting us through the pandemic and making sure that the PSWs have working conditions, and the people in their care have living conditions that are decent—not the horrific things that we've been reading about for the past year.

I'm also concerned about this: The authority is to be governed by a board of directors with eight to 12 members, and the directors may be appointed by an order in council. Otherwise, they will be elected to the board by the authority and the minister is going to appoint the chair. That's giving the ministry a lot of power over a third-party regulatory body. That really concerns me because with this government's record on PSWs and long-term care, do we want to give them more power over PSWs? Do PSWs want this government to have more power over them? This government does not deserve it. They have not treated PSWs with respect through this pandemic, and they really don't deserve to have more power. This, I think, is going to send a chill through the PSW community.

And just some of the disrespect from this government towards PSWs: The government refused to provide a pay raise, for months and months at the beginning of the pandemic through the first wave. Finally, in April 2020, they said they were going to give \$4 pandemic pay to PSWs from April until August and then, after that, they were going to reduce it to \$3 an hour. These are PSWs who are making far less than \$20 an hour and often not getting paid when they drive from one site to another because they have to cobble together different jobs in order to get paid. And in January, it came out that many of the PSWs still had not received that pandemic pay.

The other thing about it is that we need to fix our long-term-care system. All of the research shows that if you

were in a for-profit long-term-care home during this pandemic, you were twice as likely to get COVID-19 and you were twice as likely to die of COVID-19. We have 3,700 seniors who died of COVID-19 in long-term-care homes during this pandemic. There are 20 front-line health workers in those homes who have also contracted COVID-19 and died. There are 10 of those who were PSWs.

These are front-line workers. This government talks about front-line heroes. These are front-line heroes who have gone into work to do the best they can in incredibly trying circumstances through this pandemic, putting their own lives at risk, and this government hasn't even given them the pandemic pay that they promised. And then they cut it off. Now they're still going to regulate them without providing professional working conditions and the respect of a profession.

I wanted just to read—and we all heard it before—just some of the things that PSWs deal with in long-term care that were released in the report from the armed services last summer. The armed services were called in on an emergency basis, and they reported staffing shortages and a lack of personal protective equipment, cockroach and bug infestations, seniors calling out repeatedly for help, rotting food, COVID-19-infected patients put in the same room with others who were healthy, or left to wander the facility. They reported missed meals, seniors left in soiled diapers and linens, staff who put food and important belongings outside of the residents' reach. It's a horror show in these long-term-care homes, particularly in for-profit long-term-care homes, and we've known about it for decades.

The last time the NDP were in power, they inherited a problematic long-term-care home system. They introduced a residents' bill of rights, and that resident bill of rights set up committees within those long-term-care homes that could investigate the financials of the organization and investigate complaints. They mandated 2.25 hours of hands-on care per resident in long-term-care homes. The last time the Conservatives were in power, they came in and they stripped away those powers. They stripped away the mandated 2.25 hours of care and they stripped away the residents' bill of rights. And then they used taxpayer dollars to build more long-term-care homes that they then handed over to for-profit agencies like Chartwell, which is now chaired by the former Conservative Premier Mike Harris.

It's just a nightmare. This is about greed. The mistreatment of the seniors, the horrific conditions they've been living in is about greed, and it's been 25 years happening. It came to light during the pandemic. You've got a bill that mentions PSWs. Change this bill to fix that system.

The Speaker (Hon. Ted Arnott): Questions to the member for Spadina–Fort York based on the presentation he just gave on Bill 283?

Ms. Jane McKenna: I listened intently to what you had to say and obviously was confused with quite a few things that you did say: one, just about the rollout of the vaccines. All of us watch TV. All of us have our MPP constituency offices that all say the same thing: It's supply and demand.

You can't vaccinate what you don't have. I just want to be clear to the people watching here today that that's very important: that you're not confusing the situation, because everybody knows that Pfizer is the only one that we get regularly. Obviously, Moderna and AstraZeneca and the rest, we do not. Anybody watching TV knows that, so I just wanted to make that point clear.

The member for Spadina–Fort York was talking about personal support workers. Physician assistants and behaviour analysts are currently not regulated, which leaves employers with the responsibility to address possible complaints. Does the member agree regulation is an important step in providing the public with an independent complaints mechanism, and will you support this bill?

Mr. Chris Glover: I think if you're going to regulate the long-term-care homes, go back to the residents' bill of rights that the NDP brought in the last time we were in government. If you want to improve this system, for goodness' sake, we had improved the system. We had a better system, and then it got broken down and the regulations were stripped away. I know the government calls those regulations red tape, but those regulations are often the things that keep people safe. When you strip away those regulations, people are not safe.

1330

If you're going to improve personal support workers' working conditions and improve the long-term-care system, first and foremost get rid of the for-profit system.

The Speaker (Hon. Ted Arnott): The member for Windsor–Tecumseh.

Mr. Percy Hatfield: We're in crisis. We're in the middle of a pandemic. We're all in this together. Our front-line workers are our front-line heroes. No one disagreed with a pay bonus or a pay increase for these front-line heroes when it was first introduced, yet bureaucracy—red tape—has stalled the delivery of this bonus pay to many of our front-line heroes. And it's only there till the end of June in any event, as I understand it. So, Speaker, my question to the member from Spadina–Fort York: What should this government be doing about it, and can it be fixed in this bill?

Mr. Chris Glover: Thank you for the question. It's absolutely essential that we fix this. It's absolutely essential that we fix the working conditions of the PSWs, including giving them a living wage, paid sick days and a body that represents them. They need to have a voice in the working conditions that they are in. They need to be able to advocate on behalf of the seniors and the people with disabilities that they serve.

My fear is that this regulatory body—I'm worried about what the intent of that is. I'm worried about what might actually happen with this regulatory body. Having more control over PSWs is not going to necessarily improve the system. What's going to improve the system is an injection of money and paying PSWs a living wage.

The Speaker (Hon. Ted Arnott): The member for Mississauga Centre.

Ms. Natalia Kusendova: [*Inaudible*] to my colleague across the aisle. I was confused because he spent a lot of

his time talking about Nova Scotia, so I'm actually interested to hear from the member whether he's done his homework and if he can tell the House how many doses were administered in Nova Scotia, what the population of Nova Scotia is and how many public health units it has. Then compare it proportionally to Ontario. Because I just looked up the government of Canada website and, actually, Ontario is leading the way when it comes to vaccinations, of all the provinces. Can the member opposite please state on the record Ontario numbers in comparison to Nova Scotia numbers?

Mr. Chris Glover: Thank you to the member opposite. I do recognize that Nova Scotia is a smaller province than Ontario with a smaller population, but the beauty of big data is that the size of the number of data points doesn't really matter anymore. You can actually design data systems to handle very large systems.

Everything that we are doing on our phones is being tracked right now. Everybody who's got their phone on, whoever your provider is, they know where you are right now. You can't tell me that you could not, especially with nine months' lead time, design a system—a single portal, which was what was promised for this province—to register for vaccines. Instead, we've got 22 portals and it's creating a mess and it's creating a lot of stress and anxiety for the people of this province.

The Speaker (Hon. Ted Arnott): Member for Algoma–Manitoulin.

Mr. Michael Mantha: In Algoma–Manitoulin, one of the major complaints that I get coming into the office is in regard to seniors, people who are trying to live at home who are being denied the hours that they're rightfully entitled to for PSWs.

It's not on the backs of the PSWs who are providing that care in their homes; they are just exhausted. They are burnt out. They are being told to travel vast regions through communities from one end to the other without any compensation whatsoever. They are very proud to be doing the work that they do, but guess what happens a lot of the time? They get sick. And you know what? That individual who is waiting for that PSW to come and give them their bath or pull in a cord of firewood or to do a little bit of dishes and laundry or to bring something from downstairs upstairs—that PSW isn't available.

There is a missed opportunity within the context of this bill to look at retention, compensation and an aggressive recruitment of PSWs. There are many present PSWs that are out there that are qualified, but they are burnt out. They can no longer perform the work because they are no longer being compensated for the work that they are so proud to do. They have stepped away. They are working over at other locations.

Why was this a missed opportunity and what should be in here to address those concerns?

Mr. Chris Glover: It's no secret that before this pandemic began, there was a desperate shortage of PSWs. The staffing ratios were horrible, and we heard from PSWs before this started

In April, there was a report that said that in Ontario, we are going to need thousands of PSWs. This was during the first wave of the pandemic. We were told we were going to need thousands of PSWs in this province. Other provinces—BC, Newfoundland, Quebec—hired tens of thousands of PSWs. This government promised to build an iron ring but they didn't take action.

By October, there was another report that showed that there were 30% fewer PSWs in long-term-care homes in Ontario than there were at the beginning of the pandemic. So a bad situation had actually been made worse by this government's inaction. That's why the people in Algoma-Manitoulin are struggling, and not just there, but across this province we are all struggling because there are not enough PSWs. That's largely because they are not well enough paid; they are not compensated for the work that they are doing.

The Speaker (Hon. Ted Arnott): Next, we have the member for Mississauga—Erin Mills.

Mr. Sheref Sabawy: I really appreciate the member opposite for all the advocacy for a centralized database or centralized system. From my point of view, with an IT specialist background, I would love to see that; I'm not against that. But now, when we are in a pandemic and we understand the restrictions about each regional health unit and their portals and all kinds, to integrate that into one system might not be as fast as we think it could be, because of the numbers. We are more than 15 million people with records and stuff. Designing that is not a day-and-night thing.

The bill here is discussing the reporting of that, being able to have relations between who got the vaccine—their first and last name—and who administered the vaccine, which business unit, which lot number, which vaccine number, date, location of the vaccination and everything else, which can help us in analysis and data modelling for future planning as well as the safety of the people. If something happened, God forbid, and we need to trace that back to who and where and all kinds of information, don't you agree with me that just having even a reporting system to make sure that we protect the safety of the people who are getting vaccinated and the business units as well—what do you think?

Mr. Chris Glover: I thank the member from Mississauga—Erin Mills for your question. It's a very good question. As an IT specialist, one of the things when you're designing an IT system is that you do as much as you can upfront so that you don't have to make corrections later on. And what I'm seeing here is the government trying to make corrections later on, because you've got, just in the GTA, 22 different websites where you can register for a vaccine. They don't seem to be communicating with each other, because people are registering on multiple sites because they want to get the vaccine as quickly as possible.

You've got all this redundancy. You're going to have all these wasted vaccines. And then afterwards you're going to try to collate this data. It would have been a lot

better to figure out how the data was going to be collated before the system was launched.

That's my response. Thank you for the question.

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

Mr. Sheref Sabawy: The COVID-19 pandemic has highlighted the importance of robust health care, which needs to be easily accessible throughout the province. Our government continues to ensure that the health and well-being of all Ontarians is our top priority. We have done so by strengthening our health system. That's why I'm pleased to support the Advancing Oversight and Planning in Ontario's Health System Act.

This legislation recognizes the valuable role of personal support workers, physician assistants and behaviour analysts in delivering high-quality care to Ontarians, as well as the importance of using data to ensure vaccines are being rolled out efficiently. It will do so by creating these new acts, namely the Health and Supportive Care Providers Oversight Authority Act, the Psychology and Applied Behaviour Analyst Act and the COVID-19 Vaccination Reporting Act.

1340

With regards to the first act, it is important to note the vital role of personal support workers, who have worked tirelessly through the pandemic to keep the province's most vulnerable residents safe. There are over 100,000 personal support workers in the province, and they have been a reliable source of medical assistance for very many. This group of professionals provides service in long-term care or in the home and community sectors, with a small number working in hospitals. They are the largest group of unregulated health care workers in the province, and they have a very important role in caring for many vulnerable Ontarians.

That's why the first act will establish the Health and Supportive Care Providers Oversight Authority, which is a new regulatory body that would provide oversight of personal support workers and is designed to allow for the addition of other health and supportive care providers in the future.

This authority would not be a new agency of government, but rather a stand-alone regulatory body similar to the Retirement Homes Regulatory Authority or health regulatory colleges, except that this authority would have its own unique regulatory scheme to provide. This act would help to bring greater uniformity of education and training standards applicable to personal support workers and would build on their capacity to provide care services to the most vulnerable Ontarians. This ranges from children to the elderly and includes people with disabilities as well.

The importance of this legislation is that it would give the public two parallel systems of protection, thereby increasing the capacity of our health care system. It would also provide an avenue for Ontario to have more than one model for health profession regulation, aligning the province with the best practices in health workforce regulation.

Furthermore, this model would be easier for registrants and less expensive by not having administrative goals associated with the college model.

The new approach for personal support workers who are registered with the authority would also be of assistance to employers and provide greater assurance to patients, clients and residents. It will ensure that they receive high-quality care and that the personal support workers registered with the authority are accountable for the important work they are providing.

I'm also pleased to bring to your attention, Madam Speaker, the fact that the Ministry of Health has consulted with over 35 different stakeholders on the concepts of this act. In this regard, stakeholders such as the OLTC and AdvantAge Ontario, among others, have indicated that the proposed approach strikes a good balance between protecting vulnerable clients and not overburdening PSWs.

After years of inaction by the previous Liberal government, which failed to provide meaningful change or a wage increase to the personal support workers profession, our government is taking concrete actions for our brave PSWs. Through this legislation, which gives the profession the recognition it deserves, the Ontario government is supporting personal support workers and direct support workers in home and community care, long-term care, public hospitals and social services sectors by investing \$461 million to temporarily enhance wages. This investment will help the province attract and retain the workforce needed to care for patients and clients in response to the COVID-19 pandemic.

Our government also recently extended the temporary wage enhancement until June 30, 2021, for PSWs and direct support workers in publicly funded homes and community care, long-term care, public hospitals and the social services sector.

Speaking of promoting the health care profession, the second act under this legislation, namely the Psychology and Applied Behaviour Analysis Act, seeks to regulate the profession of applied behaviour analysis, ABA, as a new profession under the current College of Psychologists of Ontario. The regulation of ABA will result in the consistency of ethics and professional standards to promote a higher level of trust between families and behaviour analysts. It will also allow for clearly defined educational and ongoing quality assurance requirements for clinicians, allowing them to improve the consistency in their treatment, as well as providing mechanisms for families and clients to report complaints about providers to reduce the risk of harm.

There is currently limited provincial oversight of behaviour analysts, which means clients and their families may have limited access to information on the education or competency of their behaviour analysts. Multiple stakeholders, parents and families have requested that there be government oversight to ensure a professional level of service. By improving oversight, clients and families will have information to assess the quality of service they will receive. As the credentials, training and education of behaviour analysts can vary, it can be challenging for families to identify qualified providers. This legislation will ensure the regulation of services, providing families

with the assurance that said services are delivered by qualified and experienced professionals.

Naturally, in addition to regulation of ABAs, the act will also define scope of practice for ABAs as well. It will also update provisions to prohibit individuals who are not members of the college from holding themselves out as persons who are qualified to practise ABA.

Furthermore, the act will also update the size and composition of the college council to enable equitable representation for both professions. All in all, the act will set up transparent measures to ensure regulation of the profession of applied behaviour analysts. In February 2020, the Minister of Health and MCCSS consulted with key stakeholders, including representatives from ABA education programs, service delivery organizations, professional associations, regulatory colleges and advocacy organizations, as well as engaged ministries that deliver or oversee programs that may employ behaviour analysts. The results of these consultations show strong support for the regulation of behaviour analysts responsible for the assessment of clients and the development of intervention plans and in supervisory roles across stakeholder groups.

Last but certainly not least, the third act under this legislation will facilitate the reporting of COVID vaccinations to ensure that they are administered in a fair manner. As we know, our fight against this pandemic is centred around the vaccination of Ontarians. I myself took the first dose a few days ago when it was my turn, and I'm very grateful to our health care professionals for all their efforts. As we are a government which believes in equality, we must ensure that no socio-economic group is left behind in this vaccination drive. That's why this act will authorize the collection of this data, which will help to provide the province with a more complete picture of who is being vaccinated and how to ensure a more equitable and efficient vaccine rollout across the province.

The province has engaged health equality experts and representatives from different communities to provide input on socio-demographic data collection and use, as well as others in the health care sector who have been working in education and outreach to this disproportionately impacted communities. This government will continue to engage with public health partners, health equity experts and community outreach to support an effective and equitable rollout of the vaccine program.

1350

Furthermore, it is important to note, Madam Speaker, that vaccines are administered in two doses. Currently, there is no legislation in place that requires the collection or disclosure of immunization records for COVID-19. Rather, on a short-term basis, individual agreements are being signed with organizations who administrate vaccines so this information can be disclosed.

As we have reached administering five million doses, this method clearly is unsustainable. That's why this act also allows for the collection of vital information such as name, date of birth, gender, full address and phone number. These are important to have on record in order to track who received the vaccine and if/when a subsequent

dose should be administered. The proposed legislation, if passed, would require persons or entities who administer COVID-19 vaccines to disclose to the Ministry of Health this vaccine-related data collected from individuals who consented to the disclosure of their information.

Madam Speaker, the COVID-19 pandemic is a learning curve for all governments of the world and the health authorities. As an IT professional for more than 35 years and IT professor, I understand the importance of data collection for data modelling and the future planning of the vaccination of COVID or any future pandemic.

Our government is committed to creating a more modern and connected health care system that puts Ontarians at the centre of care. That's why we have introduced legislation that will help strengthen the province's health care workforce and the delivery of high-quality patient care, by regulating personal support workers, physician assistants, behaviour analysts and the reporting on the COVID-19 vaccine.

This proposed legislation will also support the province's response to the COVID-19 pandemic by helping to ensure that it has the data to ensure the equitable and efficient rollout of the COVID-19 vaccine. This bill will also build on our government's ongoing efforts to support the province's health and supportive care workforce, which includes investing a total of \$700 million in temporary wage enhancements and investing over \$115 million to support a historic accelerated training program for personal support workers.

Speaking of health care, I would like also to highlight that this government committed to modernizing our infrastructure, especially after the weak state we received it in after the previous Liberal government. Exactly a year ago, we announced the historic investment of \$3.3 billion to not only ensure the capacity of our health care system but also modernize it for the years to come. In Mississauga alone, we have added 1,048 new long-term-care beds, which were a part of the 30,000 being created province-wide. This is more than what the previous Liberal government added in their four-year term across all of Ontario.

That's only a small part of the historic progress we have made in upgrading our health care infrastructure. Just talking about Peel region, this government has approved a new hospital in Brampton, as well as massive expansion projects in three of Mississauga's existing hospitals.

We have also heavily invested in mental health by committing to \$3.8 billion, the biggest budget for mental health in the history of this province. We are the first government that has a dedicated minister for mental health and addictions. We introduced the Roadmap to Wellness plan, which seeks to deliver high-quality care and build a modern, connected and comprehensive mental health and addictions system.

Speaking about health care infrastructure, I was pleased to see the completion of our field hospital in Burlington, which helped reduce the strain on our health care system by adding 73 beds to directly tackle the second and third waves of the pandemic since January 2021.

This government, despite fighting the COVID pandemic, and the recovery plan for after the pandemic, is still keeping our plans for the future of this province and putting it on the path to growth. The light-rail transit projects, for example, continue to near completion. These include the Hurontario LRT as well as the Finch West LRT, among others, which will move people and make access easier.

Ontario youth are the future of this province, and this government has done whatever is necessary to help protect the children of this province from the pandemic. We have invested over \$650 million to provide these critical infrastructure upgrades. This includes the installation of an air filtration system to improve air quality and water-refilling stations to improve access to safe drinking water, as well as investing in students' devices, networks and broadband infrastructure to support remote learning.

Our latest addition to this fight against the pandemic has been the introduction of paid sick leave. Our government is leading the way by filling the gap in the federal government's Canada Recovery Sickness Benefit to ensure workers have access to the most generous pandemic paid leave of any province in this country. The legislation introduced by this government will require employers to pay workers up to \$200 per day for up to three days if they are feeling sick or need to get tested for COVID or to be vaccinated.

Let it be known, Madam Speaker, that nothing will stop this government from taking every action necessary to protect this province and place it on a path to recovery.

Finally, I will add a piece about data collection. I think it's very important for the safety of Ontarians who take the vaccine that we have on record all the data around the vaccine they got, what manufacturer it is, which vaccine it is, which lot number it is and which vaccine number it is, an anatomy of the location of the vaccine. All the information will help us to trace back if we have any abnormalities—it will help us to go back and find out who is affected by this.

In my opinion, this is a very important step towards having comprehensive data on the people who get vaccinated so that we can have a total grip in the future. If we have to roll out another vaccine campaign, this data will help us to plan size and capacity and everything else.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mr. Percy Hatfield: When my good friend from Mississauga—Erin Mills started off, he talked about those that were consulted as this bill was being prepared, and he mentioned the OLTCA. I'm just wondering if the member could tell us what the members of the OLTCA had to say as the bill was being prepared and how their opinions are reflected in what we have in front of us.

Mr. Sheref Sabawy: Thank you very much to the member opposite. When I talked about stakeholders, I meant all the stakeholders get consulted holistically. I don't have any records in front of me here on what entity got consulted and what they mentioned.

