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Lundi
25 octobre 2021

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Président : L'honorable Ted Arnott
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Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 25 October 2021

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 25 octobre 2021

The House met at 1015.

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

Prayers.

MEMBERS' STATEMENTS

GREY CUP

Mr. Paul Miller: Speaker, 1996 was a very long time ago. It's hard to remember a world where the Internet and cellphones were still novelties to most people. The 1990s were a time when families gathered around the television to watch sitcoms and live sports without the distractions of tablets, text messages or Instagram feeds.

One of the galvanizing events that saw the people of Hamilton gather around their television sets or outside in a chilly minus-10 stadium was the 84th Grey Cup that was held at Ivor Wynne Stadium in the fall of 1996. While the Tiger-Cats were not playing that day, it was still a thrilling game between Toronto and Edmonton. The game became known as the Snow Bowl as tractors had to remove snow from the field prior to the game as well as at halftime.

It's been a long time coming, but at last, with a new stadium to play in, the people of Hamilton will finally get the chance to host the 108th Grey Cup this upcoming December 12. The Hamilton Ticats may not be at the head of their division yet, but it's still exciting today to watch the hometown heroes represent the Eastern Division in the Grey Cup here in The Hammer.

We have also been awarded the 2023 Grey Cup. If we don't win this year, we have another shot to bring the cup back to the home of the CFL Hall of Fame.

A famous saying in Hamilton has turned 100 years old this year, Speaker. In dedication to the great Pigskin Pete and the Hamilton Tiger-Cats: "Oskie wee wee, oskie waa waa, Holy Mackinaw, Tigers, eat 'em raw!"

ALLOTMENT OF MEMBERS' STATEMENTS

The Speaker (Hon. Ted Arnott): Before we continue with members' statements, I need to inform the House that, as a result of a change in the proportionality of private members within the recognized parties, both the government and the official opposition are entitled to the same number of members' statements each day. Therefore, both will be entitled to four members' statements each day, and the independent members will still be entitled to one.

RED TAPE REDUCTION

Mr. Lorne Coe: Speaker, the Honourable Nina Tangri, Associate Minister of Small Business and Red Tape Reduction, recently introduced the Supporting People and Businesses Act. This comprehensive red tape reduction package builds on three years of work to reduce the burden and lighten the load for hard-working Ontario families and businesses weighed down by the pandemic's demands.

I am pleased, Speaker, to support Ontario's colleges like Durham in my Whitby riding with their innovative work on credential reform as part of the Supporting People and Businesses Act. Colleges can deliver graduates with the right credentials if they are given the autonomy and flexibility to bring programs to market quickly, and design the right credentials to meet labour market needs.

Since taking office, our government has been working hard to remove the red tape and regulatory burdens that make growth for businesses more difficult and stifle opportunities for job creators, non-profit organizations and workers across the province. Through our work to modernize the regulatory system and make Ontario ripe for future investment and economic prosperity, we're making Ontario an even better and easier place for businesses to expand and thrive.

1020

OPIOID ABUSE AND HOMELESSNESS

Ms. Suze Morrison: COVID-19 is not the only pandemic we have been battling in my riding of Toronto Centre. The opioid and homelessness crises, combined with COVID-19, have created an untenable situation in my community.

Last month, I met with members of the Church-Wellesley Village BIA, and the stories they shared with me were shocking and heartbreaking. They told me about staff being physically assaulted and people dying in their establishments by overdose. We also spoke about their concern for the most vulnerable members in the neighbourhood. We talked about the helplessness of watching the mental health decline of our unhoused neighbours, folks who are beloved and cared for.

Speaker, for three years, I've stood in this House and tried to call attention to the opioid and homelessness crises as I've watched helplessly as this government has refused to act. My whole community is demanding better. I hear it from the front-line service providers, from activists, from health care workers, the business community and even the police. I spoke with one of our neighbourhood officers who was also deeply concerned. He's tired of being called

to apprehend someone in serious distress only to have them churned out of the hospital within hours with no support, no mental health or detox treatment and no housing.

While this is a complex issue that will require complex solutions, watching this government sit back and say, “Hey, we’ve tried nothing and we’re all out of ideas” has been frustrating beyond measure. I am urging this government to come to the table and take action today to respond to these crises in my community.

SMALL BUSINESS

Mr. Ernie Hardeman: We’ve all seen the impact COVID-19 has had on small businesses across the province. In my riding of Oxford, the Walters Theatre located in Bright is operated by the multi-talented Walters family. I had a conversation with one of the co-owners, Darren Walters, who told me the family’s independent music and dinner theatre stages 120 performances in a four-month season, with paid attendance of more than 20,000. The estimated economic impact of the theatre is over \$4 million annually.

The pandemic brought a halt to the theatre’s performances, and unfortunately they were not eligible for our government’s recovery programs. Darren didn’t let that get him down. He channelled his energies to create a podcast where he interviews outstanding singers, musicians and producers worldwide. This show evolved into the Stonehouse Sessions. Darren brings together musicians to create unique, studio-quality collaboration from their homes.

One of the Stonehouse Sessions included Nashville country star T. Graham Brown, combined with the Canadian singer Jason Blaine and the Canadian Country Music Association All-Star Band to perform a special rendition of *Rainy Night in Georgia*. Working with his video-editing musician nephew Schyler Lambert, the final production earned them a 2021 international Telly Award honouring excellence in video and television.

Mr. Speaker, we know that Ontario’s small business owners are resilient and resourceful, and I’m pleased to bring an example of this from Oxford county.

OPTOMETRY SERVICES

Mr. Tom Rakocevic: This Conservative government has kept up the Liberal tradition of ignoring eye care here in Ontario, and on September 1, 2021, the situation reached a breaking point. Now it has been almost two months that OHIP-covered patients are unable to receive eye care services. We’re talking about children and youth up to age 19, seniors aged 65 and up and individuals with specific eye conditions and diabetes.

People across our province have been reaching out desperately to get the eye care they need. In my community, I’ve heard from Neil, a senior with type 2 diabetes who needs regular checkups to keep his sight; Beverly, whose daughter has been suffering from eye pain and migraines; and many more—countless people whose eyesight has

changed and need a new prescription so they can continue to drive and go about their daily lives safely.

Enough is enough. I’m calling on this government to immediately return to the bargaining table and work out a fair solution so people can receive the eye care they need and deserve.

PUBLIC CONSULTATION

Ms. Kathleen O. Wynne: I want to take this opportunity to thank all of the community members and business owners of Thorncliffe Park who, for over six months now, have been working to impress upon Metrolinx and the government that they do not want the Ontario Line maintenance and storage facility in the heart of their community.

Thorncliffe Park is a microcosm of this country. It is a diverse, thriving community of more than 30,000 residents from all walks of life. This past spring, I convened consultation tables which met from April to September with Metrolinx, in an effort to convey to the transit agency that there needed to be changes to the planned MSF location. I wrote to and spoke with the Minister of Transportation in this Legislature. I invited her to attend our meetings or to send her associate minister or a senior staff member. Her chief of staff attended one meeting, never to return.

Speaker, the community has brought forward alternative suggestions, attempted to demonstrate to Metrolinx that there are options that have not been considered. But even when Metrolinx officials seemed to agree that a suggestion was worthy of consideration, there has been no change to the plan. And the community feels that the criteria and the numbers change each time a suggestion is brought forward.

I believe that if the minister had taken the time to familiarize herself with the situation, she would have directed Metrolinx differently. The shovels are not yet in the ground. This is a community that wants and needs higher-order transit, but not at the expense of the integrity of the community. This government needs to say yes to listening to Thorncliffe Park.

CRAFT BREWERIES

Mr. Mike Harris: One of my family’s favourite ways to kick off the weekend in Kitchener–Conestoga is to head to the local farmers’ market. We are lucky to be just a stone’s throw away from Canada’s largest year-round farmers’ market and one of the largest in North America: the market in St. Jacobs. But there are several other markets in my riding, like the ones in Wilmot, Wellesley village and Elmira, where you can conveniently pick up local produce, meat, cheese and baked goods, all at one stop.

But there is one thing that is noticeably absent from Ontario’s farmers’ markets, Mr. Speaker, and that is craft beer. Even though craft brewers produce locally and support local jobs, they haven’t had the same opportunity as wineries and cideries, which have been able to sell in

farmers' markets for years now. The St. Jacobs market sees over one million visitors annually. That is one million potential customers craft brewers in Waterloo region have been missing out on—that is, until our government's 2021 budget made it possible for local breweries to set up shop and sell their beer at Ontario's farmers' markets.

I was thrilled to join the Attorney General, the Minister of Agriculture, Food and Rural Affairs, the Ontario Craft Brewers and the Ontario Chamber of Commerce earlier this month in St. Jacobs to celebrate this change and learn about the benefits it brings to craft breweries in Waterloo region, breweries like Stockyards in Kitchener, which you can now find at the St. Jacobs market.