Of course, I understand that with every legislation consultation that happens, there is a wish list: "We would

like to have this and this and this and this.” It might not be within the scope of what we can do in the moment, but it’s good to have that on the record to allow us to plan—maybe not this time, maybe another time, maybe another step, maybe another bill. But overall, the stakeholder consultation process gives us an idea about what the opinions are of the experts of this industry. Maybe some of them will be against us; maybe some will be for. But it’s important for us to improve our bill by listening to them and making sure it reflects their requests.

1400

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Ms. Jane McKenna: I listened intently. Thank you so much. I wanted to just elaborate on something you did touch on. I know the member from Spadina–Fort York, when he was speaking, asked why it is so important that we move forward with this legislation now. Can you explain that, please?

Mr. Sheref Sabawy: As we’re going with the vaccination campaign, getting more people vaccinated, we now have more understanding about the distribution of vaccines, about hot spots like Peel, for example, and like Toronto. We can plan further what we’re going to do in the next steps. We are now at 40%. We are seeking to get a full 100%. We still have a long way to go. The more information we collect and the more understanding we get, that will help us in planning the future of this campaign.

Actually, in my opinion, the collecting of this information is not only for future planning purposes but it is very much an important security part of the health of Ontarians because we need to be able to trace back, if we need to, who gets what, where and who was the vaccinator.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mr. Sol Mamakwa: Just a quick question on schedule 1, I guess, the vaccine reporting act: As you know, being First Nations, being Indigenous, the systems that are here in the country and in this province are, to us, colonial and oppressive to First Nations people. One of the things I know, coming from a First Nations community—I just had a call with the First Nations Health Authority, trying to access this data on which vaccines went out in each of the fly-in communities. They had no access to that data because the Northwestern Health Unit will not provide that data.

So I’m wondering how we’re going to address the jurisdictional ambiguity, the jurisdictional information that we need to collect data so it’s not based on oppression, it’s not based on colonialism and it’s not based on racism.

Mr. Sheref Sabawy: Thank you very much to the member opposite. I think that being from an Indigenous background actually adds a very important piece to this legislation or reporting part of the vaccine because, with the scattered information from every regional health unit, there is no oversight from the ministry for planning for disproportionate groups like Indigenous. Having this information in one system will allow data modelling, understanding the minorities or the groups in each one of the regional health units, and next time when we send amounts of vaccine to any regional health authority, we

will know how to, and how to reach out to those socio-economic groups and ethnic-based groups to be able to address shortages in any of these minorities.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mr. Logan Kanapathi: The physician assistant is a very, very critical part of this bill—regulating PAs, physician assistants. I know I could talk about physicians with respect to their burnout during this pandemic. They are one of the medical professions at the forefront of this pandemic fight.

I’ll ask the member from Mississauga–Erin Mills if he can explain—I know your background. You understand that the physician assistant role is very, very critical during this pandemic time. Could you elaborate on why this bill proposes to regulate physician assistants under the College of Physicians and Surgeons? Could you elaborate on that, please?

Mr. Sheref Sabawy: Thank you very much to the member from Markham, especially the part on physician assistants. We understand how the pandemic stares down all our front-line workers. Doctors, nurses and specialists under COVID in the medical field have been really stressed out, and having regulations around having an assistant physician can remove the overload or distribute the overload on physicians, under the supervision—I mean, I won’t go into detail of the scope and everything, because there is an authority that will take care of that. The college will take care of that. But it will give an opportunity for the physicians to have somebody who can take the load with them, especially in pandemics.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Chris Glover: Thank you to the member from Mississauga–Erin Mills. I appreciate your comments, and I also appreciate your expertise in IT, and so I’ve got an IT question for you.

Right now in this bill, the first schedule is about collating all of the information, collecting all of the information about who’s getting vaccinated, who’s vaccinating them and what vaccination they’re getting and when. The question for me is that there are 22 vaccination sites right now in the GTA area. Are those databases not communicating with each other? And where is that data going right now that’s being collected from those 22 different sites? Why do we need a bill to actually collate them?

Mr. Sheref Sabawy: Thank you very much to the member opposite. That’s actually a very, very valid and good question. Currently—again, from my understanding, from the discussions we had with the ministry—every health partner has their own portal. They have their own booking system. They have their own calendars and they have their own databases with this collected information. They get the patient to sign a disclosure to collect this information, but they have it. We don’t have it. The government doesn’t have it. The Minister of Health doesn’t have it.

That’s what the bill is about: We are legislating a bill so that we can get this information or enforce the getting of this information from those health partners who collected it. Whatever they collected, we can get access to,

and that will get to the exact model you hope for: collecting all the data in one location, so we can have planning and oversight in every part of this data collectively for the whole province, by the minister.

The Acting Speaker (Mrs. Lisa Gretzky): We don't really have time for another question, so further debate?

Mr. Jeff Burch: It's a pleasure to rise and give some comments on Bill 283. I'll try 20 minutes with a mask, and we'll see how it goes.

My friend from Spadina-Fort York did a great job talking for much of the time about the vaccine. What I'm going to talk about is the issue of PSWs and the fact that this government is passing what is essentially a registry for PSWs. I have a long personal history with this; I worked for about 10 years for the service employees' union representing front-line health workers, between 2000 and 2010, for the first few years here in Toronto with some of the major hospitals, and through the SARS crisis, as well. It's disturbing to see at this point in time that the recommendations that were made after that, after seeing the hardships that front-line health care workers went through, were not acted upon. I would like to think that we're going to do a much better job this time.

So I have a lot of history there with representing PSWs, and also with negotiating with some of the companies that have been in the news throughout this crisis—the Chartwells and Reveras and those kinds of companies—sitting across the bargaining table from for-profit companies and seeing what their priorities are at the bargaining table. Because that's really how things play out on the front lines when these corporations who are really—let's face it: A private corporation is there to increase dividends for their shareholders. That's the purpose. They're actually obligated to make that their primary purpose, which is why we argue that that is incompatible with providing care as your first priority. And so municipalities, not-for-profits, co-operatives who can place the quality of care at the forefront, that's why they have so much better outcomes. That's something I've seen first-hand.

1410

I wanted to create a little bit of context for what we're dealing with here. How did we get here? We're at the height of the third wave, discussing what is essentially a non-crucial health governance bill. That's what it is. And there's not a heck of a lot else on the government's legislative agenda right now, talking about PMBs. On this side, we're kind of wondering if anything's going to come next, what's going to come next. At this point in the pandemic, you would think that we would be really vigorously looking for ways to make life easier for people, to help front-line workers like PSWs, but that's not what's happening here. We're dealing with a bill that creates a reporting database, an oversight committee, which is really nothing more than a registry for PSWs; some clarifications; a new regulatory body.

The plight of PSWs in this province is really something that we should be focusing on—how they need much more than just a registry. And so how did we get here? It's really a track record of slow responses, and too little too late. If

we look at, right at the get-go on the first wave—and I've said this before in the House. I can remember the last time that I spoke in this House before we broke a year ago, in March. I was asking the government to reconsider, to not go forward with their plan to reduce 34 public health units down to 14 and cut millions of dollars from public health. That was the plan and thank goodness that the pandemic didn't happen six months later, because we would have been down that road of cutting public health, of all things. That's where we would have been.

So that's where we started. We were slow off the mark. I think the government got a bit of a pass in the first wave. There's no question that they inherited a mess, but they didn't act, and that's clear. We hear a lot of excuses, especially over the last couple of weeks, but the fact of the matter is, they didn't act and there were things—PPE problems, things the federal government probably should have done in terms of self-sufficiency with PPE and vaccines and our ability to make those for ourselves. But really, the long-term-care report that just came out really spells out the lack of action on the part of this government.

I'm going to highlight a few things from that report that have to do specifically with health care workers and PSWs. One of the conclusions was that staff were abandoned. I'll quote from the report: "Several reports had called for additional staff to care for a population that suffered from more dementia and other complex medical issues than in prior generations. And yet, there was no plan to provide a surge of workers to replace those who inevitably could not or would not come to work in a pandemic. In most of the homes badly hit by COVID-19, the staffing collapsed. There were too few staff to take care of the residents. Those who continued to work were overwhelmed and overworked."

That's still the case today, and yet we're spending our time, a lot of time, talking about a bill that creates a registry, at the height of the third wave. Think about that. Nothing to address problems that have existed since this pandemic started. And I can tell you just from my own experience talking to PSWs, I'll never forget talking to one who didn't know what to do because the government finally—too little, too late—had said, "You can't work in more than one long-term-care home." This young lady was a single mother, had two jobs in two different long-term-care homes and was working as a bartender at night to make ends meet and take care of her child. That's the situation, and that's not a rare situation.

Part-time work—which was driven by for-profit long-term-care homes, make no mistake. I've sat at the bargaining table trying to get quotas of even more than 50% full-time workers, and companies like Chartwell and Revera said, "No, we can't afford it; we can't do it." They have to increase dividends to their shareholders, and that's the reality out there.

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

I certainly saw that, especially in the second wave. We had a terrible outbreak in St. Catharines in one of the Extenciores there. Almost the entire staff got COVID, patients not bathing for weeks at a time, patients dying. Staff who had worked there for many, many years—decades, in some cases—described to me some of their best friends who were residents passing away. That was a direct result, I can tell you from talking to public health, of not having the proper training or the proper leadership or the proper infection control in the home. They were double-masking, not changing their masks; not having enough masks; not having proper supervision; not having enough staff to do proper cleaning. And that was in the second wave, when those issues should have long been addressed.

The long-term-care commission says that profit is part of the problem. They say, “For-profit homes are owned by investment vehicles such as real estate investment trusts....

“This may be an excellent financial arrangement for the investors, but it is more difficult to understand why it is a suitable arrangement for resident care. Care should be the sole focus of the entities responsible for long-term-care homes. Mission-driven entities, whether for-profit or not-for-profit, should have the responsibility for the care of residents.” I’ve talked about those for-profit homes and what they’re all about, Speaker.

It also said the Ford government and the chief medical officer failed to move quickly or to embrace the precautionary principle. This is disturbing because throughout this pandemic, or early on, you depend on the co-operation between government and the chief medical officer to put things in place that protect employees.

The report says, “Decisions made by the province during the COVID-19 pandemic demonstrated a lack of urgency. As the world learned more about the new virus, other jurisdictions began to take a precautionary approach to protect residents ... on March 18, the Chief Medical Officer of Health was warned that ‘when community transmission is evident or can be assumed, all’ health care workers ‘should be assumed to be posing potential risk to other’ health care workers ‘and to patients, and therefore that all’ health care workers ‘should wear surgical masks from the time they enter the facility to the time they leave.’” But “the Chief Medical Officer of Health did not order universal masking until April 8,” almost a month later. “In a pandemic, days make a difference. Delay is deadly.”

There’s been a lack of leadership and a lack of listening to science, and a lack of will to protect our front-line workers. That still exists today, sadly, at the height of the third wave. We’re here talking about registries when we should be talking about protecting workers and protecting patients.

The third wave—here we are. What we heard up until a month ago was, “We’re doing okay. Everything is going to be over soon. We’re doing fine.” Of course, we weren’t doing fine, because we didn’t do our job protecting long-term-care residents, protecting workers, and here we are.

1420

It came to a head in April. We heard those inexplicable directives from the government where they didn’t listen to the science table: carding, no sick days, closing down outdoor activities that we should be encouraging people to take part in and discouraging indoor activities—not listening to the science table. We all know what happened at that point.

This government’s response was initially, “We’re in trouble. We need to shut down the Legislature.” That was the response. It wasn’t, “Well, we made some mistakes. We’d better get to the table and draft some meaningful legislation to come back to the Legislature with, learn from our mistakes and have an aggressive legislative agenda and protect people.” We didn’t do that; they tried to shut the Legislature down. When they didn’t have the fortitude to go forward with that, here we are now, limping through the last few weeks of the session, with basically a bill that creates registries and databases and doesn’t really do much of anything.

You know, Speaker, I was preparing for another speech here in the Legislature a few weeks ago when the science table came out with their recommendations. It lists at the beginning of every release the principles of the Ontario COVID-19 science table, and there are three main principles. The first is that they’re guided by current scientific evidence—not ideology, but evidence. One of my friends earlier brought up the Walkerton disaster. People died, hundreds of people. Thousands of people—some hundreds seriously—were injured, permanent injuries. That was because ideology came before looking after public health. I have to think that’s probably what’s happening here, why we’re dealing with a bill that’s creating a registry when we should be dealing with a bill that follows the evidence and the science and protects workers and protects communities.

The second principle was transparency. It says that advice and science briefs are publicly posted. The science table posts everything. There’s a really good reason for that: because transparency increases public trust, and public trust contributes to things like having faith in a vaccine. It combats vaccine hesitancy. When people lose faith in the government and they lack trust, we see vaccine hesitancy. We see anti-lockdown protests after measure after measure is not working. That’s what happens: Public trust breaks down. It feeds on itself and things get worse, because people don’t have confidence in the government.

We’ve seen a lack of transparency; I think we’re seeing it now. In my own area, vaccines were diverted from Niagara with no explanation. The recommendations I referenced earlier about playgrounds and outdoor activities: Why were those recommendations made? Who made them? How were hot spots chosen? All of those things contribute to a lack of trust in the government, and a lack of trust contributes to vaccine hesitancy and a lack of will to follow public health measures.

The third principle is independence, and that’s a really important one. I talked earlier about the government listening to for-profit long-term care. We’ve seen this in

other areas, listening to developers ahead of neighbourhood groups. Who has the Premier's ear? Who has the government's ear? The science table says that "no government body or office vets or controls our scientific content or communications in any way." So it's not a trade-off between public health and business; it's independent. When we're in a crisis, that's the way the government should be. They should be more independent. We all have stakeholders and interest groups that we listen to. We do on this side. The Liberals have theirs. But when you're in a crisis, that's the time to put those things aside as much as possible and put the public health to the forefront and do the things that are necessary to protect the public.

We all know many of the science table recommendations that were made—some of them have finally been followed; some of them still not. Certainly the things that we need to do for PSWs is one thing that hasn't been. It's actually kind of a slap in the face, if I was a PSW and I was looking at what's going on in this Legislature right now and I need a government that protects me, I need a government that will have my back, and what I get is a government that in the height of the third wave comes forward with a registry to keep track of PSWs. It's ridiculous, really.

We all know what PSWs want. Many union leaders have come forward and told us what their members need. They need better working conditions. They need education and training standards. They need real compensation. We need to do things that allow us to recruit and retain PSWs. We all know that the number one thing that we need to do—we've heard it over and over and over again—is make sure that the PSW profession is an actual profession that you can make a living at, which means that you have living wages. In my area, a living wage is between \$18 and \$19 an hour. That's what it takes to live. And you should have a pension. You should have benefits. Those are the kinds of jobs that people will go to school for, that people will look at as a career. If we don't have people that are looking at these jobs as a career, we're not going to have enough people to take care of our families in the future.

That has been told to the government over and over again. I mentioned my history. I've been listening to it for a couple of decades, and no one has listened. And here we are, and people have died—make no mistake—because we haven't had the appropriate staffing levels. I told you the story of the person I talked to. They're actually working in the long-term-care home where my parents live. I was shocked—two jobs in two different homes well into the pandemic, and still bartending at night—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Questions?

Mr. Rudy Cuzzetto: I want to thank the member across for his speech today. But for 15 years, the previous Liberal government, supported by the NDP, failed to make necessary changes to grow and support our PSW professionals and they failed to make the investment for necessary staffing in our long-term-care homes. When we brought forward the temporary wage enhancement for PSWs, the opposition voted against it. Will the member

across change his tone today and commit today to supporting this bill, which is a massive step forward for PSW professionals?

Mr. Jeff Burch: There are a few things in that. First of all, the member might want to ask his government House leader to explain the whole minority government thing to him. The whole propping-up thing: We all know it's nonsense.

I agree that nothing was done for 15 years by the Liberal government. As I just said in my speech, I've been doing this for over 20 years, representing workers, and no one has listened—not the Liberal government, not this government. To say that this, creating a registry—I forget the word you just used; "remarkable" or something? It's not very remarkable, creating a registry at the height of the third wave of a pandemic. You've got to do a much better job than that.

1430

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Teresa J. Armstrong: I listened to the member intently during the debate. He made some comments about how the government, before the pandemic, cut public health units. They also cut annual residential quality inspections. What strikes me is that the government had the foresight to do those things before the pandemic, but then during the pandemic, they looked ahead to things like Bill 218, to basically put such an obstacle for families to sue for-profit long-term-care homes that were negligent. They've also come up with this registry. They're looking ahead.

Why hasn't the government had the ability to look ahead and sustain and retain PSWs in the long-term-care homes, such as with better wages and full-time jobs and other work improvements? Why haven't they had that foresight in this whole scenario under COVID-19?

Mr. Jeff Burch: Thank you to my friend from London—Fanshawe for the question. I talked about for-profit homes and I talked about where is the incentive, what is the priority for taking care of residents. In for-profit homes, it's for profit. It's for creating profit. The primary consideration is not taking care of residents. That's not to say that the managers in those homes are bad people. I've dealt with them across the bargaining table. But it's not their main priority. They have a responsibility to cut costs, and they do it at the bargaining table with their unions and they promote part-time work. As much as possible, they avoid paying benefits, avoid union trustee benefit or pension plans. They try to have as many part-time and casual employees as possible. I could tell you some horrific stories about other cost-cutting measures—locking diapers in cabinets and all kinds of things—that I've filed grievances on, on behalf of members.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Natalia Kusendova: I was listening intently to my colleague opposite. He talked a lot about education for PSWs, about respect for PSWs as an integrated part of our health care system. I'm wondering how come the member opposite did not support our 2020 budget in which we actually increased the average of hours per care per

resident to four hours per day. Also, in our most recent budget, we have allocated \$112 million to educate close to 9,000 PSWs in our 24 publicly funded colleges. You know, you can't have it both ways: Either you are supporting PSWs or not. So which one is it?

Mr. Jeff Burch: It was not a very good budget. That's why I didn't vote for it. Having it both ways would be trying to vote both yes and no to a budget. Yes, there may be a few things that aren't that bad in the budget, but there are a lot of things that were not very good, a lot of things that should have been done in the budget that weren't done, and that's why we voted no to it. It was a weak budget and a weak response to a very serious pandemic.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Chris Glover: I know you have worked closely with PSWs over the years. I'll read a statement from Lynn, who's a PSW. She says:

"PSWs have been through a lot this year.

"They have been relentlessly steadfast in their duty, and selfless in their dedication to the ones they consider their family.

"So selfless, many even lost their lives for their profession.

"They have been forced to work in critically understaffed workplaces, poor working conditions, and for poverty wages.

"They have had the ability to work with multiple employers taken away, no paid sick days, no full-time hours, no benefits, had pandemic pay given and taken away multiple times.

"Thousands didn't get it, and never will because they don't 'qualify' in their sector as a PSW....

"With everything they have been through, they still go to work to care for your loved ones.

"Will they still be there when it comes time to care for you?"

The question to the member from Niagara Centre: Is this common among PSWs? They're called heroes, but they're not treated like heroes. What should this government be doing? What should be in that bill to truly treat PSWs like the heroes they are?

Mr. Jeff Burch: Thank you for the question. That quote really resonates with me. I remember a nursing home where I had represented members in Niagara-on-the-Lake 10 years ago. The PSWs and health care aides there would have their own kit that they brought to work with them, because the employer wasn't buying things like combs and razors and things like that. So they would actually go out with their—some of them—fairly meagre salaries and put together their own little kit to take care of residents with, because they couldn't handle not being able to take care of the residents who they cared for. And the employer knew that they were doing that. That cut their costs, because they didn't have to go out and buy it. So that care that workers have for their residents is actually used against them. Obviously what we need is more respect, more full-time jobs, decent wages, pensions and benefits for workers.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Stephen Crawford: My question is to the member opposite, on personal support workers as well. In fact, the Ontario Personal Support Workers Association—I just want to give you their sense on the legislation and get your thoughts on that:

"The OPSWA is thankful to this government for professionally recognizing and validating the valuable work of PSWs who have continued to step up throughout this pandemic. PSWs are the foundation of Ontario's health care system and we thank this government for hearing their voices and establishing this new regulatory model. This new status is the beginning of a positive future for all PSWs and the communities we serve."

So my question to you is: It sounds to me like PSWs are supporting this. Are you going to support in favour of this legislation and stand with PSWs?

Mr. Jeff Burch: Thank you to the member for the question. That association is an employer-friendly association, and the employers don't actually need more help. They're getting lots already.

The employees are the ones who need help, the workers who are on the front lines suffering. What needs to be in this bill is something to help the employees, not the employers.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Sandy Shaw: Thank you for your impassioned plea for more support for PSWs. This government has brought forward this proposal for some delegated regulatory authority, but you have a private member's bill that speaks about how people living in residential facilities are completely overlooked. A lot of times, PSWs work in that.

Can you explain why the government has what I would call a dog's breakfast of oversight—lack of oversight—when it comes to vulnerable people in the province of Ontario?

Mr. Jeff Burch: Thank you, my friend, for asking that. I talked a little bit about the legislative agenda and some of the PMBs that we're seeing coming forward. I have respect for all members' private members' bills, but there are some out there that actually address issues that have come up through the pandemic.