We are opening up new opportunities for them at a crucial time so they can grow their business and support the local economy. I, like many others, am happy to be able to add craft breweries to the list of local businesses I can support at farmers' markets across my riding.

FRONT-LINE WORKERS

Ms. Sara Singh: Front-line health care heroes like our nurses are tired of empty words from this government. What they need is action. They risked their lives to serve and protect those who needed it throughout this pandemic. I want to thank nurses from the Registered Nurses' Association of Ontario, from Brampton, like Teresa Soriano, Diana Isokpenhi, Gayani Weerasinghe and Charles Muthuporuthotage, who have been advocating that this government do the right thing and repeal Bill 124. These front-line health care workers risked their lives to serve our community and the way the government is currently thanking them is by capping their wages through Bill 124. Speaker, our front-line health care heroes deserve so much better than that.

I am urging this government to do the right thing, repeal Bill 124 and ensure that front-line health care heroes are rewarded for the hard work and dedication that they have shown throughout this pandemic. They deserve that. They deserve to be paid fairly. They are burnt out and overworked, and stagnant wages are not helping a staffing crisis in health care. We all have a responsibility to address the staffing crisis here. Capping wages of health care workers is not going to help us attract and retain the health care workers we need here in the province of Ontario.

I'm urging this government to do the right thing, listen to the nurses, listen to the health care workers, help us address the staffing crisis and ensure that workers are paid fairly.

1030

TORONTO SCOTTISH REGIMENT

Ms. Christine Hogarth: I'm honoured to have based in my riding of Etobicoke–Lakeshore a storied Canadian regiment: the Toronto Scottish Regiment, Queen Elizabeth the Queen Mother's Own, who are celebrating their 100th anniversary. Originally formed as the 75th Mississauga Battalion, the regiment was renamed on September 1, 1921, to the Toronto Scottish Regiment.

The Tor Scots have contributed significantly to Canadian history and fought in some of history's greatest battles of both World Wars: the Somme, Passchendaele and Vimy Ridge, Dieppe, Falaise and North West Europe. Members served in Korea and numerous peacekeeping missions, including UN- and NATO-led missions like Bosnia and, most recently, Afghanistan. Most recently, the regiment aided Ontario by providing emergency COVID-19 relief when the Canadian Armed Forces were asked to assist.

We do not have to wait until November 11 to say thank you to those who have served, continue to serve and continue to make sacrifices in so many ways. There are so many ways to serve, and I know that the Tor Scots have found every one of them. Finding words worthy enough to express our gratitude is difficult, so I simply say: Thank you, thank you, thank you. Your contributions will always be cherished.

I congratulate the Toronto Scottish Regiment's commanding officer Lieutenant Colonel Kearney and all members of the regiment on this milestone. Happy anniversary and, as your regiment's motto says, carry on.

VISITORS

The Speaker (Hon. Ted Arnott): Before I invite oral questions, I am pleased to inform the House that Tanvi Soni from the riding of Brampton West is today's page captain, and we have with us today at Queen's Park her father, Nikunj Soni, and her sister Jil Soni.

Emily Martin from the riding of King–Vaughan is also today's page captain, and we have at Queen's Park her mother, Kamila Martin, and her grandmother Dianne Martin.

Welcome to the Legislative Assembly of Ontario. We're delighted to have you here.

QUESTION PERIOD

LONG-TERM CARE

Ms. Sara Singh: My question is for the Premier. Speaker, this pandemic has shown how, after years of neglect from the Liberals, the Conservative government has allowed the horrible conditions in for-profit long-term care homes to continue. The Canadian Armed Forces had to be called in to provide staffing support and shore up services in our long-term care homes. The armed forces also found horrifying conditions in seven of the homes where they were located. They found the seniors died after front-line military personnel revealed that all they needed was "water and a wipe down."

It's clear, Speaker: For-profit care should not be the blueprint of Ontario's future. So why are the Premier and the minister doubling down on the wrong model and increasing the number of for-profit homes here in the province?

The Speaker (Hon. Ted Arnott): To reply on behalf of the government, the Minister of Long-Term Care.

Hon. Rod Phillips: I thank the member for the question and appreciate the opportunity to talk about our plan to fix long-term care. There are currently 220 projects ongoing to build new long-term care homes.

As the member opposite noted—and I'll add some detail to it—during the seven years prior to this government's election, only 611 net new long-term-care beds were built. Mr. Speaker, that was unacceptable. That's why this government committed to building 30,000 beds. Mr. Speaker, those are in the form of those 220 projects. In fact, last week, we sent out an invitation for more opportunities to build beds.