My bill—which, actually, my predecessor, Cindy Forster, put forward—supports people in supportive living homes, where there are no regulations, no complaint protocol. There are people dying—literally dying—in these homes from fires, from lack of fire regulations, bedbugs, poor food, all kinds of things. That's just sitting there, waiting to be brought forward to committee, while we're hearing about PMBs that really don't do anything to address the pandemic, and I think that's kind of sad.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Ms. Natalia Kusendova: Before I begin my speech, I would like to acknowledge that today is Easter Monday for our Orthodox, Eastern Rite, Greek and Coptic friends, so I would like to wish you all: Christos Anesti. Alithos Anesti. Christ is risen. Yes, indeed, He is risen.

Speaker, being a registered nurse has, throughout my time as an elected member of provincial Parliament, been

a central part of my identity. It has been something that always stays top of mind whenever I have the chance to play a part in the policy-making process.

When COVID-19 hit our province over a year ago, I returned to the front lines to do my part in supporting our public health care system. Being on the front lines provided me an opportunity and an important perspective that I shared with my colleagues in government as we created policies to support the people of Ontario through these unprecedented times. These experiences in health care fuel my advocacy for the issues facing our province's health care system today.

Speaker, ours is a government that is committed to working extensively with all health care partners and stakeholders to support the delivery of high-quality care to Ontarians across the province. The piece of legislation that I have the privilege of speaking to today, the Advancing Oversight and Planning in Ontario's Health System Act, 2021, is another important step towards our goal of building a more integrated and patient-focused public health care system with an emphasis on supporting Ontario's health care heroes.

1440

Depuis le début de la pandémie de la COVID-19, la priorité de ce gouvernement a toujours été la santé et la sécurité des Ontariens. Alors que ce gouvernement, sur les conseils du médecin hygiéniste en chef et de ses conseillers, a mis en place les restrictions nécessaires pour arrêter la propagation de la COVID-19, nous avons également fait tout ce qui était en notre pouvoir pour soutenir les travailleurs et les travailleuses de la santé de première ligne avec les outils dont ils et elles avaient besoin pour fournir les meilleurs soins possibles aux Ontariennes et Ontariens.

Alors que tous les Ontariennes et Ontariens ont ressenti l'impact de ce virus, nos héros de première ligne de santé ont, depuis le premier jour, subi toute l'étendue des répercussions de la COVID-19. Ils ont été notre première ligne de défense dans nos établissements de santé, répondant à l'appel du devoir depuis la première découverte du virus en Ontario jusqu'à la troisième vague préoccupante dans laquelle nous nous trouvons aujourd'hui. Ils se sont isolés de leurs familles et de leurs proches par nécessité pour servir leurs patients et arrêter la propagation. Et ils ont vécu du stress et de l'épuisement professionnel, se poussant à la limite physique et mentale pour protéger les Ontariennes et Ontariens.

Nos héros de la santé ont été un symbole de résilience et d'inspiration pour nous tous et ils étaient toujours là pour nous lorsque nous en avions le plus besoin.

Les médecins et les infirmières de l'Ontario assurent la sécurité des Ontariennes et Ontariens dans nos hôpitaux, offrant des soins de classe mondiale même si leurs ressources et l'infrastructure sont mises à rude épreuve par la troisième vague.

Les fournisseurs de soins à domicile et les ambulanciers paramédicaux de l'Ontario veillent à la santé des patients à domicile et aux soins dans nos collectivités.

Les bureaux de santé publique et leurs équipes font un travail crucial dans la recherche des contacts, la gestion

des éclosions locales et la distribution des vaccins aux Ontariennes et Ontariens, ce qui est sans doute dans l'esprit de nombreuses personnes à travers la province.

Les pharmaciens de l'Ontario jouent un rôle en appuyant les efforts de dépistage et notre plan de vaccination. Bon nombre d'entre eux travaillent maintenant sans relâche pour faire vacciner les Ontariens et Ontariennes.

De plus, les préposés aux services de soutien à la personne de l'Ontario continuent de faire un travail inestimable en prodiguant des soins aux Ontariennes et Ontariens vulnérables dans des circonstances difficiles et de haut risque.

Tous ces groupes cruciaux de prestataires de soins de santé forment ensemble un système de santé de classe mondiale dont nous sommes tous—

Interruption.

The Acting Speaker (Mrs. Lisa Gretzky): Stop the clock, please. Sorry to interrupt, but I think your phone was buzzing on your desk, and I know that it's hurting the fellow up just above you in broadcast. If you could just set it on the seat maybe in case it buzzes. I appreciate that the ringer's off, but when it buzzes you can hear it up there.

Thank you. Back to the member from Mississauga Centre.

Ms. Natalia Kusendova: Thank you, Speaker. My apologies.

Je pense que je parle au nom des Ontariennes et Ontariens partout lorsque je dis merci à tous ces héros de santé de première ligne pour votre force et votre dévouement envers nous tous.

Speaker, our government has remained committed to our front-line health care heroes and our health care system as a whole since the beginning of this pandemic over a year ago. We have spared absolutely no expense to ensure that every support needed during these unprecedented times would be given to those who need it. As was noted by the Minister of Health right here in the Legislature last week, this government has invested \$16.3 billion since the beginning of the pandemic to support our health care system and the front-line health care heroes who are its foundation. This signals a firm and steadfast commitment to public health care in the province of Ontario.

In our recent 2021 budget, which has received royal assent, our government outlined many commitments to fortify our health care system as it grapples with an overwhelming third wave of COVID-19. However, this government has also recognized, through our experience with the pandemic, that the stronger focus to build a more integrated and connected public health care system will help the system as a whole to cope with the surges in demand, and moreover, support a more comprehensive level of care on the provincial scale.

We recognize that our health care workers, along with our social service workers, need strong support in order to provide Ontarians with the high-quality care and services that they've come to expect from their government. As things stand, the province of Ontario has no oversight body for personal support workers, physician assistants or

behavioural analysts. When a profession lacks an oversight body, consistency in service delivery can be put in jeopardy, and this case is no different with these professions.

Currently, these professions are not subject to oversight by a governing body that ensures consistent education and training requirements, and further, no ongoing quality assurance requirements. Suppose, for example, that clients or patients were to have a concern about care they had received or an experience that they had during care. There are currently limited options to report such concerns or ensure that such concerns are even addressed entirely.

Speaker, with this piece of legislation being considered by the House today, we will provide more oversight and better integration in the professions of personal support workers, physician assistants and behaviour analysts, furthering our efforts at a better and more integrated system of care for all Ontarians. With this legislation we are recognizing how important the roles these professions play in the everyday lives of all Ontarians and, as with many other professions, should be subject to more robust oversight mechanisms. By doing this, we further entrench these professions as integral components of health and community care in the province of Ontario, and therefore recognize just how important they are.

In the matters of increasing accountability and integration in health care provision, this proposed bill will enact the Health and Supportive Care Providers Oversight Authority Act, 2021, establishing the Health and Supportive Care Providers Oversight Authority. This authority represents a brand new type of legislative professional regulatory framework designed to provision oversight that is commensurate with the level of risk posed by the services being offered through a specific profession. As noted previously, this would be separate and distinct from the traditional self-regulatory model under the Regulated Health Professions Act, 1991.

Top of mind in establishing such a new sort of legislative framework was the objective of not imposing unnecessary barriers, in this case to personal support workers, that would ultimately impose high costs and increase burdens in the provisions of care. We reiterate that this new oversight authority is a modernized approach towards oversight that considers the needs of lower-risk professions while reflecting the vital care services that professions such as personal support work provide to Ontarians.

Maintenant, je vais passer à l'examen de ce que ce projet de loi définirait lors de la création de ce nouveau bureau de surveillance. Cette législation définirait d'abord les fonctions et pouvoirs que le conseil d'administration et le directeur général de l'office de surveillance respecteraient dans leurs directives réglementaires. Il créerait en outre un comité consultatif composé de clients, d'éducateurs et de professionnels pour chaque profession qui relève de la compétence du bureau de surveillance, avec des pratiques d'enregistrement claires, transparentes et objectives pour garantir que sa composition est aussi représentative et holistique que possible.

En termes de capacité, l'office de surveillance se verrait attribuer les pouvoirs nécessaires pour gérer les fonctions de réglementation, telles que le traitement des plaintes, le règlement des différends et les enquêtes concernant les professionnels inscrits auprès de l'office de surveillance. Ces capacités de l'office de surveillance sont assez typiques d'un organisme de réglementation et sembleront sans aucun doute familières à beaucoup d'entre vous.

Dans un souci de responsabilité, l'office de surveillance serait tenu de tenir un registre public des informations concernant les personnes enregistrées sous sa surveillance et s'emploierait en outre à établir un identifiant public indiquant qu'une personne est enregistrée auprès de l'office.

1450

Ce faisant, nous renforçons la confiance entre les Ontariennes et Ontariens et leurs fournisseurs de soins qui seront sous cette nouvelle surveillance. Les Ontariennes et Ontariens verront le logo d'identification public et sauront que leur professionnel de la santé est approuvé par un modèle de réglementation qui garantit des normes de soins extrêmement élevées, et ces fournisseurs de soins feront partie d'un organisme de surveillance qui valorise leurs compétences et leur expertise.

Dans l'ensemble, cet office de surveillance créera une confiance renforcée entre le fournisseur de soins et le patient, et prendra des mesures importantes pour s'assurer que la prestation des soins est uniforme dans les bureaux de santé publique de l'Ontario. Surtout, l'Office de surveillance des fournisseurs de soins de santé et de soutien devra se conformer aux exigences énoncées dans la Loi sur les services en français comme s'il s'agissait d'un organisme gouvernemental en vertu de ses lignes directrices, et de plus, en mesure d'être vérifié par le vérificateur général pour le bien de transparence. Il s'agit d'une étape importante pour faire en sorte que notre système provincial de prestation de soins soit aussi équitable que possible.

Madame la Présidente, l'importance de nos préposés aux soins à la personne ne saurait être surestimée. Au nombre de plus 100 000 en Ontario, ils travaillent dans un large éventail de milieux de soins de santé, de nos hôpitaux à nos foyers de soins de longue durée, des organismes de soins communautaires aux organismes de soins à domicile, et ont été à l'avant-garde de la réponse de notre province à la COVID-19. Ils ont répondu à l'appel du devoir dès le début de cette pandémie et ont continué à faire leur travail malgré les risques et les incertitudes auxquels ils étaient confrontés chaque jour.

Je suis heureuse de dire que nos objectifs avec cette législation ont été bien accueillis par ce secteur. Miranda Ferrier, la PDG de l'Ontario Personal Support Workers Association, avait ceci à dire en réponse à notre proposition de créer cet office de surveillance inestimable : « L'OPSWA est reconnaissante à ce gouvernement d'avoir reconnu et validé professionnellement le travail précieux des préposés aux soins à la personne, qui ont continué à intensifier tout au

long de cette pandémie. Les préposés au soutien à la personne sont le fondement du système de soins de santé de l'Ontario et nous remercions ce gouvernement d'avoir entendu leurs voix et d'avoir établi ce nouveau modèle de réglementation. »

Interruption.

The Acting Speaker (Mrs. Lisa Gretzky): Stop the clock, please. The Clerks are just checking to see why we have mood lighting in the room right now. I just assure the member for Mississauga Centre that we did stop the clock, so you're not losing any time.

All right. I've just been told that we are still good to go. We're still on air, so if everybody will keep that in mind. We're still broadcasting.

I'm going to wish the member for Mississauga Centre luck in being able to read her notes in the dim light, but I'll return to the member for Mississauga Centre.

Ms. Natalia Kusendova: Thank you, Madam Speaker. For physician assistants in the province of Ontario, this bill seeks to amend the Medicine Act, 1991, to include the regulation of physician assistants under the College of Physicians and Surgeons of Ontario. This is the best approach in terms of regulating physician assistants because those within this profession practise medicine under the supervision of physicians and surgeons, who themselves are members of the College of Physicians and Surgeons of Ontario, an approach consistent with how physician assistants are regulated in other Canadian jurisdictions.

With this proposal, we are supporting our physician assistants through a formal recognition of their important work within our health care system, while also creating new assurances to patients that the care they are receiving is held to its highest standards.

The benefits of creating a formal regulatory body for physician assistants are similar to the aforementioned regulatory body we are proposing for personal support workers. For one, by placing the regulatory jurisdiction for who constitutes a physician assistant by the college, only registered practitioners can use the term "physician assistant" to describe their profession. This, by extension, clarifies what specifically a physician assistant is in terms of their roles and responsibilities and, moreover, discerns a clear set of qualifications and expectations those within this profession must adhere to.

As with our new proposal for PSWs, this change to the regulation of PAs in Ontario has been well received by other health care governing bodies, such as the College of Physicians and Surgeons of Ontario, the Ontario Hospital Association and the Ontario Medical Association. It has also received support from other noteworthy health care stakeholders, such as the Association of Family Health Teams of Ontario, the Nurse Practitioners' Association of Ontario and both the University Health Network and McMaster University.

In the case of our province's behaviour analysts, this bill seeks to enact the Psychology and Applied Behaviour Analysis Act, 2021, repealing and replacing the

Psychology Act, 1991, to allow for the regulation of behaviour analysts, to be governed by the College of Psychologists of Ontario, as per the Regulated Health Professions Act, 1991. This change is the result of years of extensive consultation between the Ministry of Health and the Ministry of Children, Community and Social Services to better regulate the profession that is applied behaviour analysis.

The collaboration between ministries, done in an effort to better accommodate this profession, stems from the complexity that is so intrinsic to the work behaviour analysts do. To put it simply, a behaviour analyst has the responsibility for the design and evaluation of treatment plans, moreover managing the oversight of front-line providers who play a key role within a treatment plan.

Within this profession are many differing tasks in collaboration with other staff and caregivers to ensure treatment plans are properly created and managed to the benefit of the patient. Behaviour analysts also frequently work in dementia management, substance abuse treatment, brain injury rehabilitation, and moreover provide services in diverse settings, including in education, correctional facilities and health care. While trained and experienced behaviour analysts provide a clinically proven service to Ontarians, inconsistencies in both credentials and training mean that Ontarians can face challenges finding a qualified behaviour analyst.

These three pieces of legislation within the bill presented to Parliament today are the culmination of an effort by our government to improve our health care system through increasing integration and oversight between professions. While our province continues to battle again the third wave of COVID-19 and continues to vaccinate a record number of Ontarians every single day, we are also continuing to strengthen our health care system in three particular ways.

First, we are strengthening our health care workforce by empowering our health care heroes with all the tools and resources that they need to continue providing world-class care to the people of Ontario.

Second, we are increasing the capacity of our health care system to ensure that Ontarians can always access care when and where they need it, and moreover prevent our health care workers from being overwhelmed by increases in demand.

Finally, our government has moved to provide appropriate regulatory oversight with the proposed legislation being considered today, to benefit both Ontarians and the professionals they depend on.

With the changes being put forth for consideration today, we are creating a more integrated health care ecosystem that ensures our experts operate according to the highest of standards, so Ontarians feel confident in the care that they receive.

As a tireless advocate for strong public health care that serves the diverse needs of Ontarians, I'm happy to support this legislation and urge my fellow members of this Legislature to support it as well.

1500

The Acting Speaker (Mrs. Lisa Gretzky): Before we go to questions, I'm just going to let the members know that there will be a technician up in the attic trying to get the lights back on. If you hear some thumping around and noise, don't worry, it's just someone up in the attic.

The member for Kiiwetinoong.

Mr. Sol Mamakwa: I just wondered, when the lights went out, what the monthly hydro bill is for this building.

Thank you to the member from Mississauga Centre. Coming from a First Nations community up in northwestern Ontario, when we talk about elder care, I think about long-term-care facilities. We have 20 long-term-care beds in Sioux Lookout but also 15 long-term boil-water advisories in northwestern Ontario. I talk about that because we talk about social determinants of health.

I know one of the things when I come to this place, I get a lot of—what do you call it—jurisdictional games of Ping-Pong on who's responsible for what services—that structural racism, that structural violence. But my question would be, when we talk about elder care, what type of system would be in place to make sure that our Indigenous elders have culturally appropriate elder care?

Ms. Natalia Kusendova: I'm not sure whether the member was asking a question about long-term care, but I believe he was. I'm very proud of our government's record on long-term care because, after 15 years of complete lack of vision and lack of investment into long-term care, it is our government that has made a steadfast commitment to the sector.

In our most recent announcement, we have approved close to 80 projects for long-term-care beds being built across Ontario. Many of these beds will be built in a culturally and linguistically appropriate model because we recognize that Ontarians come from all walks of life, and in my city of Mississauga, we're currently building an accelerated build of 640 new beds; that's more than the Liberals have in 15 years. We are building more in my city of Mississauga.

I'm extremely proud of our record on long-term care, and I'm also looking forward to welcoming those new PSWs who are currently being trained in our public colleges that this government is fully funding.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Aris Babikian: I listened with great interest to my colleague's presentation, and I was wondering, what was the response of the personal support workers to this proposal? How did they react to this proposal?

Ms. Natalia Kusendova: Thank you very much for that important question. I know that my colleagues, the PSWs that I work with closely in the emergency room, are welcoming this new change, because they have been asking for years for respect, and part of this legislation will give them the respect they rightfully deserve. That quality assurance will give us all peace of mind that the care PSWs are delivering across Ontario is at that same high standard wherever in Ontario our patients may be.

But on top of this piece of legislation, we are also increasing the number of hours of direct care per resident

in our long-term-care homes. We are actually leading the country by increasing the standard of care to four hours per resident per day.

On top of that, we are investing \$112 million in educating close to 9,000 PSWs, who will hopefully immediately be inserted into the sector. We are doing a lot of work with our PSW partners, and we are very happy about this change in legislation.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Percy Hatfield: Before I pose my question to my good friend from Mississauga Centre, I want to congratulate her on her recent engagement. She's a nurse, and I want to thank her for going back into health care and helping out in the hospitals during COVID.

In real estate, Speaker, it's location, location, location; in politics, it's timing, timing, timing. The member has talked about four hours of direct, hands-on care, but it's not going to happen for another three years. We all agree it's an important issue, an important factor: four hours of care. So I ask the member opposite, because we all agree on it, why isn't it in this bill—something we can all agree on today—that when the bill is passed eventually, we'd have four hours of direct, hands-on care instead of three years down the road?

Ms. Natalia Kusendova: Thank you to my good friend for asking me that question. I wish that PSWs were trained overnight, but they are not. The current estimates show that we need about 27,000 new PSWs and nurses and other health care professionals to be infused into the health care system before we are able to actually give those four hours of care per day. That's why we are funding education in our public colleges. But on top of that, we recognize that our partners in private career colleges are also forming a lot of PSWs, so we have recently made another announcement of \$86 million to train an additional 8,000 PSWs. That's 16,000 PSWs that we are willing to train and pay for their education right now, because we recognize that in order to lift that standard of care to four hours, we need to have those trained PSWs. I'm also happy that we have some Franco-Ontarian colleges participating in this program, and we will be educating a bilingual workforce.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Chris Glover: I appreciate the comments from the member from Mississauga Centre, but sometimes when I've been in this House, I really feel like I'm in Nineteen Eighty-Four—the Orwellian book—because I heard the member say that she's proud of this government's action on long-term care. Some 3,700 seniors died of COVID-19 in long-term care, and 20 front-line health care workers, including 10 PSWs, died during this pandemic. This government said they were going to build an iron ring and they never did it. Instead, they waited until the vaccine became available nine months later, and then they said, "Oh, well, the vaccine is the iron ring," after taking no action. Six months into the pandemic, there were 30% fewer PSWs in long-term care than there were at the beginning of the pandemic, which was already grossly understaffed.

So I don't understand how the member can possibly be proud of a record that has led to the deaths and suffering

of seniors and the deaths of the people you call our front-line heroes, but you aren't recognizing and treating with the respect of giving them full-time jobs and pensions and benefits.

Ms. Natalia Kusendova: I think that every single death is regrettable, and we offer our condolences to every single family that has been impacted by COVID-19 in this province.

I beg to differ, though: We have built that iron ring of protection around our seniors. I remember from day one, when we had a shortage of PPE supply, our Premier of Ontario personally taking his truck and going to the warehouse to pick up PPE to then drop it off to those long-term-care facilities and other facilities that needed it.

But you know, I'm also proud of our vaccination record as well because, as of today, we have administered 5.4 million doses in the province of Ontario, which is 40%—40% of the adult population has received at least one dose in Ontario. I asked the member if he could give me the Nova Scotia numbers, and he couldn't. I will also ask him if he could give me the Ontario numbers. I'm very proud of our record on vaccination—and more to come.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Jane McKenna: I just want to point out a couple of things. It's very easy to be an armchair quarterback in the situation that we're in right now and to say all the things that we're doing wrong. But here is the reality, so everybody at home at least gets a perspective of where we are right now: For the last 15 years, we've put 611 long-term-care beds in—611 in the 15 years that you continued to support the Liberal government when they were in. Before a pandemic that we've never had before, that's worldwide, that's happening absolutely everywhere, how do you think that you are possibly going to be able to just start things and make them fresh when we had 611 beds in the last 15 years? It was already at a critical mass—past that—and you're very well aware of that.

My question to the member—and thank you so much for this. We're all getting calls from PSWs, so my question to you is: What is one of the conversations you've had with some PSWs who have called your office on this bill?

Ms. Natalia Kusendova: As I said, my PSW friends are a vital part of our health care system, and I was so privileged to actually train under some of the most wonderful PSWs in my time as a registered nurse. What they've told me is that they want the respect; they want to be recognized as a profession. This legislation, by giving that quality assurance, will give them the respect that they're asking for, so they're very happy with this proposed piece of legislation. I really look forward to our friends across the aisle voting in favour of this legislation.

1510

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Ms. Sandy Shaw: It's always a pleasure to rise on behalf of the residents of Hamilton West–Ancaster–Dundas to try to talk some sense to this government, to convince the government that this is the height of a pandemic and that we were hoping to have serious legislation,

rather than these regulatory red tape bills that they put before us. But such as it is, this is what's before us.

This is, again, a large bill that's primarily regulatory. There are many concerns in this; today I'm just going to address schedule 1 and schedule 2.

Schedule 1, the people at home should understand, is the government looking to collect and provide health data when it comes to the vaccine data. While we understand that it's important to understand how we can improve vaccinations—to understand what, in fact, is going on with this vaccination rollout, because that is hard to understand for average folks at home—I think that what this government has forgotten is that people actually are concerned about the privacy of their health data and what this government plans to do with it.

The member from Kiiwetinoong raised concerns about people in his communities who wanted to use this data to improve their response to the pandemic and they were unable to access this data. These many questions still stand: What is this government collecting this data for and how will they be using it and sharing it?

Do we remember that this is the government that proposed the Ontario health teams? Remember that? Is that still a thing? I would like to know. We had this big bill that was going to upend how we deliver health care in the province and part of that, the Ontario health teams—there were a lot of concerns about the extraordinary powers that the Minister of Health handed to herself without any clear guidelines on how that data was going to be used or shared.

It wasn't just us that said that you need to be clear on whether or not the people that are part of your Ontario health team will be custodians and will fall under the Personal Health Information Protection Act. There are no clear answers to that. But the privacy commissioner had something to say about that. At the time the privacy commissioner had this to say: "Our province has fallen behind other Canadian jurisdictions in taking action on this issue, and we need to catch up. Ontario needs to strengthen its access and privacy laws to meet the demands of modern society and ensure the access and privacy rights of Ontarians align with other provinces."

People are quite concerned about their data, particularly when it comes to their health data.

During the time of Bill 138, which was part of the bill that was going to create the Ontario health teams, at the time, the privacy commissioner also had this to say, very specifically about this government's actions: "The IPC is concerned that the breadth of the proposed regulation-making power could potentially authorize the making of regulations permitting the commercialization of Ontarians' health information."

The commissioner went on to say, "The commercialization of personal data by government is an increasing concern to the public. This concern remains even if attempts to de-identify the data are made prior to the government's sale of the data to private corporations."

These are concerns that I would suggest still stand. People are still concerned about what this government does with the data. The minister of consumer affairs put

out a whole modernization plan that talked about how this government saw data sets as something that they could commercialize. They saw data sets as a valuable asset and so there was a lot of concern about what the government was going to do with this data. Were they going to sell it? Were they selling it on behalf of the people of the province of Ontario? Did the government understand that, in fact, this isn't your data, that when people access health services it's still their data and they still have rights to understand how it's being protected?

This schedule 1 brings up all of those concerns again. How is this data going to be used? How is it going to be protected? Will people have access to understand who you've shared the data about people's vaccinations with? Will it be de-identified?

These are huge questions that need to be addressed. You can't just put a bill forward giving yourself these extensive powers to collect people's personal health information and not provide in the bill some answers to the protections that people expect when it comes to their and their kids' and their families' health data. The government should stop putting forward bills that aren't ready for prime time and take the time to put in there the details that people expect when you're moving something so significantly important as sharing people's personal health data.

But the schedule I'm going to focus most of my time on will be schedule 2, which is this government's priority, it seems, to regulate PSWs. It's a surprise and a shock to me that in the height of the third wave, rather than providing supports to PSWs, rather than providing the counselling they need for the trauma they suffered from the conditions that they worked in thanks to this government—rather than supporting them, they think that it's important that they need to be regulated.

I also wonder why this government is not rushing forward with a bill that further regulates the operators. I mean, the for-profit corporations that ran these long-term care homes—maybe that's the oversight that failed here, not PSWs. This smacks of a government that is basically saying, without actually saying it, that the reason that we had this crisis in long-term care was that we didn't have PSWs clearly regulated. I don't think that's the kind of message the government wants to be sending to our health care workers at this time. Maybe this is step one in the iron ring—I don't know—but I just don't see how this bureaucratic oversight will in any way address the crisis that we are in right now; or how, in any way, it will address the grief of families who lost loved ones; or how, in any way, this will address the kind of post-traumatic disorder and depression and other kinds of physical impacts the PSWs are currently enduring, trying to fight the third wave of a pandemic.

I mean, we're at the height of a pandemic. Let's remember that. Let's remember, when we look back on this debate, that this is the height of the third wave, and we are not talking about a bill that is looking to provide any immediate, direct action. We are looking at a government that is putting forward a bureaucratic oversight measure. I

would say, for people who are expecting action from this government, that if they connect the fancy words and the high words of ministers to the action, this bill is just thin gruel to people who are starving and looking for some help from this government.

You have had all kinds of advice. Let's just even talk about my colleague who talked about all of the private members' bills, my colleague from—I forgot your riding.

Mr. Jeff Burch: Niagara Centre.

Ms. Sandy Shaw: Niagara Centre. My colleague from Niagara Centre rightfully talked about all the important private members' bills that Ontario's opposition are putting forward to say, "This is a priority. Here are things that you could be doing to make things better for people in the middle of a pandemic."

We had the MPP from Sudbury, who had the Support Workers Pay Act, trying to actually improve PSWs' pay, which we know is a huge problem. We've had the MPP from London—Fanshawe's Time to Care Act for four hours of hands-on care, which you voted for, but you didn't put a penny in any budgets to enact. I would ask the member from London—Fanshawe: How long ago was it that you tabled that bill for the first time?

Ms. Teresa J. Armstrong: In 2017.

Ms. Sandy Shaw: Yes, so these bills were tabled in 2020—lots of time to enact them, and they would have been on the ground, and we would have started to see some of the impacts of those, but that didn't get enacted, let's just say.

We have the MPP for London West and her Stay Home If You Are Sick Act. You may have heard it—I don't know—but you might remember that you've voted against it 28 times now, 28 times that you could have put in a paid sick day bill that would have improved conditions for PSWs, who you want to regulate—but you voted against it 28 times.

You had the Auditor General's report that came out on long-term care. We've recently had the long-term-care commission report. The long-term-care commission report was heart-wrenching. I don't know how anyone could read that and not be moved to tears. The stories of how families suffered are harrowing. It's hard to believe that this was Ontario. It's hard to believe that behind the walls of long-term-care homes, where we couldn't see, people were dying in indescribable ways.

1520

We saw pictures of seniors with their hands pressed up against the glass behind long-term-care homes. We saw them put up signs begging for help, and in there were PSWs doing their damndest to help these residents. So if, out of that experience, what comes to your mind is that we should have a regulatory body for PSWs—I mean, it is 1984. I don't know. Is it Bizarro World over there? What world are you living in that you think that this is the response that's needed for that kind of crisis?

The long-term-care commission describes seniors in anguish, begging for help and dying alone in pain. There's no one there to comfort them. They died in unspeakable conditions. They were understaffed; there was chaos. The

government dragged its heels, refused to call in the Canadian Armed Forces. I believe it was 34 people who died in long-term care, and the report said, had you just brought in the Canadian Armed Forces sooner—34 people died because they just needed water. There was no one there to bring them water because the staffing was left in chaos.

Just let me read a few of the quotes from PSWs who were working in these conditions. These are the PSWs you're purporting to respect as heroes, and you're purporting that this bill is going to improve their working conditions. So let me read those quotes and you can just answer to yourself if you think a regulatory, bureaucratic response to these statements is what is needed in this province.

Here is a quote from a staff that comes from the long-term-care-commission's report: "Staff told the commission about crying before, during and after work, vomiting in locker rooms from stress, and watching residents whom they loved die in great numbers."

Another staff had this to say: "We had five PSWs for 58 residents. And this gentleman was dying. And we tried the best we could to get into that room and spend as much time as we could doing care ... but unfortunately he still died alone. We weren't there when he died ... [O]nce a resident passes, you're expected to pull yourself together and heaven forbid you should be emotionally attached to this person and move on to the next task at hand with just, you know, a snap ... You become the substitute families. They know our voices, they know our touch, and that's important. And I believe it's inhumane not to be able to spend any extra time with a dying person or somebody that's lonely or has an issue."

You can't hear those words and not understand and see a picture of the conditions that PSWs were working in. Their broken hearts just ring off the page. These PSWs are heroes. They don't need oversight. They don't need a regulatory body. They need grief counselling. They need supports. They're suffering from PTSD, and you have given them nothing—nothing. It's really hard to imagine.

The long-term-care commission had a lot of recommendations. My question would be: Was one of them to create a regulatory, bureaucratic oversight body? Was that one of the recommendations in the long-term-care-commission report? I know the report talked about decades of neglect, and there is absolutely no doubt: We know that this system has been neglected. Years of a Del Duca, Liberal government, unbelievably, left long-term care in this position, but when this government came to power, you made things worse.

The Minister of Long-Term Care said, infamously, "We didn't start the fire," but you certainly poured gasoline on this fire. You started cutting public health. You cut health care. You cancelled inspections in long-term-care homes. All of these things created a condition when there was a pandemic where we had the absolute worst possible outcomes that we could ever imagine.

We stood here on this side of the House how many times and said, "You need to address your ward rooms

now. You need to have complete quality inspections now. You need to provide PSWs with an increase to their pay. You need to stop PSWs from going from home to home." But you dragged your feet on all of that and you made a fire—a raging inferno—where 4,000 seniors died preventable, needless, painful deaths, and 20 health care workers died. And this is your response: a regulatory body.

We know staff were abandoned. They called for help; they were begging for help. But there was no plan. You had no plan. You had no staffing plan to address these conditions when you knew they were happening. The long-term-care commission was very clear. It said that profit is part of the problem, and we have been calling to take all of the profit out of long-term care. Every single dollar—taxpayer dollars—that is given to these for-profit corporations should be going to care, not to CEO bonuses, not to shareholder bonuses. We keep saying that the former Premier, Mike Harris, is the president of Chartwell. This is during the time that your government continued to not ensure that people in these for-profit corporation homes were safe. If you were in a for-profit home, your risk of dying was 78% higher than in a public setting. Those are just a few of the comments from the long-term-care commission. I don't read that it says that we need a regulatory body.

But if you want to talk about regulatory bodies, let's talk about the Retirement Homes Regulatory Authority. This is a self-governing body. This is a body that regulates retirement homes. It's a delegated authority, and the board is primarily comprised of people who are executives or representatives from these for-profit corporations. CEOs of Chartwell, CEOs from Revera: That's who is on the board of this self-regulating body. It is exactly the example of the fox watching the henhouse. If you're concerned with regulatory bodies, I say take your time and look at this regulatory body, because it has lax oversight and it has failed seniors living in retirement homes.

You need to know that these retirement homes are the same operators that provide long-term care, the absolute same tragedies. During COVID, people living in retirement homes—there were 3,700 cases; 2,100 of them were among staff. And there were 610 deaths in retirement homes that were regulated by the same kind of body that you're proposing here. Tell me how this body is going to do anything better than what the Retirement Homes Regulatory Authority does, because the Retirement Homes Regulatory Authority has failed residents in this province.

In my riding in Hamilton, we had the Rosslyn. That was the retirement home where every single person—every staff person, every resident—got COVID. The home had to be evacuated by Hamilton paramedics, from a municipal response. One resident was forgotten, left alone for 24 hours while they evacuated. That was a home that was regulated by the Retirement Homes Regulatory Authority. We had White Cliffe in Durham. They took the handles off the doors for residents. We had Greycliff Manor. The MPP from Niagara told the horrible stories of how people suffered, of a young man who died in Greycliff Manor in

unbelievable conditions. You are also now putting alternate-level-of-care patients into these retirement homes with absolutely no oversight. There's a complete gap in the oversight of alternate-level-of-care people who are moving from hospitals right now into retirement homes.

The outrage in this province with your government's response to long-term care is real. The minister herself, the Minister of Long-Term Care, will know, right or wrong, that she's the focus of a lot of this outrage. It's trending on Twitter; #FireFullerton is trending on Twitter. And you ask the reason why? Because people want answers. They want to know: Have you given up on the iron ring? Why don't you increase oversight for these for-profit corporations?

1530

PSWs don't deserve this. They don't deserve you imposing more regulatory oversight on them when what they really deserve is some compassion from this government and some actual supports.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mr. Rudy Cuzzetto: Thank you to the member across. For 15 years, nothing was done with long-term care. In the 2011 to 2014 period, when the NDP had the balance of power, you made lots of demands, but nothing on long-term care. Will you support Bill 283 today and help our PSWs: yes or no?

Ms. Sandy Shaw: I mentioned the Retirement Homes Regulatory Authority. Members on your side will know; they were in the House. The Minister of Municipal Affairs and Housing was in the House in 2010 when this regulatory body was struck, and it's been a complete failure. So my question to you is: Why don't you come up with something that is more substantial, that will take lessons from the failure of the regulatory body that's in place and actually come up with some meaningful actions to protect seniors and to protect workers in those homes?

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mr. Jeff Burch: Thank you to my friend from Hamilton West–Ancaster–Dundas for her words and for her leadership in fighting for workers in the Hamilton area.

One of our members, the member from Sudbury, came up with a private member's bill which attempted to at least start a regulatory framework for PSWs and provided for a minimum of full-time equivalence, to be actually classified as full-time, with pensions and benefits, as well as a minimum wage standard. Is that something that she feels would benefit the workers and residents in her riding?

Ms. Sandy Shaw: Thank you very much to the member from Niagara Centre. Absolutely. Everyone knows that. You don't need to be a government member, you don't need a commission, you don't need an oversight body to understand that one of the biggest problems for the spread of COVID was part-time workers going from home to home. And the reason they did that: As we all know, they were trying to cobble together some full-time work.

Why do they only have part-time jobs in all of these for-profit corporations? The for-profit corporations didn't want to have full-time staff, because then they would have

to have paid benefits and holidays and other protections. So it was how they did long-term care on the cheap. Our residents suffered, our seniors died and PSWs are still paying the price.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Vincent Ke: Thank you to the member from Hamilton West–Ancaster–Dundas. We all know the basic way to continue to tailor our vaccination plan to the needs of individuals and communities is to collect effective data on where the vaccines are going and who is getting vaccinated.

My question to the member from Hamilton West–Ancaster–Dundas is, will she support this Bill 283 so we can collect the vaccination data that will help us better target our efforts and save more lives?

Ms. Sandy Shaw: Thank you to the member for the question. I would say that your question—where are the vaccines going and why—is a question that is on the mind of every Ontarian here. I heard that someone said that they were on the vaccine line waiting and they were like 970,000th on the call waiting in line to get an appointment.

I think that the question about how this government made decisions about where the vaccines would be prioritized is really important. There's a concern that the decisions about where postal codes were selected was a politicized decision. The Auditor General is currently looking into how those decisions were made. My question to you is—you should start by fixing the vaccine rollout before you look to collect more personal information from the residents of Ontario.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Percy Hatfield: I want to thank the member from Hamilton West–Ancaster–Dundas for reminding us of the horrific conditions that PSWs have been working in.

On the weekend, I was listening to CBC Radio. Sharleen Stewart, the president of the SEIU, was on there. She talked about her members. When people were dying in the long-term-care homes, funeral homes, because of COVID, refused to go in and retrieve the bodies, so the PSWs who looked after the people who were dying treated them like family, had worked with them for years, now had the responsibility to clean them, put them in body bags and wheel them out to the front door for pickup by the funeral home. These are the people we call our front-line heroes. These are the people we promise pandemic pay. These are the people—we say four hours of direct care. If a home has trained staff, fully trained PSWs, why can't they now receive the ability to offer four hours of direct care a day and phase it in?

Ms. Sandy Shaw: Thank you to the member from Windsor–Tecumseh. Honestly, I don't know. If there's any human decency when you hear these stories—I don't know the answer to that. Why do we not have four hours of hands-on care? It's what our residents deserve, and that's what our PSWs deserve. These stories are harrowing—absolutely harrowing. It was a year ago Leonard Rodriques, a personal support worker, died because he didn't have access to PPE. Just recently, we had a nurse, an SEIU member, Lorraine Gouveia, die.

Our health care workers are dying, and this government has done nothing—no four hours of hands-on care, no supports for the kind of grief counselling that PSWs need and no ensuring that for-profit corporations don't go back to part-time workers going from home to home to home, because it's starting again.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Jane McKenna: First of all, there are a couple of things that I want to point out that you're saying, because hopefully the people at home get to see the other side of the situation here. First of all, you voted against the bill which was doing four hours total for each patient, so that that's just clear, so everybody at home hears that, number one.

Number two: You stood up and talked about the paid sick days and how we voted against it numerous times. Well, we did because we wanted to make sure that it wasn't going to be straddled on small business and medium business that are barely keeping their heads above water. Thank you for supporting our COVID-19 Worker Income Protection Benefit that is over the top. People are actually calling us constantly—three paid sick days and then, with the federal government, doubling, the province paying for it, so it will go from \$500 to \$1,000.

My question to you is: Personal support workers, physician assistants and behaviour analysts are currently not regulated, which leaves employers with the responsibility to address possible complaints. Does the member—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. The member for Hamilton West—Ancaster—Dundas.

Ms. Sandy Shaw: I would just say to the member from Burlington: When you got up last week and made your infamous Chicken Little comment, my phone was flooded by members from your riding who were horrified by your take on this pandemic. One woman wanted you to know very clearly—her name was Mary Lynn—that her mother was currently in ICU with COVID. She was outraged by your insensitive comments. I just want to let you know on behalf of Mary Lynn and her mom that people at home, as you say, know what's what. They don't need you to correct anybody's record or set anybody straight.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Michael Mantha: I listened very intently to the comments the member brought forward. My question to her is going to be very simple. There was some engagement that was done with some of the front-line workers to have their views come forward. However, there wasn't enough that was done or brought into this bill to reflect a lot of those discussions, which actually frustrated those organizations: suggestions like dealing with the actual pay, the actual working conditions, the standards that are there, the accountability. These are things that could have been included in this bill, but are not there.

1540

The fact that PSWs are overworked—there is no aggressive strategy that has been developed in this piece of legislation. I'm just going to ask the member: Why isn't this here? Why does this government consistently miss the target?

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. The member's got seven seconds to reply.

Ms. Sandy Shaw: Thank you very much. I would say that that question is on the mind of every single Ontarian in the province. They keep looking to this government, saying—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Further debate?

Mr. Percy Hatfield: I have a little bit of COVID-collar today. My collar keeps flipping up. I know people with long hair, their hair flips up. My collar's been flipping on me.

I don't really know where to start on Bill 283, but I think I'll start on the sections dealing with personal support workers, or PSWs. Although many of us welcomed the news that the government was providing free tuition to college students interested in being fast-tracked into a training program for future PSWs, there are those who feel the program is too limited in its scope.

Recently, I've heard from the board presidents at both Community Living Windsor and Community Living Essex County. They've written Minister Smith alerting him to the problems they'll be facing because of this. It appears no one in the Ministry of Children, Community and Social Services has relayed to the health ministry nor the Ministry of Colleges and Universities that just stipulating free tuition for PSWs would impact the supply pool for DSWs, or developmental service workers.

Think about that for a moment, Speaker. It's like the left hand of government not in coordination with the right hand. It's the reality of Newton's third law of motion: for every action, there is an equal and opposite reaction.

The supply pool for people interested in a career of helping our most vulnerable of citizens is only so deep—well, not deep, Speaker. It's actually quite shallow. Many personal support workers sign up to work in long-term-care homes and retirement homes while developmental support workers see a path for themselves working with challenged citizens in group home settings or who struggle to live on their own and need assistance to do so. God bless them all, Speaker. I certainly value the work they all do, and I know the families of those they care for certainly value the work they perform for their loved ones on a daily basis.

The issue the letter addresses is not meant to be critical of the free tuition for the PSWs, but it states, "The good news for long-term care is not good news for our agencies." Why, you may ask, Speaker? That's because the major casualty of this initiative is the ability of the developmental services sector, the DS sector, to compete for graduates. The incentives entice potential students from pursuing a two-year college education as a developmental service worker by ensuring a firm pipeline to a job as a personal support worker in long-term-care facilities.

The letter goes on to say that the free tuition "puts agencies such as ours at a significant disadvantage—it has the potential to lead to even greater staffing shortages at DS service-providing agencies ... and among families of people who have an intellectual disability."