But, Mr. Speaker, the opposition's plan would stop in their tracks 140 of those projects—stop the building of new homes, stop the creation of modern facilities for our seniors. I'd like to hear from the member opposite how that is a plan to fix long-term care.

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

Ms. Sara Singh: Speaker, the only thing the opposition is trying to stop is rewarding the Conservative government's friends and insiders with for-profit projects. That's what they're trying to stop.

Last Wednesday, the minister very clearly said in a meeting at the Canadian Club that he was dramatically increasing privatization of long-term care homes in Ontario. He told attendees that he would be allocating 140 projects out of the 220 that are proposed—about 64% of them—to the private sector. Speaker, that's more for-profit long-term care homes than even the Liberals allowed here in Ontario. We currently have the highest proportion of private long-term care homes in the country at 58%. So why, after all we've learned throughout this pandemic, is the Premier rewarding his buddies in the for-profit care sector with even more contracts instead of helping this province transition to more public not-for-profit homes in Ontario?

Hon. Rod Phillips: The member is also the long-term care critic; I know she follows the file closely. But she may not have noted that that is just the announcements we've already made. That wasn't news. That's, in fact, the choices as we've built these new beds, as we bring these new beds online—even in her own community, and I'll speak to that in my final supplementary.

Mr. Speaker, we have a plan to create new long-term-care beds. Our plan focuses billions of dollars—almost \$3 billion—on building those new long-term-care beds. Through the last allocation of long-term-care beds—in fact, two thirds of those were for the not-for-profit sectors. We will make sure there is not-for-profit, municipal and, yes, for-profit beds.

But that is in opposition to what the opposition's plan is—and it's good for them for putting out a plan. They would spend billions and billions of dollars paying off those same for-profit care providers by expropriating their assets. We're going to spend billions and billions of dollars building new long-term care homes and hiring more staff.

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

Ms. Sara Singh: Speaker, the pandemic made it clear that this system in Ontario was ill-prepared for a pandemic. That resulted in nearly 4,000 seniors losing their lives in long-term care. We need investments in safe, quality spaces in long-term care homes.

New Democrats have laid out a plan to build 50,000 new quality beds that are properly staffed so that seniors enjoy the dignity that they deserve.

The for-profit model is the wrong way to go. Front-line heroes and PSWs know it; the Canadian Armed Forces personnel saw it. Instead of continuing down the wrong path with for-profit care in Ontario, why won't the government show some leadership and ensure that new homes are built solely by public, not-for-profit entities?

Hon. Rod Phillips: To answer that question bluntly: because we're not going to spend billions and billions of dollars to pay private companies to expropriate their assets. I'll just focus on Brampton for one: Between 2011 and 2018, of the 611 net new beds that were built by the previous government—and I'll remind people that in 2011, 2012 and 2013, it was supported by the NDP—zero of those beds went to Brampton, zero.

Mr. Speaker, we currently have 680 beds, more than would be otherwise built for the entire seven-year period in the province of Ontario just in the community of Brampton. And we're not done yet. We will continue to fund the building of beds through the various means that that can be done. We will continue to fund the training of staff. And we will bring legislation that will support increased transparency, increased accountability and increased enforcement for the long-term care sector.

SMALL BUSINESS

Ms. Sara Singh: My question is for the Premier. Federal support programs for individuals and businesses are coming to an end, and it's unclear what, if anything, will follow. This has left a big gap that leaves small businesses just barely hanging on. In Brampton, I've heard from businesses needing supports and they're concerned that they will continue to fall through the cracks.

It hasn't been an even playing field for many of the small businesses as they struggle to reopen, while big box stores throughout the pandemic were able to stay open. Small businesses need leadership right now, not promises of new supports sometime in the future. Will the Premier be introducing a third round of supports to keep our small businesses afloat this fall?

Hon. Doug Ford: Thank you for the question, and through you, Mr. Speaker, we stood up when the small businesses needed us. We spent over \$4 billion in supporting the businesses, and—I'm going to give credit where credit is due—with the federal government as well. We were taking care of payroll. We were taking care of their rent. We were taking care of their heat. We were taking care of their taxes. We made sure that they were taken care of, because I know they were struggling. We're going to continue making sure that small businesses, and all businesses in this province, thrive and grow and prosper.