This is a province-wide area of concern, Speaker. We can extrapolate the numbers. Just in Windsor and Essex county, these two agencies support 1,400 people and their families. Some of the services offered include 24-hour accommodation, people who live on their own or with family, education, community participation, host family, families with individualized funding, enhanced specialized services and short break respite.

Speaker, to put it in another perspective, these two agencies—just these two in my area and yours—employ more than 1,200 people. They're professional post-secondary graduates performing very complex job requirements. Most are unionized. They make decent money. They help others find jobs. They offer tailored support for often complicated medical and physical needs. They work on behavioural challenges with their clients and help to improve their communication skills.

As you may well expect, Speaker, COVID-19 significantly reduced the already strained workplace capacity issues that existed prior to the onset of this global pandemic. The agencies admit their service delivery has been reduced by about 50%. They've been trying, and they admit to a very aggressive recruitment campaign, but they have been losing ground to the numbers of staff leaving because of COVID. Now, the accelerated PSW training program has cut into their workplace staffing challenges even more so.

Don't get me wrong, Speaker, this letter highlights their appreciation for the government's temporary wage enhancement that is in place for another couple of months. But when they look down the road, on their horizon, they see staff shortages caused by the government's offer tailored specifically to potential personal support workers. That's why they're urging the government to extend the staffing stimulus and the accelerated PSW training program for long-term care to the developmental services worker program as well.

Speaker, this letter ends with this observation, and I hope the government side is listening. "Steps to support Ontario's aging vulnerable population must not come at the price of suboptimal care for another vulnerable population: Ontarians with intellectual disabilities."

Just before I move on to another section in long-term care—Speaker, I know you're only too well aware of this, but I feel like it's important for our colleagues to be reminded that, down our way, at the beginning of this year, more than 1,500 people are waiting for respite in and out of home, more than 2,500 people are waiting for someone to help them to participate in their community, and nearly 1,500 people are on the waiting list for residential supports. In other words, families with challenged members of their family are in desperate need for government funding support. That's in addition to the issues associated with the Ontario Disability Support Program, the ODSP. As you know, ODSP provides for something like \$15,118 a year, \$3,500 below the poverty line; on a monthly basis, \$1,260 with a shelter allowance included at just under \$500. Just a bachelor apartment in our area will cost you at least \$700, so they're left with a very tough choice every

day: Do you buy food, a new pair of socks or underwear, take the bus, or go without and save up to pay the rent?

And Windsor is still a more affordable place to live than the big cities such as Hamilton or Toronto, but we still have big city problems. We have more than 5,500 people on the waiting list for safe and affordable housing. Over the past five years, our rents have gone up. We used to be able to find a one-bedroom apartment for \$700 a month; it will now cost you \$1,000, at least.

So what do our intellectually challenged individuals do, Speaker? They don't have the money or the DSW supports to move out on their own, so they stay at home with aging parents—those parents worry constantly about what will happen to their son or daughter when they pass—or, in another sad aspect of their lives, they're forced to move far away from the home communities or they end up in a retirement home with people twice their age, being cared for by staff not necessarily trained in the needs of people with an intellectual disability.

Speaker I don't know if you read the New York Times section in the Sunday Star yesterday, but in the cultural section, the headline that caught my eye was, "Poetry Can Serve as a 'Vaccine for the Soul.'" Jane E. Brody writes: "Many, perhaps most, of us have spent this past year struggling to find ways to mourn the losses, weather the stresses and revive the pleasures stolen by the COVID-19 pandemic." She wonders how many of us "have turned to poetry as a source of comfort, connection, inspiration and acceptance." Well, Speaker, apparently a lot of us have, and for good reason.

Dr. Norman Rosenthal is a psychiatrist who has used poems as a therapeutic assistant, with rewarding results. He uses poems with "the power to heal, inspire, or at the least, bring joy" to his patients. Now as we herald vaccines, Speaker, as potential saviours from the threat of a devastating virus, Dr. Rosenthal said, "Poetry can serve as a vaccine for the soul." In a world that is so marred by loss, according to this article, it's believed "poetry can help fill in the gaps, offering a brief retreat from a troubled world and hope for a better future." "This crisis," according to Dr. Rosenthal, "affects more or less everyone, and poetry can help us process difficult feelings like loss, sadness, anger, lack of hope."

1550

"Poems ... can be a literary panacea for the pandemic. They let us know we are not alone, that others before us have survived devastating loss."

Speaker, as you know, there's a new book of poetry that just hit our local market in Windsor, *A Dance of Self-Isolation: Covid Poems from the Biggest Little City in Canada*. Four Windsor poets felt it was necessary to chronicle some of what we've been going through during this pandemic. From that new book, here's one called *COVID Hair* by Windsor's Poet Laureate, Mary Ann Mulhern:

My friends complain
About their "covid hair"
Blonde turns to grey

Black changes to white
Bangs grow into fringes
Impossible!

Some men like their “longer look”
Muse about a “man-bun”
Maybe a ponytail

My hairdresser offers
To mix colour
For me to apply
I imagine “a bad dye-job”
Hair turned orange,
Some shade of purple
Or worse

I’ll wait for her magic
The door to her shop
Framed with light
“Open”

Speaker, Mary Ann Mulhern has written one called
Migrant Worker:

Snakes lurk beneath leaves
In fields, orchards and greenhouses
My fellow workers and I
Fear a virus
Seeds of death, silent, hidden
In the light, the dark.

In our crowded bunkhouse
A man struggles
To smother his cough
Afraid to be tested
To be sent home
Shamed by sickness

Nothing in his hands
For his wife
His children.

Speaker, our first youth poet laureate, Samantha
Badaoa, penned one titled Four Letter Words:

I don’t count the days anymore
time passes quickly
too fast for me
to keep up
I am running
towards all that
I still know

I know that cracks in my blinds
will let sun through
waking me up
gently
each morning
a centuries-old alarm clock

I am running
towards all that
I can still hold

I hold memories in my sleep
cradle smiles and laughs
first steps
family dinners

I am running
towards statistics
in newspapers
that I wish were names
that I want to remember

I am running towards
all that I have
towards four letter words
that bring me comfort

love
hope

Speaker, Windsor’s Poet Laureate Emeritus Marty
Gervais has this one called We Are Safe:

Each day these past few months
Begins in muted mingling of light
And darkness, and from our windows
Run the widening empty streets
Of stillness and silence, and we are safe
In this persistence, and feel the sky
rumble over the city’s rooftops
while we huddle, quiet and alone with
our closest, thanking our lucky stars.

Marty also has Language at the River. You’ll enjoy this,
Speaker; it’s right in your riding:

The fishermen gather at the curved shoreline
in Sandwich, praying for silver bass
to find their bait, to fill their baskets
and all through a silent sunny morning
they meditate—this staggered lineup
long the waterfront, only muted gestures
serving as words for those whose lines
are flung into the drift and drag of the river
but the language here is clear and persuasive
in a single purpose to carry on, to live side
by side, ever present, yet keep the distance
and let the running river keep us one.

Speaker, our mayor, Drew Dilkens, has a couple of
poems in this book. They’re too long for me to read in their
entirety, but here is an excerpt from one called A
Wonderfully Incredible Amazing True Tale of COVID-19
From the Chair of the Mayor of the Biggest Little City in
Canada:

No need to close the whole city, businesses, arenas and pools,

Whoever thinks like that—well they must just be fools.

And then—like the speed and sting of bees,

The Coronavirus brought my country, and province and my city to its knees.

Emergency declared,

“EVERYONE GET PREPARED!”

Our Hospital responded to this five-alarm fire,

PPE and ventilators on order so the situation wouldn't be so dire.

Field Hospital opened—St. Clair College closed,

The University shut down, Police, Fire, Ambulance workers sharply on their toes.

And as the heat of this fire from across the river did burn,

A “hotspot” they called it our city did learn.

A crisis unseen in Detroit since '67,

A pandemic of “epic proportions”—the border closed—

The Acting Speaker (Mrs. Lisa Gretzky): My apologies for interrupting the member for Windsor–Tecumseh, but pursuant to standing order 50(c), I am now required to interrupt the proceedings and announce that there have been six and a half hours of debate on the motion for second reading of this bill. This debate will therefore be deemed adjourned, unless the government House leader directs the debate to continue.

The government House leader.

Hon. Paul Calandra: We'd like debate to continue, and whilst I have the floor, just to inform the House that there will be no need for a night sitting this evening.

The Acting Speaker (Mrs. Lisa Gretzky): The member for Windsor–Tecumseh.

Mr. Percy Hatfield: Thank you, Speaker. Picking up on the mayor's poem:

But our brave healthcare workers across the border they travelled

Even as their own lives at home slightly unravelled.

“Don't let them go”—some in our city did say,

“They'll bring home the virus and we'll all have to pay.”

But our American brethren were too important to ignore,

You see, we've been friends since 1812—since the end of that other war.

Those nurses and doctors—their work and their love,

As a recovered patient in Detroit said

“These people were sent like angels from above.”

One final poem, Speaker, from this book. You'll recall our food drive miracle back on the June 27 of last year: 10,000 volunteers collected more than two million pounds of food across Windsor and Essex county. The miracle drive filled the shelves at 15 food banks in Windsor and Essex county and beyond. Mary Ann Mulhern titles this one Windsor's Miracle:

Like the parable

Of loaves and fishes

Boxes and bags of food

Appear all across Windsor

An army of volunteers

Sort through every can, every jar, every box

Enough to stock Windsor's food banks

Enough to nourish hungry men, women and children

People thrown out of work

By a pandemic.

Maybe COVID kept us apart

Only to bring us closer

To remove masks of indifference,

Open our eyes

To those who have no food

Those who have no home

And gladly offer each one of them

Hope.

A Dance of Self-Isolation: Covid Poems from the Biggest Little City in Canada was edited by Christopher Lawrence Menard and published by Black Moss Press.

Switching gears now, Speaker, back to the PSWs: Last Friday, I received in the mail the results of a survey into long-term care in Ontario. It was printed and released by the Canadian Federation of University Women, the CFUW. Stratford's council led the way with support from the CFUW council in Windsor, Kitchener-Waterloo and Oakville.

One of the first things that stood out for me, as I was reading the survey results, was in the summary. They used a quote from a great Canadian, Stephen Lewis, who used to grace this chamber with his wonderful oratory as the former leader of the official opposition NDP. Mr. Lewis, who is facing his own health challenges at the moment, and we wish him well, has said about the way we care for our friends and loved ones in long-term care in Ontario: “We tolerate a hybrid public-private system despite the obvious moral hazard of extracting profits from society's most vulnerable.”

Speaker, Ontario's chapter of the Canadian Federation of University Women surveyed nearly 1,300 people on their feelings about long-term care and PSWs, and it certainly pertains to Bill 283, the Advancing Oversight and Planning in Ontario's Health System Act. Residents in 20 communities were contacted. The results: 92% of those surveyed believed Ontario's long-term care was in a grave humanitarian crisis. In that regard, there was a

comment attached that said, “I agree the situation is grave, however, putting more money into this terrible warehousing model is not the way to go.” Nearly 96% felt the government should ensure that staffing levels are adequate to provide a minimum of four hours of care per resident by next December and not wait until 2024 to make that happen. A comment attached to that regard says, “I feel the system is run for the staff’s needs, not for the residents, which is totally backwards.”

More than 96% of respondents surveyed believed that personal support workers should be full-time workers with benefits, including paid sick days. And 98% said the annual unannounced on-site inspections we once had should be reintroduced and should never have been eliminated. Speaker, I doubt you’ll be surprised by this, but 88% of those surveyed believed that long-term care in Ontario should not be profit-driven.

The Canadian Federation of University Women is holding a national town hall on long-term care tomorrow, May 4, from 1 p.m. until 3 p.m.

1600

Speaker, I don’t have a lot of time left. I just want to mention an editorial in the *New York Times*. The paper called out the developed nations for not making more vaccines available to the Third World. The bottom line is that the developed nations have most of the vaccines, and if they don’t get them to the Third World—this global shortage has been obscured by pockets of vaccine abundance in wealthier countries. There are some amazing statistics there. The United States will have 300 million extra doses by the end of July, while sub-Saharan Africa and Latin America need nearly four billion shots of any two-dose vaccine. To this date, so far, only 1.3 billion coronavirus vaccines of any kind have been made at all. So we’re not out of the woods by any means in this fight against this global pandemic.

I thank you. I look forward to the questions.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Jennifer K. French: I’m glad to be able to make a few quick comments in response to the member from Windsor–Tecumseh. I appreciate it when he does bring in the voices of the arts community. To know that there are people who are able to put some of the words and feelings into poems right now I think is important for us, as there will be a time after this pandemic when we will look back.

I was actually struck by some of the very emotional words as I was reading excerpts from the long-term-care commission report. While it was not poetry, it was very emotional. Some of the images conjured by those words are haunting. I would ask, what do you see in the bill before us—because it is focused on PSWs—that will change, that could be different as we go forward? What protections do you see in place so we don’t have those horror stories?

Mr. Percy Hatfield: Thank you for the question. What I’d like to see is immediate changes to the livelihoods of PSWs, our front-line heroes. They should have their pandemic raise made permanent. It should be extended. I think right now it’s going to end at the end of June.

Of course, I talked before about the four hours of care. The government says they need to train people, but if you have one home, for example, that has fully trained PSWs, long-term-service PSWs, why not offer the residents in that home four hours of care today and phase in all the other homes in Ontario as we get the trained staff and as we can afford to offer that four hours a day, home by home, instead of waiting three more years?

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mrs. Robin Martin: Thank you to the member opposite. It’s always a pleasure to listen to you speak in the House. You shared some interesting stories and information from people that you’ve spoken with. I really do admire the passion with which you speak and the lyricism, maybe I can say, with which you speak. It’s always a moving and interesting presentation from you. I appreciate that.

We have been asked to regulate some of the health care professions that are in the bill today—in fact, all of them. All of them have desired regulation as health professionals, and all of them are excited to be regulated, including PSWs. So while this bill doesn’t solve all of the problems that the PSWs, for example, are facing as a group, and we’re working on recruitment and retention, it is a step forward that they have requested. Will you support the legislation because it is one step forward?

Mr. Percy Hatfield: Thank you for the question, the member from Eglinton–Lawrence. Each journey begins with one small step, so when we’re talking about health care and improving health care and improving the lives of personal support workers, we have to look at what is the best first step we can take to improve their lives.

The way I see it is somewhat different from the government side. The government side says, “We’ll have a registry for PSWs.” I say pay them more, pay them more now, then start a training program that may include a registry at the end of the day. But the first thing we have to do is to show them and appreciate that they are our front-line heroes. They take care of our vulnerable loved ones, and they should be compensated fairly. They should have a pension plan. They should have sickness benefits. That’s my first step towards improving their working lives.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Joel Harden: I want to thank my friend from Windsor–Tecumseh for his remarks. Of the many things he said, I will not be able to lose that visual of the farm worker trying to suppress the cough in the bunkhouse so he doesn’t have to miss a day’s pay and go home to whatever country his origin is, to have no benefits for his loved ones.

I know that this is something you’ve spoken about passionately in the House before, and I’m wondering if you could just take an opportunity now to talk about some of the specific health care needs that those folks, those migrant farm workers, have, and how we as a province have truly failed them in the last year.

Mr. Percy Hatfield: Thank you for that question. I guess what stands out for me is that we lost three migrant

farm workers last year. One of them lived in Essex county and was working in Chatham-Kent. They put these migrant workers—at the time; I hope conditions have improved—in a motel, and they brought food to them, or they were supposed to bring food to them. Sometimes they brought food that they were unfamiliar with—I mean, they're from Mexico, in this case, and they were bringing food where they didn't know what this was, which didn't make a lot of sense.

But the other thing is that people didn't drop in to see how they were doing, so as their conditions deteriorated and they became deathly ill, the food was sitting outside their door, but they were dying in the room. We left them there to die, as opposed to having any kind of a support group that would check up on them. I hope that has ended and we don't go there anymore.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Aris Babikian: It is always a pleasure to listen to our esteemed colleague on the opposite side and listen to his wisdom. He is a veteran of wisdom who has knowledge in not only the Legislative Assembly world, but also in life and gained from his experience.

I wanted to ask him a question about the issue at hand. We all know the best way to continue to tailor our vaccination plan to the needs of the individual communities is to collect effective data on where the vaccines are going and who is getting vaccinated. Will the member opposite stand with us and commit to supporting this legislation, so that we can collect the vaccination data that will help us better target our efforts and save more lives?

Mr. Percy Hatfield: Thank you for the question. I have no problem with data being collected on the vaccine rollout. The controversy has been the way it has been rolled out. I know the government says you had to get the vaccine delivered to you from Ottawa, and that has been a problem. Look, that would be a problem. Okay. But when you had it in your hands and when you designated those first hot spots, some of these so-called hot spots bore no resemblance to what was really happening in those postal codes. Some very wealthy neighbourhoods with very few contacts with COVID—the people in those postal codes were getting COVID vaccines before the racialized neighbourhoods with the highest COVID attacks. They were ignored. They weren't in the initial rollout of the hot spot postal codes. That should never have happened. That should never happen again.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Michael Mantha: I want to commend the member. He started out a lot of his comments talking about DSWs, and I don't know if the member knows this, but my son is a DSW up in Sudbury. It takes a special person to do that work—oh, and by the way, my son, his name is Roch, but I call him « Bébé Roch. » He doesn't like that, so I'll do it again: Bébé Roch, Daddy parle de toi aujourd'hui. His birthday was on April 28, and I finally got to hug my son, which was something special.

Anyways, the work that those individuals do is special. It is really special, the work that they do: the empathy they have to put into their work, the care, the time, the patience.

It takes a special person. And at a very young age, a lot of my son's teachers identified those qualities in him.

1610

My question to the member is, you talked about a lot of the unintentional consequences of providing programs for PSWs. What's going happen to DSWs?

Mr. Percy Hatfield: Speaker, as you know, our friend from Algoma-Manitoulin had tears in his eyes when he told us last week or two weeks ago about his son, the developmental support worker, who had COVID and was dealing with COVID. I'll say to your son, your father loves you very much, and we love your father very much.

DSWs need as much support from the government as the PSWs, and the bill could be changed—free tuition for people going into the DSW program, the same as the PSW program, or else people going into that field are all going to get the free tuition for PSWs and we won't have enough developmental supports and developmental services workers in our future. We have to deal with that now.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Mr. Vijay Thanigasalam: I'm pleased to rise this afternoon and add to the debate today on Bill 283, the Advancing Oversight and Planning in Ontario's Health System Act, 2021.

Before I begin my remarks, I would like to take a moment to express my sincere gratitude to all of Ontario's health care workers for the care that they provide each and every day. They are our front-line heroes who are at the forefront of the fight against this virus. They always go above and beyond, time and time again. They have illustrated tremendous courage and commitment to their patients and communities as we all face the challenges related to COVID-19. We cannot thank them enough for all that they're doing.

I would like to thank the Minister of Health and the parliamentary assistant for the work they have put in to build a better health care system and for the opportunity to contribute to today's debate.

Thanks to the leadership of the Minister of Health, our government has made \$15.2 billion available to support our front-line health heroes and protect the public from COVID-19. This has resulted in the creation of 3,100 new beds—a figure equal to six new large community hospitals—to help increase capacity in our health care system.

Supporting our health care workers will always be at the forefront of what we do as we continue to fight COVID-19. This global COVID-19 pandemic we find ourselves in has served as a reminder to us that we need an integrated, connected, patient-focused health care system. Madam Speaker, the health and well-being of Ontarians is the utmost priority for our government, and we remain committed to transforming our health care system to deliver the high-quality care that Ontarians expect and deserve.

As our province continues to grow, it is necessary that we take the steps needed to organize, modernize and support health care systems in the coming years. Again,

thanks to the leadership of the Minister of Health, our government first began to implement these integrated models of care, known as Ontario health teams, in late 2019.

Even with the start of the COVID-19 pandemic in 2020, we have seen signs of success with the new Ontario health team model. Thanks to the unique partnerships between hospital networks, primary care, home and community care, we saw Ontario health teams spring into action throughout 2020, taking actions like simplifying the purchase of PPE and launching virtual patient support programs. As a unified health team, these groups took action swiftly to be there for their patients. Therefore, that is why we must continue to bring measures like the Ontario health team model to strengthen our health system.

The bill proposes a number of changes to modernize and build a more connected and patient-centred health care system for the people of Ontario. This bill also recognizes the valuable role of three groups of health care heroes: personal support workers, behavioural analysts and physician assistants.

The act, if passed, would create three new statutes to strengthen Ontario's health care workforce: the Health and Supportive Care Providers Oversight Authority Act, 2021; the Psychology and Applied Behaviour Analysis Act, 2021; and the COVID-19 Vaccination Reporting Act, 2021. I will highlight to the House what each of these statutes will do. We all know and value the vital role that personal support workers, PSWs, have as members of our health care workforce. There are over 100,000 PSWs in Ontario. They provide essential care and play an important role in the lives of people they support. That is why our government is acting to support our health care system with significant investments to bring more PSWs to the workforce. For instance, last week, our government made an additional investment of \$86 million to train 8,000 more PSWs in our private colleges and district school boards. This investment will support those who are training to be a PSW by covering the cost of things like tuition, books and mandatory school fees. It also contains a stipend to support learners who are on their clinical work placement, providing an additional layer of support.

This is on top of our \$115-million investment to train 8,200 new PSWs through Ontario's 24 publicly assisted colleges, with the new accelerated personal support training program. The accelerated personal support training program is a tuition-free program that will see students become PSWs in six rather than eight months in our public colleges. This is a meaningful program that will make a true difference for those who are trying to join our health care workforce.

Nothing will stand in the way of our government's commitment to ensuring that our health and social service workforce is supported and has the tools for success. That is why, with Bill 283, we are taking further steps to support these workers and their very important roles in the health care system. The first measure I'm pleased to highlight is the long-awaited framework for PSWs. The first of the three acts, the Health and Supportive Care Providers

Oversight Authority Act, 2021, proposes a new oversight body to oversee the registration of personal support workers and institute defined roles, responsibilities and accountabilities for this body. Instituting requirements like standardized registration and education requirements will help employers find and hire qualified candidates to provide care. It also ensures the broad integration of PSWs into the health care system. They're a particularly important aspect of building a modern and effective health care system.

I'm pleased to see that our government is taking concrete steps to support these health care heroes and that these measures are supported by the organization that directly represents PSWs. Health care stakeholders like Miranda Ferrier, CEO of the Ontario Personal Support Workers Association, said the following of the proposed legislative framework for PSWs: "The OPSWA welcomes this new historic decision.... This new status is the beginning of a positive future for all the PSWs and the communities we serve." I agree with Miranda: This is the start of something great for our PSWs. These measures and investments will address the long-standing barriers and issues that have been identified in the PSW sector.

Additionally, this new framework for PSWs is welcome after years of inaction by the previous Liberal government. In addition to this measure, our government, over the next few years, is investing up to \$1.9 billion annually by 2024-25 to create more than 27,000 new positions for personal support workers, registered nurses and registered practical nurses in long-term care. This significant investment is intended to ensure that we meet our commitment to increase the average daily time of direct care for long-term-care residents from 2.75 hours to four hours. Our government is taking concrete action for our PSWs workers by providing them with legislation that gives their profession the recognition it deserves.

1620

The second measure proposed in the act is creating the Psychology and Applied Behaviour Analysis Act, 2021. This act, if passed, will regulate behaviour analysts under the College of Psychologists of Ontario's existing framework. The mechanics of this change are to repeal and replace the Psychology Act, 1991, to include behaviour analysts in the same framework that regulates Ontario's psychologists. These measures would improve patient safety by giving the College of Psychologists the authority it needs to ensure that behaviour analysts are qualified, experienced professionals who have defined practices, like other regulated professions in our province.

The inclusion of behaviour analysts into this framework also puts in protections so that the profession acts in the public interest and provides essential services in an ethical and safe manner. This is another example of our government's approach to listening and working closely with our health care partners and taking action to modernize the health care system.

The third measure proposed to be created is the COVID-19 Vaccination Reporting Act, 2021, a needed legislative measure to support the vaccine rollout. As it

stands, there is no legislative authority to request the disclosure of COVID-19 immunization records for adults. This would require the persons or entities that administer the COVID-19 vaccine to Ontarians to provide the Ministry of Health with certain information to help support and track our vaccine rollout. The information to be reported from vaccinators would be individuals' first and last names, full address, telephone number or email address, date of birth, sex, Ontario health card number and any other information that is provided for in the regulations. Information about the doses of the vaccine administered, such as a product name, lot number and dose number, will also be collected under this proposed act.

Additionally, this act provides for the voluntary disclosure of the sociodemographic information of those who are getting COVID-19 vaccines. I want to restate this: This is voluntary and up to the person getting their vaccine and will not affect their access to the COVID-19 vaccine. Data will be protected and will be securely stored, with specific rules governing the use, access and disclosure of socio-demographic data.

I'm especially pleased to hear that the Ministry of Health is working with the Information and Privacy Commissioner to protect this data. It will be protected under the Personal Health Information Protection Act, 2004, which is the same level of protection for other personal health information.

This measure is to provide data on our vaccine rollout and overall ensure that our rollout is effective and equitable for all Ontarians. This will equip the Ministry of Health with the information it needs to address gaps in vaccine access and ensure we reach everyone who wants a vaccine.

Recently, our government reached an incredible milestone in our vaccine rollout with over five million doses administered to date. Today, those aged 18-plus living in hot spots can register through a provincial vaccine booking site or phone line. This is thanks to the Team Ontario effort we have seen and the tremendous hard work of our health care workers. We are thankful and grateful for their commitment and all the work they are doing getting shots into arms.

As the federal supply of vaccine increases and stabilizes, our government will be able to offer first vaccines to 10 million more Ontarians from April to June 2021, which will help stop the spread, avoid hospitalizations and save lives. I encourage all Ontarians and my constituents watching at home to book an appointment for the first vaccine that is offered to them.

Finally, the act proposes legislative amendments to the Medicine Act to provide for the oversight of physician assistants, another group of important professionals within our health care system. By performing tasks under the supervision of a physician and assisting in everyday procedures like diagnostic testing, surgeries and prescribing of medicines, physician assistants play an important role in the delivery of front-line health care. These amendments are an important aspect of the bill, as regulating these professionals will enhance their further integration

into the Ontario health system, supporting the modern delivery of health care in our province. Supporting these professionals is vital to ensuring that our loved ones will receive the care they need.

In closing, Madam Speaker, the measures proposed by the Minister of Health support the valuable role of PSWs, behavioural analysts and physician assistants.

Bill 283 also builds on our government's efforts to build a connected and modernized health care system. Our government remains firmly committed to supporting our health care workers by introducing provisions to ensure the standardized registration, education and oversight of certain professionals. And nothing will stop our government from taking the necessary steps to build and modernize our health care system so that it can continue to deliver the care that Ontarians deserve and need.

On a final note, I would like to thank once again the Deputy Premier and Minister of Health, and the member from Eglinton–Lawrence, the parliamentary assistant. Thank you for your hard work and the effort that you have taken to bring this bill to the House. Thank you for the opportunity to talk about these initiatives and for the time to add to this debate.

I encourage all members of this House to support our Bill 283, the Advancing Oversight and Planning in Ontario's Health System Act, 2021.

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Ms. Jennifer K. French: I'm pleased to have the opportunity to ask a question of the member for Scarborough–Rouge Park. I listened to his remarks as we are discussing and debating Bill 283. Specific to schedule 1 of the bill about collecting vaccination data and reporting it, it kills me that we're—what?—15 months into a pandemic and only now are we seeing an outline of a system of data collection. To this point, as I've heard from the members opposite, if it's been happening, it's been piecemeal.

I know that, in Scarborough, the member from Scarborough Southwest has been a champion for workers and families to get equitable access to vaccines. A big part of that equity comes from race-based data, not just collecting it but understanding it and taking action as a result.

I know that racialized and essential workers are at risk. They're sick and they're dying disproportionately of COVID-19 because they don't have sick days and we haven't been collecting data to properly target.

My question to the member is, if the government collected the race-based data—would see the need—why are we not seeing it explicitly in this bill? We hear talk; we don't see it. Where is it?

Mr. Vijay Thanigasalam: Madam Speaker, through you to the member opposite, thank you for that question. With Ontario's vaccination plan ramping up, we will continue reaching out to as many Ontarians as possible by offering more vaccines in more places, and the timely reporting of vaccine data makes this possible. By collecting this information, it will make the vaccine rollout much more easy for where these vaccines are administered and

to whom. Again, it will help ensure we are reaching everyone who wants to be vaccinated and where extra efforts to promote immunization may be required. Again, it will cover the gaps, and obviously gaps in terms of both the numbers as well as the equity piece.

1630

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mrs. Robin Martin: Thank you to our member from Scarborough–Rouge Park for his excellent comments on the legislation. There's been a lot of talk about PSWs, of course, during this pandemic, and all of our other health care providers. You did a couple of times, I think, thank them for all the work they're doing, and I should say as well that I really wanted to thank all of our health care workers for all the important work that they've been doing to help us get us through COVID-19.

Some of our health care providers have for some time wanted to be regulated. The three professions in this group that are being regulated if this legislation passes—the physician assistants, the PSWs and the applied behaviour analysts—have all sought regulation, and this legislation would fulfill one of their requests. I just wondered if the member could comment on how this is a step toward in helping these professions to get professional status and to see their role as valued by the system.

Mr. Vijay Thanigasalam: Thanks to the member from Eglinton–Lawrence and for her work on this legislation. For example, when it comes to PSWs, they are an integrated part of our communities and our health care systems, and they are one of the most unregulated sectors in our health care system. They need that recognition as well as they need that status of the work that they do.

As a matter of fact, for this legislation, the organization that directly represents PSWs welcomes this and they also say this is something that they've been waiting for for a long time. They mention—I'll just mention one line: "The OPSWA is thankful to this government for professionally recognizing and validating the valuable work of PSWs who have continued to step up throughout this pandemic." This shows PSWs wanted this and they are welcoming the move from this government.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Suze Morrison: My question to the member opposite is about vaccines in urban Indigenous communities. This morning, I stood up and asked the Minister of Health why we're seeing a disparity of urban Indigenous folks waiting four times longer than folks on-reserve to get access to their second dose of the vaccine. The member spoke in his speech about the need for equitable data collection so we can understand the issue.

Well, we understand that we have the data when it comes to urban Indigenous communities. We know that Indigenous folks are 23% more likely than the general population to become infected and have higher rates of ICU hospitalization of about three times the general population. So considering that data, that risk-based data that the community itself is collecting while waiting for this government to do its job, why are we seeing urban

Indigenous communities waiting four times as long to get their second shot as folks who live on-reserve?

Mr. Vijay Thanigasalam: Thanks to the member opposite for that question. We all know that the best way to tailor our vaccine rollout to the needs of individual communities is to collect effective data; it doesn't matter whether it's urban or rural where vaccines are going. It's also important for the future doses to know who is getting vaccinated.

I would definitely argue that this proposed legislation, if passed, would require persons who are taking the vaccination as well as the vaccinator who administers—they will have this information. Again, it's voluntary, and they have to consent to give the data. Even if they deny, they still have access to a vaccination.

In conclusion, it will help ensure they're reaching everyone who wants a vaccination. These extra efforts will promote that immunization, both in urban and rural—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Question?

Mr. Vincent Ke: Thank you to my colleague from Scarborough–Rouge Park for their wonderful presentation. In your speech, you talked about the collection of data, and it's so important. My question is, again, can the member from Scarborough–Rouge Park expand on why it's so important that this authority to collect information is included in this bill?

Mr. Vijay Thanigasalam: Thanks to my friend and colleague from Don Valley for that question.

As I mentioned, an individual who receives a COVID-19 vaccine is asked to share information such as their name and date of birth. The Minister of Health is working with the Information and Privacy Commissioner to make sure that this data is managed and given access to in a proper manner, similar to how the public health information has been managed and given access to. All the measures have been taken to make sure the data is managed properly.

To answer the member's question: We want to make sure that we vaccinate all Ontarians who need a vaccine in a timely manner.

I'm very proud to be a part of this government; as of today, we have administered over five million vaccine first doses, and we are on our mark towards 10 million soon.

As a team, we will make sure we will stop the spread of COVID-19.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Jennifer K. French: I'm glad to ask another question of the member from Scarborough–Rouge Park about the schedule for PSWs. It's a registry. This government is repeatedly trying to utilize the word "regulate," and that's—two other professions will be regulated. A registry is not regulation. It is not a college. So it isn't about regulating. It's a registry—which they have to pay for, by the way. It's an "authority" approved seemingly by—it has the stamp of approval from the private care industry, but the unions that actually represent the 175,000 health care workers who have been fighting for benefits, wages, training, access to PPE and accountability aren't

lining up to support it. Nothing in this bill or connected to this registry addresses working conditions, education or training standards, compensation, wages or worker retention.

The member opposite has many PSWs in his riding—and certainly, across Scarborough. How does this registry in any way respect or protect them and their day-to-day jobs?

Mr. Vijay Thanigasalam: Thanks to the member opposite.

It is not just a registry. It is a status; it is a recognition for PSWs.

We have heard loud and clear from personal support workers that they want to have their profession recognized as part of the health care system. That's exactly what our government is doing. We have looked at all options to achieve this goal.

Ultimately, the new model of regulation will have less burden for registration and have less expense for the hard-working PSWs, by not having the administrative costs associated with the college model.

The Acting Speaker (Mrs. Lisa Gretzky): We don't have enough time for another question.

Further debate?

Mr. Peter Tabuns: I appreciate the opportunity to rise today and discuss this bill.

I'm going to take a look at some of the comments from my colleagues who have spoken previously—Madame France Gélinas, our health critic—and to look at the first schedule in this bill, which creates a vaccination reporting act that establishes the ability of the minister to collect information about vaccinations, including:

- identifying information about the vaccinated—their health card;
- the vaccinator—their professional credentials;
- where the vaccination was administered; and
- information about the vaccine itself.

I assume this would allow for the creation of a database of vaccinations. What's strange to me is that—you would think that would already be in place. We are dealing, overwhelmingly, with vaccines that require two doses to be fully effective. How on earth is it that we're running a system today where we aren't keeping track of who's getting vaccinated and who needs a follow-up, if we really want a system that's effective? So I'm surprised, in fact, that this is necessary—sorry; I'm not surprised it's necessary, because it is necessary to have this. What I'm surprised at is that it's not already in place. It's very odd to me.

I want to note, as well, a concern that was raised by my colleague Madame Gélinas—talking about the failure to actually put in place at the same time statistics on race, so that we can actually trace who is getting the vaccines and whether or not we're targeting appropriately. As you're well aware, Speaker, we have a situation in this province where people in racialized communities, low-income people, people who are doing essential work are most likely not to have been vaccinated.

1640

My colleague from Toronto Centre has spoken about the impact on Indigenous peoples, how, in fact, urban Indigenous peoples are not getting the vaccinations that they should be getting. When you have a system where you're actually not tracking things, where you don't know what you've done, then it's no surprise when things go completely off the rails. In fact, it's not even just a question of not being a surprise. It's a really good cover for doing whatever you want and not actually having to show records later as to what happened, and that's perpetuated in this bill.

It's really unfortunate, because we know that if we want to come to grips with this disease, we are going to have to attack it in a very systematic way from a variety of angles. If you don't have records that allow you to determine whether you're targeting properly and carrying out a vaccination program that maximizes your impact and gives you an opportunity to ramp down the disease as quickly as possible, then obviously you're not going to have the impact that's required, not for those people who are affected directly by the disease and not for the population as a whole, who want to know that the threat is diminishing and being taken care of. That is a huge issue, Speaker, and one that could have been addressed in this bill and is not addressed in this bill.

One of the other things that I think is very important, and it flows from all this, is the reality that, although the vaccination program was set up to start off with going to the people who are most vulnerable because of age—and it wasn't a bad approach, because we know that most of the deaths we had in the first wave were people who were in their seventies, eighties and above. Protecting them was ethically, morally, practically a really critical imperative. But as has been pointed out by my colleague Madame Gélinas, we still have something like 100,000 seniors who haven't been vaccinated. This is extraordinary to me. What's happened is that as we've expanded the applicability or the access to the vaccines, we've left a whole group of people behind. Some of these people, as my colleague noted, were people who were housebound, not in a position to actually get to a vaccination centre or a pop-up clinic, and haven't been systematically approached and vaccinated. That's a substantial concern, Speaker, a substantial concern.

I would say that this bill, again, in not trying to address those issues while we're at the heart of the pandemic, fails. It fails. Now, we're in a situation that demands the province to mobilize all it can to make sure that people are not left behind. It's unfortunate that this bill is not doing what needs to be done in that area.

The other schedule I want to talk to, in the time remaining to me, is the question of PSWs. People have heard others who have spoken. The initiative to set up a health and supportive care providers oversight authority: My colleague Madame Gélinas pointed out that this is really just a registry, that there is very little that's actually going to be done here to provide PSWs with the support, with the backing to make this fully effective. She noted the Liberals

had tried this themselves when they were in power and that it was a registry that failed.

Speaker, you are well aware and everyone in this room is well aware that our problem in this whole sector with PSWs is that people are underpaid; that they're not able to get full-time, permanent work with benefits; that for the most part, you draw in people who, with great intentions, find that they can't pay their rent and buy groceries based on the income they're getting. If we really want to deal with PSWs, and if we really want to deal with care in homes, if we want to deal with care in long-term-care facilities, if we want to deal with community care, then this bill seems to be going at it backwards.

Let's put in place regulation, for instance, that long-term care facilities have to have at least 70% of their workers permanent full-time. That's not the case now. My understanding is, the bulk of the people who work in those facilities are there on a part-time basis and they rotate from centre to centre. In fact, we learned this in SARS, and it seems to have been forgotten—or maybe not forgotten, but remembered and decided it wasn't important enough. We realized that if you have someone who goes from place to place, that's a perfect way to spread the disease from institution to institution, from long-term-care facility to long-term-care facility.

This bill does not provide that kind of backing for PSWs. It sets up a registry, so someday the minister can stand up in the House and say, "We did something." But in fact, did they do what was needed to provide Ontario and the people in Ontario who need care with the body of workers, the labour force, that could provide consistent care in a way that didn't promote spread of disease, that gave those who are providing care, who we've rightly termed health care heroes—it doesn't provide them with a standard of living that allows them to do the work the way it needs to be done.

One thing my colleague noted was that it's very common for something like 40% of PSWs who have gone through their training and go into the workforce—40%—to have left within a year and 60% who leave within two years. Again, if you can't pay rent, if you can't buy groceries, then you're going to move on. She notes that those PSWs who've gone through training have spent money on tuition. Governments may have spent money on training them, and when they find that the jobs are not viable for them, they move on and that investment is lost.

I don't—well, I was going to say I don't understand why the government has taken this position. I think I do. They don't want to spend in this area. I think they believe that the workforce is not in a position to say no, and this gives them a very convenient political cover to say, "We've done something about PSWs." Speaker, it's no wonder to me that this disease continues to go on and on because, at every point, when we need to do something substantial to actually beat it back, to ramp it down so that we can get back to our normal lives, this government stands aside. This section on PSWs is another example of that failing approach that they've decided to take.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mrs. Robin Martin: Currently, personal support workers are not statutorily regulated at all. The government's proposing to introduce this oversight body for personal support workers under our legislation, and if passed, they would then have this new authority, which could regulate other professionals as well as PSWs.

The oversight model is an avenue for Ontario to have more than one type of health professional regulation in the province and this aligns it with other provinces and best practices in health workforce regulation. Other jurisdictions who use this kind of model include the UK and British Columbia. We think it's a great model for PSWs, particularly because it is smarter and more proportionate oversight given the kinds of risks involved in the care that PSWs provide, which are minimal.

We also think it's important not to charge PSWs too much for college because some of the colleges charge enormous fees. So does the member opposite not think that this is a good model to use for PSW regulation?

Mr. Peter Tabuns: I want to thank the member from Eglinton–Lawrence for her question. I have to say, we have a system that is broken. We have people who are underpaid, who can't get full-time work, who rarely get benefits and who, in large numbers, leave the job almost as soon as they get to it.

1650

The registration is not the problem; it is not the problem. Pay them decently, give them full-time work, give them benefits, give them a future in a profession that is entirely honourable and then go on to those other things. You've got it completely backwards. In this case, make the job far more attractive, far more viable and give people who we consider heroes, who have risked their lives for us, a decent kind of work.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Marit Stiles: I really appreciated the comments of the member from Toronto–Danforth, as always.

I've been sitting here on and off throughout the day, the weekend, reading through the Ontario long-term-care commission's report on COVID-19. It is devastating. I agree with the member that once you read this report, there is nothing in this bill that goes anywhere toward really addressing the issues and the systemic issues that both Conservative and Liberal governments have created in our system. I wondered if the member had any comments on what this government could have done to actually attempt to meet some of the recommendations of the commission.

Mr. Peter Tabuns: I want to thank the member for Davenport for putting those questions forward. I would say, right at the beginning, starting to value the work of PSWs would be sort of at the heart of it.

In this society, we know what valuing work means. It doesn't mean a colourful postcard sent from the Premier to the worker. It doesn't mean ceremonies. It means stable work, good wages, good benefits. That is the way that sort of respect and honour needs to be expressed.

So at the heart of it, if you have people who are working full-time who know that they're not going to have to rotate between three or four different facilities in order to put

food on the table, then that right there makes a huge difference in terms of the system, its viability and its ability to actually give people the care they need and reduce transmission of disease.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mrs. Robin Martin: As a mother of a child who is on the autism spectrum and, frankly, as an MPP who has spoken with many applied behaviour analysts and parents of children on the autism spectrum, I have been told for some time that applied behaviour analysts would like to be regulated. I read an HPRAC report from many years ago, in fact, suggesting why they perhaps should be regulated. This legislation, in one of the schedules, provides for the regulation of applied behavioural analysts, which I think will have a salubrious impact on the people who are dealing with that kind of therapy for children with autism, who already have many other challenges to deal with.