Let me just remind the member from the NDP, we gave a reduction of 8.75% to small businesses, but they voted against it. They vote against every single item we put in place to support small businesses. It's always no, no, no. We're going to continue supporting small businesses. Small businesses are going to thrive.

1040

The most important thing, like I said last week, Mr. Speaker, is that we need great people coming here. Every single small business has "help wanted" in the window, so things are thriving, unlike when—

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

Supplementary?

Ms. Sara Singh: Well, Speaker, not every small business can line up for a meeting in the Premier's backyard to request support.

We also know that businesses like restaurants have been ignored by this government, with the tourism minister skipping a vital meeting just a week ago. The tourism sector is reeling, and we need better leadership in this province. We need to see this government provide real support, like a tax credit for Ontarians to help keep the tourism sector afloat.

Will the Premier step up and help these businesses, particularly in the hospitality and tourism sector, to survive this challenging time?

Hon. Doug Ford: Through you, Mr. Speaker, the minister of tourism and the minister of small business—especially tourism—we put a fund together for \$100 million to help these folks in the tourism business. They were hurt; there's no doubt. But we also have tax credits for stay vacations, and right now the small businesses in tourism are bouncing back.

I talk to so many people every single day, and you're right: Not everyone shows up in our backyard. Only about 250,000 people have shown up over the last 20 years, which we're proud of, because you have two options down here, Mr. Speaker: You sit down here in the bubble, I call it, and listen to bureaucrats and the politicians out there—the NDP and the Liberals are just constantly negative—or you actually get on the phone. You put your phone number out, and you start talking to people right across the province and listen to small businesses—which I do every single day—and you hear the great ideas that they come up with, and then we implement those great ideas to support them. But I can assure you, we have the—

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

And the final supplementary?

Ms. Sara Singh: Businesses need a real strategy, especially in this time in between programs. The Premier can show leadership and help these businesses with a third round of business support grants. That would include things like the \$1,000 tourism tax credit and a plan for businesses to help them reopen and stay open. It would also include targeted support for personal care businesses that have really struggled to survive. And it would also include things like readily available loans for businesses struggling to access funds.

The Premier had no problem stepping up to the plate to help big box stores and his buddies. Will the Premier stop listening only to his buddies and start helping the small businesses in communities across Ontario that need a hand to get through the winter?

Hon. Doug Ford: Through you, Mr. Speaker: This is what I keep saying. It's so ironic listening to the NDP and the Liberals. What the NDP member forgot to tell the people listening today is that they voted against all the help that we were giving. The \$4 billion: They voted against it. They didn't believe in it.

I can assure you, Mr. Speaker, we're going to continue supporting small businesses. And as for my buddies, I don't know anyone in these big, huge corporations, but I can tell you who I do know: I know the mom-and-pop shops. I speak to them every single day. And yes, I always take care of the little guy and the little gal.

It's shown over and over again that they constantly vote against anything we do for small businesses and, as I say, the little guy and little gal that runs their businesses. You don't like them, you will never vote for them, and it's simple as that. You can't stand business. You hate businesses.

COVID-19 IMMUNIZATION

Ms. Sandy Shaw: My question this morning is for the Premier. It's good to see you this morning, Premier.

The medical community has given clear advice that Ontario needs mandatory vaccines for health care workers. Last week, the science table said, "There is already significant fatigue and burnout among hospital health care workers. They will be further strained and at risk for burnout if their unvaccinated colleagues are unable to work due to COVID-19 infection."

Will the Premier listen to his own experts and bring in mandatory vaccines for front-line health care and education workers?

Hon. Doug Ford: Mr. Speaker, it's easy to sit on the sidelines and criticize. But the reality is that right now we're already down 15% in health care workers. And what they don't take into consideration, because they live in their little bubble here—they don't think about the hospitals in Timmins or hospitals in Thunder Bay or hospitals in Sudbury or in the rural areas.

I'm still waiting for a response from the hospitals. I went to the experts. I went to the CEOs and asked them what their plan is. What is their plan to catch up on the backlogged surgeries? What are their plans for the cancer surgeries? What are their plans to catch up on the cancer surgeries? That's what we need to know before we determine that.

It's easy to sit back and say, "Let's just cut another 20,000 health care workers off the top, or let's cut off 40,000 people in the education system." And then when you ask the people of Ontario, when little Johnny is sitting at home online because we don't have enough teachers, we don't have enough custodians at schools, or we don't have enough custodians in the hospitals to take care of things, everyone changes their opinion—

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

And the supplementary question?