Does the member opposite think that regulating applied behavioural analysts in this way is a step forward?

Mr. Peter Tabuns: The member from Eglinton–Lawrence: That’s a substantial question, and I appreciate you asking it. I think it’s something that is going to be of concern to parents across Ontario.

If you’ve got professionals who are coming forward and saying, “This would make it better for us to improve the service that’s provided to young people,” then yes, we should be looking at that very seriously. I haven’t read schedule 4 yet. Clearly, now that you’ve pointed it out to me, I will read schedule 4; I focused on the others. But I think that you’ve probably got a very different situation from that of PSWs, who are probably making far less than a behaviour analyst. I could be wrong, but I think that in this bill, the larger problem is the first two schedules, rather than the third and fourth.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Joel Harden: I want to thank my friend for his remarks. Something I think is missing in this bill that I would love to hear you comment on is not only how we need to help our personal support workers have permanent pay increases and better standards of living—I’m concerned at the degree to which aspects of their wages are taken away by for-profit operators who charge the Ministry of Health substantial amounts for their services but end up paying personal support workers such a pittance. And it concerns me, too, friend, that this government has direct relationships with the for-profit lobby. Their own candidate federally in Thornhill, Melissa Lantsman, registered as a lobbyist in the middle of the pandemic last April for Extencicare.

So, friend, I’m wondering if you can offer any advice to the government about whose side they should be on: Should they be on the side of personal support workers, or should they be on the side of Extencicare?

Mr. Peter Tabuns: I want to thank the member from Ottawa Centre for that question. I don’t think there’s any doubt at this point, now that we’ve gone through more than a whole year of this pandemic, that the private operation of long-term care has been a failure. We’ve looked at the death rates between the different forms of ownership of

long-term-care facilities. It’s very clear that there’s a direct relationship between profit-directed operations and higher death rates.

I think that it’s also reflected in—and I’m sure my colleague is well aware of this—the wage rates that are paid between the private sector, the public sector and the non-profit sector. I don’t think there’s any doubt that if an operator has to squeeze profit out of an operation, they’re going to have less money left for care and for pay to the people who are actually delivering that care.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mrs. Robin Martin: To the member opposite: This bill is focused on regulation of health care professionals—at least, the three schedules, and then there’s the data collection schedule. It’s a particular obsession of mine, the regulation of health care professionals. Twenty years ago, when I was a policy adviser to the Minister of Health—I think it’s that long ago—I was looking at our model of health care regulation and thinking that there should be some improvements to it. This bill, actually, by proposing this new Health and Supportive Care Providers Oversight Authority, suggests a new model of regulation based on best practices of regulations in places like the United Kingdom and British Columbia, and I think we can always learn how to do things better.

This bill regulates three professions. Regulating a profession is something sought by all health care providers, and usually it does lead to an increase in wages, because it also increases the status of these professionals. Don’t you think that that’s a good idea?

Mr. Peter Tabuns: Well, I think it’s a good idea to increase the status of health care professionals who are risking their lives to look after us and our loved ones. But I have to say to the member that, again, I think her priorities are backwards. I think that PSWs, personal support workers, who have been in long-term-care facilities that have been rife with COVID, who have risked their lives—what they deserve right now is stability in their employment, higher wages, good benefits and a knowledge that there will be a future to the work that they’ve decided to take on and a knowledge that this society recognizes the risks and sacrifices they’ve made and is willing to pay them decently so they can live decently.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate?

Ms. Jennifer K. French: I’m pleased to be able to add my thoughts and those from my community on Bill 283, which is called the Advancing Oversight and Planning in Ontario’s Health System Act. This is a time in our shared history when folks and families are all following along the conversations in this place when it comes to health care, when it comes to long-term care, when it comes to access to appropriate health care, and so, I’m glad to be able to have this conversation. I’ll start out by saying that I wish that there was a little more to sink our teeth into here that would measurably keep people safe and well, but here we are, and we are having an important conversation. But I am always happy to make suggestions for ways that we could have improved legislation in this place.

Basically, this is a four-schedule bill: The first one is about creating a COVID-19 Vaccination Reporting Act. Schedule 2 is creating a health and supportive care providers oversight authority, I'll say, specific to PSWs though there's a little more to it than that—but basically. Schedule 3 amends the Medicine Act and is specific to physician assistants. And schedule 4 creates the Psychology and Applied Behaviour Analysis Act, 2021.

1700

While the critic for the official opposition, the member from Nickel Belt, has put a lot of important substance on the record about schedules 3 and 4—and I do hope that on schedule 3 around physician assistants, the government takes to heart her very thoughtful comments about what health care and health care access looks like in the north, because that was not factored into this bill. That's all I'll say on schedule 3 for now.

I'm going to come back then to schedule 1. I've had the opportunity, briefly, already today to say that the importance of data collection and data analysis cannot be overstated, especially in a pandemic where we need to be able to act quickly. To reflect the needs of communities, we should be collecting race-based data.

When I asked that earlier, to hear the answers from the government benches about, “We need everyone to have access to vaccines”—we need to also follow the advice of the medical experts and folks who are saying we have to have a targeted response based on needs in communities. If the government is not measuring race-based data, then it's very easy for them to not have to provide race-based targeted interventions. If you have a community of predominantly essential workers, many of whom predominantly are racialized workers, if the government is not collecting that data, then they are not going to be able to target those interventions or keep people safe or keep people well.

The member from Nickel Belt said it very eloquently, and I'm going to quote her from the other day. She said, “Schedule 1 makes it clear that we don't have race-based data in Ontario. We know full well that Black, Indigenous, people of colour and racialized people are not getting the vaccine as much as the rest of us. Have a look at who is in hospital right now. Who is in our intensive care units? Who is on ventilators? They are Black and racialized essential workers.... We know that it is racialized people who are most at risk of getting sick and have ended up in the hospital, ended up in an ICU on a ventilator and, unfortunately, are dying from the disease. There is nothing in this bill that will guarantee race-based data. We're in 2021. We are 14 months into this pandemic and still nothing.”

I want that to be a point that is made. I'm not interested in talking points coming back; I'm interested in people not dying. Measuring who is at risk and then ensuring that they are protected is a pretty basic strategy that this government should be implementing. That is schedule 1.

Interjection.

Ms. Jennifer K. French: The member from Eglinton–Lawrence will have an opportunity to ask a question, I'm

sure, and I look forward to that, but I'm going to continue and I don't find what I said to be amusing.

Schedule 2 is specific to PSWs. We can have the back-and-forth about whether a registry is indeed regulation or not, but I do know that I've had the opportunity to stand in this House many times, as have all of my colleagues, and talk about the importance of safe work conditions, of access to an appropriate number of paid sick days, of benefits, of fair wages. My colleague from Sudbury brought a bill to this House to have a mandated minimum—a minimum standard, a minimum wage for PSWs. The government shot it down. We want their \$4 increase to continue, for that to be permanent. It's been extended to June. That's better than its original cut-off, but not good enough. We have a problem with staffing and retention of personal support workers, whether that's home care, whether that's long-term care, whatever sector, and part of that is because they can't make a career out of it. There isn't enough money. There aren't the protections.

I talked to a local PSW who has been a PSW for 10 years. He's worked now for three home care companies, because they keep being bought by different companies. He said that in 10 years, he's never had an update to his training book. He looked back at his training book, or what was called a portfolio, from 2006 and there have been no updates to it since then.

They've finally able to unionize, and now all of a sudden, surprise, surprise, after 10 years without any additional training—and I was a teacher for years. I know all about professional development. I can't imagine a profession that is allowed to provide important, vital, heroic support and services to people who don't have to have training other than whatever the mandated—like, there must be something, but the updates of how to do their jobs ain't happening.

All of a sudden, they have been able to unionize and they've had a whole blitz on training. The employer, all of a sudden, has to get caught up, I guess. We had a frank conversation and he said, “I've learned so much about autism.” Many of his clients at home—he's a home care PSW—have autism and he said he's learned so much at this training about strategies, best practices, how to provide care for adults with autism. He had to figure it out on his own up to that point, right? He said it's so good. He really valued this training.

Why on earth is that a new and novel thing? Welcome to Ontario, folks. As he said, education should have been done and it should have been paid for by the employer. What we don't see in this section of the bill—there's nothing about mandating those training standards.

This registry is some cost to PSWs. We've asked what that will be, but everything is left to regulation. What we know about it is that the quotes that they keep reading are folks who are kind of in step with the industry. So how come, when I'm sure you consulted with the unions that are fighting for safe workplaces and have been advocating for change, that isn't reflected in this? There's nothing about working conditions, education standards, compensation, retention. That is what is needed.

There were 85 recommendations from the long-term care commission report that I printed at Staples. It's 322 pages. I meant to bring it in here, but it would have taken up my whole desk. But reading through that, it is gut-wrenching and very, very real, with very clear guidelines: 85 recommendations. Granted the commission report came out after your bill, but there isn't anything in this that I can make that bridge or that connection. Staff were abandoned. Staff were not trained in infection control. This is from the commission report. Despite the crisis of the first wave, they said that the government did not prepare adequately for the second wave.

We heard horrible things—as I said, gut-wrenching things—in the report, but 85 recommendations, and I'm hoping—because this bill still has the opportunity to go to committee, can we add something to that PSW section? If you're going ahead with this registry, can you put a little more information in there so that PSWs, hopefully, can see themselves reflected in this? You talk about them wanting recognition. What they want is protection. What they want is compensation. What they want a job that they love to be able to sustain them so that they can stay in it. Where are those assurances?

Speaker, I'm out of time. I look forward to the questions and comments because this is such an important conversation to have on behalf of PSWs.

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

Mrs. Robin Martin: The Ontario government is doing all kinds of things to support PSWs. We know there's more work to do. We certainly want to make sure that we have a good recruitment and retention strategy for PSWs. We know this is an issue, and we've been working on it ever since we got elected.

The member opposite may remember that we brought forward the Connecting Care Act and then the Home and Community Care Services Act. Part of the point of that legislation was to revamp our home and community care to give the PSWs working in that sector more integration into the system, more respect and more opportunity to have a connected part of the job so that other health care providers they work with would listen to them and respect them.

That's just one of the many things we're doing, including a temporary wage enhancement. As you know, we've got the model of care where we're going to have four direct hours of care and a whole bunch of other things—\$1.9 billion invested.

1710

The member opposite might also know that we've brought forward micro-credentialing in many areas, including for PSWs; she was talking about training. So I would just ask the member opposite if she would support the legislation, because PSWs do want regulation.

Ms. Jennifer K. French: I'll just pick up where she left off. She said that PSWs do want regulation. In fact, the gentleman who I spoke to was explaining to me that it has been very challenging for him to understand. He has got his union, which is fighting for appropriate regulations so

that they have training and access to standards and all of that, like a respected regulated profession, and yet they've got another body that is more connected to industry and, I suspect, is maybe working with this government.

Here we have a registry that falls far short, and they have so many questions. So I want to know if you think that the PSWs would prefer this to that, because they're going to be paying money for a registry that doesn't improve their jobs, is not going to improve their pay, is not improving their workload and is not going to change anything basic in terms of the problems that they face each and every day.

Walk me through, again, how PSWs are actually going to see a difference and be protected.

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

Ms. Peggy Sattler: I appreciated the comments from my colleague the member for Oshawa. I wanted to ask her if she was aware of that horrific story that many of us read about in January, I believe, with two women at a homeless shelter in Ottawa who were diagnosed with COVID. It turned out that they were PSWs. They were going from the homeless shelter to work in a long-term-care home, which is where they contracted COVID-19. I'd like to hear her thoughts on whether or how this bill will help those two women, PSWs who were having to live in a homeless shelter.

Ms. Jennifer K. French: That story and others across communities make it very clear that people who are doing that front-line caring don't have the money that they need to make ends meet. They don't have the sick days that they need to be able to protect themselves, to stay home when they are sick. If they don't have a home, it becomes even more complicated.

There is nothing in this bill that addresses compensation or wages. There certainly is nothing in here on sick days; we've already been discussing that in this place, that we still don't have what is needed to keep workers like those front-line workers safe or protected.

We don't see anything that would reflect some of the recommendations from the long-term-care commission about counselling that's going to be required for individuals like that who are being traumatized day in and day out. There are so many ways to support them, and we don't see the tangible steps taken here—but we do hear the lip service, for what that's worth.

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

Mr. Stephen Crawford: My question is on personal support workers, which are obviously a main component of this bill. They are the largest group of unregulated health care providers, and of course they're working with some of the most vulnerable people: children, grandparents and patients who are unable to look after themselves.

Most professions have some sort of regulatory authority, whether you're a massage therapist, a physio-therapist, a financial adviser or an electrician, and I think it also does—I think it has been brought up here today in

debate—professionalize the profession in a sense, too. So I guess my question to you is: Why would you be against professionalizing that profession and bringing some regulatory accountability to the parents, to the folks who have their family members working with PSWs?

Ms. Jennifer K. French: If I thought that this was professionalizing PSWs, I would appreciate that note, because they certainly do deserve recognition. But what we're seeing here is a registry, and we've already heard the stories. The Liberals tried this. They had a bricklayer who made a point and registered—it turned out the registry was a sham. Hopefully this one is different.

The point is that we can't tell whether this will hold water, because everything is being left to regulation, and the "just trust us" nonsense isn't going to fly—not for us, not for PSWs and certainly not for the folks who are actually representing them, like their unions.

We want to see that this helps to reverse the staff exodus, provide PPE, provide regulated training and standards. We don't see that here, and so just being able to say "PSW" and point to something is insufficient. You should be proud of a system that not just holds water, but builds and strengthens the profession. This ain't it.

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

Ms. Suze Morrison: Thank you to the member for Oshawa for your presentation. You speak so passionately about why personal support workers deserve good-quality workplaces with strong wages, worker protections and all of the pieces that recognize them for the really important work they're doing.

You mentioned that you had been working through the long-term-care commission report. I'm wondering if you could share with us briefly some of the more heartbreaking stories that you've heard as you worked through that report, that I think are perhaps important to share with the House today.

Ms. Jennifer K. French: I appreciate the question.

I'm going to actually not do that. I'm not going to read those—

Mrs. Robin Martin: On a point of order, Speaker.

The Acting Speaker (Mr. Percy Hatfield): Stop the clock, if that's possible.

The member for Eglinton–Lawrence has a point of order, I believe.

Mrs. Robin Martin: Yes. It's just that this is not what's under debate, of course, here today—the long-term-care commission report. We're debating this bill. The question wasn't directed to anything relevant, so I would just ask if the member could direct her question to something about the bill.

The Acting Speaker (Mr. Percy Hatfield): I believe that in questions and comments we don't have to strictly adhere to everything that is in the bill. But thank you for raising it.

Back to the member from Oshawa to respond.

Ms. Jennifer K. French: Thank you.

Absolutely; I will ensure that my comments reflect the debate, which is on the Advancing Oversight and Planning

in Ontario's Health System Act. Schedule 2 is about PSWs. I've been connecting it the whole time.

Thank you for the thoughtful question. It totally connected to my debate, which was absolutely in order.

So, continuing, I'm not going to tell those stories, but what I am going to say is from those stories. I'm going to say that there is a need to address the aftermath, that there is a need for counselling for those front-line workers, that the commission called for a clear definition of the role of the Ministries of Health and Long-Term Care, who's responsible for what—here's a bill about oversight; you might want to oversee yourselves.

There are so many other pieces in here—about infection control measures that need to be implemented, addressing the human resources challenges.

I think it rings hollow to have a registry that pretends to respect PSWs on the one hand but that won't give them sick time and fair wages, and isn't addressing the staffing challenges that they live day in and day out.

Thank you for the question.

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

Mrs. Robin Martin: The bill before us today is really about regulating three professional groups: PSWs, physician assistants, and applied behaviour analysts, all three of which have asked to be regulated.

Being unregulated actually presents challenges to our personal support worker workforce; specifically, with regard to attracting, retaining and growing this workforce over time, which is something the members opposite have said they're concerned about. As the demand for their services increases, we want to ensure that they have proper training and are equipped to deal with increasingly complex client needs.

That's why we've brought forward this regulatory framework—to try to get a system together so that the PSWs can have centralized and proper training and credentials can be recognized and accepted. We've talked about micro-credentialing, to add specialties like a dementia specialist PSW or an autism specialist PSW etc.

Does the member opposite not think that is a good step in the right direction—to regulate these professions?

Ms. Jennifer K. French: I think that saying one thing when we can't see what will actually happen behind closed doors—it doesn't make me or anyone else feel better. It's short on details, and it raises questions. I think that it gives the government lots of power to make decisions behind those closed doors going forward.

This government has not demonstrated that they have PSWs' best interests at heart. If they're going to talk about retention, then they need to talk about fair wages and compensation—not a temporary thing; a permanent thing. Someone should be able to commit to this career, put food on their table, protect themselves, pay their bills, because it's a career.

When the member talks about all of the ways that PSWs are integral across our sectors—absolutely. Pay them appropriately, protect them appropriately, and regulate them appropriately.

1720

The Acting Speaker (Mr. Percy Hatfield): Just before I call for further debate, I'll say to the member from Eglinton–Lawrence, who raised the question of what was in the bill and what wasn't in the bill and who should be saying what: Earlier this afternoon, I recall the member from Mississauga–Erin Mills talking about rapid rail transit, transportation infrastructure, school drinking water, school air circulation—not in the bill either. When the door is open, the door stays open.

Further debate?

Mr. Kaleed Rasheed: I rise today to speak in support of Bill 283, the Advancing Oversight and Planning in Ontario's Health System Act, 2021. But before I go into the many important merits of Bill 283, Speaker, I would like to take a moment to thank Ontario's front-line health care and essential service workers, who have been performing above and beyond for many, many months. I think they deserve our utmost respect and gratitude for doing such an incredible job during these unprecedented times. I want to make special mention of all Ontario's health care workers across the sector, but especially those whose designations fall under the scope of Bill 283. I would like to express my deepest thanks to personal support workers, physician assistants and behaviour analysts for their incredible work alongside all of Ontario's front-line health care workers. These individuals took up the task of caring for and protecting our most vulnerable throughout the pandemic and beyond. We owe them our sincerest thanks and gratitude.

Speaker, this leads into what we are discussing here today. As you know, the Ontario government introduced legislation that, if passed, will help strengthen Ontario's health care workforce and support the delivery of high-quality care by regulating personal support workers, physician assistants and behaviour analysts.

I've said this many, many times: I think the health and well-being of all Ontarians has always been our government's top priority, and we are committed to ensuring our health care workforce has the supports and resources they need to keep Ontarians safe and healthy.

The proposed legislation recognizes the important role of select health and supportive care staff in delivering high-quality care to Ontarians each day, especially throughout the COVID-19 pandemic, by establishing a new legislative framework for personal support workers that supports consistency in education, training and standards of practice regardless of work setting or employment type, with further details to be set out in regulation, following extensive consultation with the sector.

It will regulate physician assistants under the College of Physicians and Surgeons of Ontario and behaviour analysts under the College of Psychologists of Ontario to facilitate quality of care and patient safety and support timely reporting to the ministry of all relevant data from COVID-19 vaccination sites, including voluntary sociodemographic information.

Madam Speaker, I think I have mentioned this on several occasions here in the House: my own personal

experience with PSWs. I've talked about my grandmother; may God give her long life. There was a time when we needed support. She was in hospital and going through some surgeries. Afterwards, it took about two months before we could actually get PSW support. I remember bringing her to my home, and we decided that because there was definitely a huge waiting list for a long-term-care bed—this is about four or five years ago that I'm talking about. We decided to bring her home. We decided to make some phone calls for a PSW. I think it was through the LHIN we were able to get the PSW. I remember these individuals. I salute them. I think they are incredible individuals, human beings, who go above and beyond to support individuals like us, like my grandmother. I remember them coming to our home and providing support to my grandmother. I think they are incredible individuals. There are not enough words as to how I can thank them for taking care of my grandmother for about a year. I used to remember calling them, and they would be from—because I live in Mississauga. I would find out that the PSW worker is in Scarborough and driving back. She used to come twice a day. So definitely in my heart, I have so much respect for these individuals.

I'm thankful that our government is finally taking decisive action and making sure that we provide them the support they need, and especially with all the investments that we, as a government, are making. I think it's roughly about \$1.9 billion of investment that our government is doing, because we recognize their importance. We recognize the important role they play in anyone's life, I will say. I mean, definitely they were playing an important role in my life because I was actually able to do my job because they were there to support.

I just want to quickly mention that currently these personal support workers are not regulated by any single professional body in Ontario. This was something that I always thought—how come they are not regulated? Because it makes sense for them to be working under a body, just like other professions out there.

Now, what we are doing as a government is proposing to introduce an oversight body for these incredible PSWs under the newly proposed Advancing Oversight and Planning in Ontario's Health System Act, 2021. If passed, this legislation would create a new statute entitled the Health and Supportive Care Providers Oversight Authority Act, 2021, as well as a new oversight body, the Health and Supportive Care Providers Oversight Authority, and would set out its roles, responsibilities and accountabilities, just like any other profession out there.

My colleague from Oakville was just talking about that there are other professions—I know, coming from the banking sector, it's full of regulatory bodies. If you want to deal with mutual funds, there is a regulatory body for that as well. In my mind, I think this is the right step. Let's just bring them under a body. It makes sense to have them, so this way at least they have individuals to actually have conversation or correspondence with as well. One of my family members is a homeopathy doctor, and I think they are also under a regulatory body as well. This goes to show

you what we, as a government, are trying to do actually makes sense.

This model would be less expensive by not having the administrative costs associated with the college model. This authority would not be a new agency of government, rather a stand-alone regulatory body, similar to the Retirement Homes Regulatory Authority or a health regulatory college, except this authority would have its own unique regulatory scheme to provide.

As I said, Madam Speaker, I think this is a step in the right direction. We, as a government, understand the role these individual PSWs are playing. As I said, I have the utmost respect for the work they do, and I think what we, as a government, are doing is something that is going to benefit these individuals definitely in the long run. With that, thank you so much.

1730

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mr. Percy Hatfield: I'm going to try something a little different. I'm going to read another Marty Gervais poem and ask the member from Mississauga East–Cooksville if he can relate it to his comments:

The Healthcare Worker in COVID

They are not bullet proof when they step
into the room, when they move into
a stranger's world, and hear the staggered
breathing, frantic eyes searching—
they are a passing shadow for the sick
who struggle for relief, a moment of calm
of peace, of anything to shift this day
into needed sleep, into somewhere safe.

They are the guardian angels who move
silently day and night, a voice of calm
of peace, and they know they haunt
the very edge of harm's way, masked
and gowned like moon walkers, yet
they are fearless in pursuit, slipping into
the dim light of a hospital room
and it's their shadow that floats
in the feverish moment—yet it's their voice
and their arms that embrace the ill
and collapsed and all the neighbourhoods
we know and remember.

Can you relate to that, sir?

Mr. Kaleed Rasheed: Maybe can I grab that book in order for me to respond? Maybe I can, but I'm not going to try responding in poetry because I'm not going to be doing a good job. What I can say is that definitely, look, they are angels, definitely, 100%. I have seen first-hand the great work they do.

Not only that, but also they build a good relationship with not only the patient but also the household as well. There is a sense of trust; they become like part of your family. I remember at many times when the PSW would come around 8 p.m. to help my grandmother, we would

have dinner together as well. That goes to show you that they are part of your family—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Question?

Ms. Jane McKenna: I know we've heard a lot today about why it's so important that we move forward with this legislation now. Could you maybe elaborate on that a bit?

Mr. Kaleed Rasheed: Absolutely, and thank you to the member for the question. I think it is important because as we go through this pandemic, we have seen how important these individuals and their roles are. Whether it's in a long-term-care setting or maybe providing support at home, we have to remember that these individuals are coming to our homes, and with all this PPE. They are providing this service even during this pandemic. That goes to show you, to my earlier point, that they are true angels, right? They are out there.

I know I wanted to give a huge shout-out to the member whose son is also a PSW. Thank you. Thank you to his son for doing such an incredible job.

Interjection: Hear, hear.

Mr. Kaleed Rasheed: Definitely.

So again, I think this is the right time to do these things, just so that we don't have to—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. Question?

Ms. Suze Morrison: My question to the member opposite, while we're talking about the work of personal support workers today, is, do you think that personal support workers are adequately compensated for the work that they do, caring for our elders in our communities? And why, in follow-up to that, if you don't think they're adequately compensated, did your government vote against the NDP bill to raise the wage floor for personal support workers in the province of Ontario?

Mr. Kaleed Rasheed: Thank you to the member opposite for the question. See, our government is investing in PSWs because we understand—again, I'm just going to keep going to the importance of these individuals and the role they play in our lives. That's why, as I said, I think we're investing \$1.9 billion annually by 2024-25 to create more than 27,000 new positions for PSWs and registered nurses and registered practical nurses in long-term care, to meet the direct care commitment; and, I think, in addition, providing a 20% increase in direct care time administered by other health care professionals such as psychotherapists and social workers. This goes to show you that we are committed to investing in our PSWs, because we understand the important role they are playing in our society.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mrs. Robin Martin: Thank you to my colleague. I just was moved by what you were saying about your family's experience having a PSW coming to your home to take care of—I think you said your grandmother. I had similar experiences when I was looking after my mother, who has passed away now. She had lung cancer for 10 years, and we had PSWs who came to her home to help, and they really do become like part of your family.

I do think that all of us in the Legislature value the important work that all of our health care professionals do but certainly our PSWs do, those who work in hospitals, in long-term care or in our homes. I just wanted to ask you if you think that the PSWs you have worked with and know would benefit from this kind of legislation that professionalizes them through regulation.

Mr. Kaleed Rasheed: Thank you to my colleague for the question here. Absolutely, I think they want to be considered just like any other profession out there. That is the reason why we are coming out with this bill: because we wanted them to feel that—you know what?—they are part of a body. I think as a government this is something that—honestly, we should have done this a long, long time ago, but again, now, I think we see why this is so important. I think it will just give them a sense of encouragement and professionalism and will show them the role that they are playing in our society today.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Ms. Jennifer K. French: I'm glad to add a few remarks to the thoughtful and personal comments from the member from Mississauga East–Cooksville. While I appreciate his family story, I'm sorry to tell him that, unfortunately, many families don't have that opportunity, right now, to build those relationships. When my mother passed, she did have a continuous care person who came, and we did build that relationship—she did; we did—until she passed, and I'm grateful for that. When I look back, I see what a system could look like.

My grandmother currently has a different PSW on a regular basis. It's a challenge for her, in terms of dignity, in terms of embarrassment. When you have a different person every day in your nether regions and in your personal space, when you are vulnerable, you don't build those relationships.

My question is, why is that missing? Why the lip service? Why not the action?

Mr. Kaleed Rasheed: Thank you to the member opposite for the question. This goes to my comments that I made earlier, that this is the reason why we as a government are investing in PSWs. That's why we are going to be creating more than 27,000 new positions, so that—to your point, you want to make sure that you are seeing a familiar face every time, if there is care that is needed. As I said, even sometimes we used to experience the same thing. In the morning, we would have a different support worker, and then in the evening time, we would have a different support worker.

Sometimes, as I said, the reason why they become part of your family is because then they know—they understand. I would have the peace of mind that the person who is coming to take care of my family member knows exactly what kind of care we are looking for. I think this goes to show you that the investment we are making is—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you.

1740

We don't have time for another question, so further debate?

Ms. Marit Stiles: Good afternoon. I am very pleased to join the debate today on Bill 283, which was tabled by the Deputy Premier. The bill is entitled the Advancing Oversight and Planning in Ontario's Health System Act, two things that I have to say have been sorely lacking in this government's response to this pandemic.

I've heard from so many of my constituents in Davenport, over just the past month even, through volumes and volumes of emails that rival what we got even at the beginning of the pandemic, when people were so desperate for news and for help. Right now, the tone of those emails, I want to tell you, is one of dismay, disappointment and, more often than not, anger. People are worn down. They are exhausted and they are tired of having to fight for the simple, common-sense measures that would help end this pandemic sooner, like paid sick days.

People tell me they cannot understand why this government had to be dragged, kicking and screaming, to the pathetically limited paid sick days bill the House finally passed last week, and they want to know why it took over a year to admit that having people forced to go to work sick would ensure that more people got sick. They are angry about the staggering and preventable loss of life that we continue to see each and every day, and they want to know why our scientists, our experts, our front-line health care workers are being ignored; why, instead of closing non-essential workplaces, the government targeted people using parks with massively expanded police powers.

Speaker, I'm not sure this bill will address those concerns or answer those questions that folks in Davenport have brought to me; I know, in fact, that it won't. What this bill does do is a couple of things, and I won't have time this afternoon to go through it all, so I'm going to focus on a couple of points.

The first thing is that I'd like to begin my remarks on schedule 1 and the subject of the vaccine rollout. People in my riding of Davenport have been patiently waiting for their turn to be vaccinated. Members may not be aware: My riding is not geographically large, but four of our six postal codes are on the list of provincial hot spots because of the rate of infections and also other factors. So the Premier's announcement that everyone over 18 in hot spots would be eligible for vaccines was very welcome news, I can tell you. But then, as the weeks rolled on and the opportunities to get vaccinated in our community were few and far between, I started to get a lot of calls and emails. Last week, a month had passed since the Premier's announcement, and front-line essential workers in my community, in those postal codes, still couldn't get an appointment.

I also want to mention the good people at the Tamil co-op in my community, which has a very high number of people who are in their later years. I was so disturbed recently, despite all of our efforts to get a mobile unit into that building, to find out that the seniors—the only way we were able to get them any vaccines was to get them to the mass vaccination centre, by people in their building or in their extended family taking them there. A 92-year-old woman had to be carried through the convention centre to get her vaccination. That is just shameful.

These essential workers are being denied paid sick days. They also felt like they were being denied vaccines, and only today they were told, finally, that they could book using the provincial portal. But let me tell you, my email is full with people waiting online for hours and hours and then not being able to register.

We know that health care workers are doing their absolute best to vaccinate as many people as possible. We know that some vaccines arrive on an unpredictable schedule—that is true—but the confusing and conflicting messaging from the Premier and the others has not helped. My staff have had to spend countless hours revising and updating information for constituents as it changed, sometimes multiple times in one day. Residents are checking hospital websites, public health websites, refreshing the provincial booking site, many only able to book because they happened to find a tweet or have someone share a link on a Facebook page.

Many in my riding have compared it to a sneaker drop. Do you know what I mean, Madam Speaker, where this coveted pair arrives suddenly at a location, and if you happen to get there, you get them? Well, that's fine for collectible sneakers, but it is not okay for the most important immunization drive in a generation. People are extremely frustrated—not because they weren't willing to wait for their turn, but because they were told they were being prioritized, only to find out that there were no extra resources and no extra vaccines made available.

I want to mention, as well, that this bill—one of the things it's attempting to do is to collect data on the vaccine rollout. While I absolutely agree—I think many watching would be surprised that the data is not already collected—what's glaringly absent here is the collection of race-based data. I think that is a great failure here, and I hope the government will address that in committee.

I want to move on to talk a little bit about some of the other schedules in this legislation. But before I do that, and because I'm going to talk about schedule 2, which does relate to personal support workers, I want to mention that while we've all been sitting here this afternoon debating this bill, the Minister of Long-Term Care went out and has been posting on Twitter happy pictures about an announcement of a free long-term-care home assistant program. I want you to know what the response is, coming from the workforce, from the people who are on the front line, as well as the experts in long-term care. They are furious. This is being called a further deskilling of the workforce. Long-term care doesn't need home assistants. We need more PSWs. We need many more nurses. We need decent wages. We need paid sick days. We need full-time positions. And this is what the Minister of Long-Term Care is prioritizing today. It's shameful.

Speaker, this bill basically creates a registry for personal support workers—and to start off, I'd like to also share for the record a sincere thank you to all of Ontario's personal support workers for the very vital work you do and have done during this pandemic. I also want to extend my condolences to the families of the 10 PSWs who lost their lives to COVID-19 during this pandemic and the

many, many, many more who have had to deal with illness, the loss of loved ones and the emotional toll of the work they are doing.

In Ontario's long-term-care system, 58% of employees are personal support workers. Across the health care system, there were 100,000 PSWs employed in 2018. They are among the lowest-paid workers in health care. Ninety per cent of them are women. Many of them are racialized women.

COVID-19 has, if nothing else, brought to light the precarious and undervalued work of PSWs and how their working conditions directly impact the health and the lives of the people they care for.

I don't have time to go into great detail, Madam Speaker, but I will tell you, I have a copy of the Ontario Long-Term Care COVID-19 Commission's final report here—you'll see I've got quite a few little Post-it Notes in there. I've been rifling through that. It is something that everybody should read. I hope all the members opposite have read it already. When I read this report—and the government would have had this report before it was released. It is shocking that this bill does not reflect in any way the 85 recommendations that were made here. It is appalling.

I have certainly called on the Minister of Long-Term Care to resign. I've been in this world long enough to remember a time when a Solicitor General, the Honourable Bob Runciman, resigned for the simple fact that a young offender's name made it into a throne speech, for goodness' sake. This minister has been at the helm while thousands and thousands of long-term-care residents died, while workers in the sector have died.

Nothing in this legislation addresses the issues that are needed. Nothing in here actually addresses what the problem is that is so clear to so many—and I do not understand why it is not clear to this government.

What the problem is, so clearly: the for-profit corporations that are putting profit ahead of patients; it is the underfunding of long-term care. It absolutely started before this government, and it was under the previous government, and under the previous government before that, the Conservatives under Mike Harris. This government had a chance to do something right. They completely failed in this pandemic. And this legislation? This legislation shamefully will not do anything to improve the outcomes of another pandemic.

1750

The Acting Speaker (Mrs. Lisa Gretzky): Questions?

Mrs. Robin Martin: Thank you to the member opposite for her comments—a very interesting exegesis into all kinds of areas that are not particularly relevant to this bill.

I would say that for 15 years, the previous Liberal government, supported by the New Democratic Party, which is now the opposition, failed to make the necessary changes to grow and support our PSW profession and they failed to make investments in the necessary staffing for our long-term-care homes. When we brought forward the temporary wage enhancement for PSWs, this opposition and the member opposite voted against it.

Will the member opposite change her tone and commit today to supporting this bill, which is a massive step forward for the PSW profession?

Ms. Marit Stiles: Thank you to the member from Eglinton–Lawrence for that interesting question. I don't believe that the member from Eglinton–Lawrence is the tone police in here; I believe it's the Speaker. But far be it from me. I want to say I understand that the member from Eglinton–Lawrence might be a little grumpy today, because there were a lot of health care workers in front of her office on Saturday demonstrating because they are so fed up with this government. All I talked about in my speech just now was vaccination and PSWs, which is what's in this legislation—all they think they want to talk about.

The truth is, they should have actually made the pandemic pay for PSWs permanent. That's something we could support. They could have made the four hours of care a fact, a reality today, but they chose not to.

The member from Eglinton–Lawrence needs to go back and talk to the members of her own party about what they could be doing to meet the needs of our long-term-care residents and staff today.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Joel Harden: I always love listening to my friend from Davenport hold forth in this place. I have a question for her. I understand from a report from the Toronto Star that there was a nine- to 10-hour cabinet meeting not long ago. I wonder if the member can help me understand, because absent in this bill, as she has so articulately said, are concrete measures to improve wages and working conditions. I understand that cabinet minister after cabinet minister said, "No, we can't do the sick day plan, Premier, because it will affect our stakeholders." I wonder if we could speculate about what stakeholders were standing in the way of actually helping PSWs beyond the measures they're introducing today.

Ms. Marit Stiles: Thank you very much to the member for Ottawa Centre for that question. When I heard about that cabinet meeting, I thought, "My goodness. This is the moment. Maybe this is the moment when the government listens to the people of this province and we actually prevent the next lockdown or the next bad wave," right? But instead, what did we get? We got—I think this was the same meeting where the Premier left early for the fundraising event.

This legislation shows you pretty clearly what this government's priorities are. It shows you that this government's priorities are serving the interests of the for-profit corporations that have so undermined long-term care in this province, which goes back to the early days of the Conservatives under Mike Harris.

When the members opposite talk about the Liberals, our party—I'll stand by it—we have repeatedly, over many decades, fought for changes to long-term care, and we have seen failure after failure. If this report does nothing else, at least it puts on the record that this government has failed and the Liberals failed and that major reform is required.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mrs. Robin Martin: Thank you to the member opposite. I wanted to ask another question of you. I certainly have been listening to what you're saying. If you were in the government, you would know that we're working very hard every day to do a very good job throughout the pandemic. Nobody has worked harder than the Premier. But we've also been working for years as a government already to build an integrated health care system, and every step of the way, the opposition has screamed, "No!"

Why does the member opposite continuously defend the status quo, which everyone in this province knows is not working, and continuously oppose our efforts to create a connected and more patient-centred health care system by doing things like regulating these important three professions?

Ms. Marit Stiles: Wow. Thank you to the member from Eglinton–Lawrence. I don't know how the member—if I in any way caused the member from Eglinton–Lawrence to think that I was happy with the status quo—I wake up every single day thinking the status quo is not enough—every single day. That's why I ran. That's why we ran. I'm sure that's why you ran too. But I'll tell you, read the report. Read the report. The report is damning. The report says very clearly that your government failed the residents in long-term care. They failed the staff. They failed the province. That is why we are seeing lockdown after lockdown after lockdown, and it is shameful.

The member opposite talks about working day in and day out—for whom? Who are you working for? Because right now, what we see in bills like this that are just—I've said it before; I don't understand this government's priorities. But at the end of the day, work for the people who are the most vulnerable. Work for those people who died in long-term care so this never happens again.

The Acting Speaker (Mrs. Lisa Gretzky): Question?

Mr. Percy Hatfield: I so enjoy listening to my friend from Davenport, who brings her passion all the way from her roots in Newfoundland to the floor of this chamber. She said the people calling her office are very, very angry these days, asking why it took so long for what they called the pathetic sick leave plan that was adopted last week by the government.

My question to the member is, why do you believe the government dithered for a year before finally caving in and agreeing with the medical experts and the NDP on the dire need for some kind of a provincial sick leave plan to augment the cumbersome and difficult-to-navigate plan that the federal government has been offering that, previously, the provincial government, especially the labour minister, kept highlighting as, "It's there; the money is there," but now they came up with a pathetic plan to augment what we've been saying needed improvement all along?

Ms. Marit Stiles: Thank you so much for that wonderful question. I appreciate it very much. Why did this government dither? Yes, it really is the big question, isn't it? Again, when you look at the long-term-care commission report, when you look at what is coming out now about the government's absolutely reprehensible failure to

keep our schools safely open and on and on and their absolutely pathetic paid sick day plan, why did they dither? I have my theories. My theories are that they thought they could take shortcuts; they thought they could save some money; and they thought they could wait it out.

At the end of the day, what does that signal to me? Gross incompetence—gross incompetence and massive failure. Again, I want to point out, the Minister of Long-Term Care continues to sit as a minister after thousands of people have died under her watch. At very least, that minister should be handing in her resignation papers.

The Acting Speaker (Mrs. Lisa Gretzky): We have time for one more question and answer.

Ms. Natalia Kusendova: I'd like to put a few things on the record, because I keep on hearing about what our government has done for long-term care. I'm very proud to stand in this House and speak about the record of our government and the work that we're doing on long-term care.

Over the last nine years, the previous Liberal government, prompted by the NDP, has delivered a PSW, an allied health professional, each day by 144 seconds per day. That is the increase they had. In contrast, our government is increasing per-resident care by four hours per day per resident. As I've said before, it doesn't take one day to train a PSW; it takes several months. That is

why we are investing into training 8,000 PSWs—\$121 million in our public colleges, as well as \$86 million in our private colleges.

Why do the members opposite keep on voting against measures that will help grow our PSW force? Why?

Ms. Marit Stiles: This false narrative that's lurking, that the members opposite like to float about—all that they did for long-term care before this pandemic is completely destroyed in the 300-plus pages of this commission's report, as restricted as they were by this government in terms of the time they had, by the way.

I want to read this: "Staff told the commission about crying before, during and after work, vomiting in locker rooms from stress, and watching residents whom they loved die in great numbers. Often, they would then be required to wrap the resident in a body bag, put them on a stretcher, and wheel them outside to waiting funeral attendants. They described the guilt they felt in not being able to be with residents when they died...."

I want to add, Madam Speaker—

The Acting Speaker (Mrs. Lisa Gretzky): Thank you. *Second reading debate deemed adjourned.*

The Acting Speaker (Mrs. Lisa Gretzky): Seeing the time on the clock, this House stands adjourned until tomorrow at 9 a.m.

The House adjourned at 1801.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lieutenant Governor / Lieutenante-gouverneure: Hon. / L'hon. Elizabeth Dowdeswell, OC, OOnt.
Speaker / Président: Hon. / L'hon. Ted Arnott
Clerk / Greffier: Todd Decker
Deputy Clerk / Sous-greffier: Trevor Day
Clerks-at-the-Table / Greffiers parlementaires: Tonia Grannum, Valerie Quioc Lim, William Short,
Peter Sibenik, William Wong
Sergeant-at-Arms / Sergente d'armes: Jacquelyn Gordon

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: Bhutila Karpoche
Deepak Anand, Aris Babikian
Jeff Burch, Amy Fee
Michael Gravelle, Joel Harden
Mike Harris, Christine Hogarth
Belinda C. Karahalios, Bhutila Karpoche
Natalia Kusendova
Committee Clerk / Greffière: Tanzima Khan

**Select Committee on Emergency Management Oversight /
Comité spécial de la surveillance de la gestion des situations
d'urgence**

Chair / Président: Daryl Kramp
Vice-Chair / Vice-président: Tom Rakocevic
Robert Bailey, Gilles Bisson
John Fraser, Christine Hogarth
Daryl Kramp, Robin Martin
Sam Oosterhoff, Lindsey Park
Tom Rakocevic, Sara Singh
Effie J. Triantafilopoulos
Committee Clerk / Greffier: Christopher Tyrell