Ms. Sandy Shaw: I'm not sure if the Premier is saying that the science table is sitting on the sidelines criticizing. I think they've been doing excellent work in the province.

Other medical experts that you may think are on the sidelines have opinions as well, and they've weighed in. The Ontario Hospital Association wants provincial action to mandate vaccines. They said, "Far too many health care workers remain unvaccinated or partially vaccinated, posing a significant and ongoing" risk for patient safety.

The Association of Family Health Teams of Ontario also wants a vaccine mandate. They said it's critical to protect patients and will help to address the severe staff shortage we're seeing in health care.

Again, will the Premier finally listen to front-line health care workers, hospitals and experts and bring in an immediate vaccine mandate that covers all hospitals in Ontario?

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

Hon. Christine Elliott: Certainly, we can appreciate that there are many different positions on this, which indicates this is not just a simple, "Do it and everything will be fine." It's not that way.

As the Premier indicated, we have to listen to the experts in the field—the people who run the hospitals, the people who are knowledgeable, the nurses' groups, the doctors' groups and everybody else—to understand what the ramifications of a mandatory vaccination program would be. It's not good if somebody comes in and infects someone because they're not vaccinated, but on the other hand, if a whole group of people leaves, then there's nobody to take care of people in the hospital.

The Premier has done his homework. We have received some responses and we are still receiving others in order to be able to make a proper decision based on the clinical evidence and based on the knowledge that we have out there.

We need to take this in proper order, and we're going to do that to make sure our hospitals will be able to continue to run and our schools will still be able to operate.

IMMIGRANTS' SKILLS

Mr. Aris Babikian: Good morning, Mr. Speaker. Ontario is the destination for many who have immigrated to Canada in search of greater opportunities for themselves and their families. Immigrants create businesses, fill much-needed roles, and spark our entrepreneurial spirit.

Will the Minister of Labour, Training and Skills Development please share with us the changes he is proposing to help thousands of internationally trained immigrants practise their profession or trade?

Hon. Monte McNaughton: I want to thank the member from Scarborough–Agincourt for this very important question. Mr. Speaker, he's right. Ontario welcomes more immigrants and refugees than any other province in the country.

We're facing a generational labour shortage, with 300,000 jobs today going unfilled, yet only a quarter of newcomers are working in a job that matches their skills. Mr. Speaker, because of the leadership of Premier Ford and our government, we are breaking down barriers so newcomers can unlock their full potential here in Ontario. We're eliminating unfair requirements for Canadian work experience, streamlining language testing and ensuring licences are processed faster. We're the very first province in Canada to be levelling the playing field for skilled professionals.

The Speaker (Hon. Ted Arnott): Supplementary.

Mr. Aris Babikian: I hear first-hand from the constituents in my riding how connecting a newcomer with a job he or she is qualified to do means more than just a paycheque. It returns to them a sense of meaning, dignity and purpose, and allows them to provide for their families.

Can the minister please explain more about how these proposed changes, if passed, will strengthen immigrants, their families and their communities?

1050

Hon. Monte McNaughton: Thank you again to the member for this very important question. The changes we're making aren't contentious; they're just long overdue. The endless bureaucracy and red tape newcomers face has denied many the chance to contribute in professions they have trained for all their lives. Our government is working for workers, and helping them restart their careers would be life-changing.

We know that the NDP is the party of "no," but it is wrong that they want to deny newcomers a chance to succeed and keep the engineers and architects we desperately need in taxis.

TENANT PROTECTION

Ms. Suze Morrison: My question is for the Premier. Over the last few months, tenants have been reaching out to my office, shocked to learn that this government is lifting the rent freeze even though we are still in a pandemic. Many are only now learning that the new apartments and condominiums they moved into during the pandemic do not have rent control because of a loophole that this Premier wrote into law in 2018.

Gregory is a new resident to Toronto, and he contacted my office after learning his rent would be increasing by 18%. That's an extra \$350 a month his rent is going up by, and that's just for this year. He moved into a brand new unit, not realizing that at the end of his one-year lease, his landlord would be able to increase his rent with absolutely no limit. Gregory is furious. He wants this government to explain why they cut rent control protections and why this outrageous loophole exists in Ontario at all.

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

Hon. Paul Calandra: I appreciate the question. The question highlights the fact that, increasingly, there is more supply that is coming online in the rental housing sector. It's a bit ironic coming from this member, because she fought very hard to stop affordable housing in her own

riding. But having said that, we are going to continue to soldier on because we know how important it is to bring more housing supply, not only for renters but for individuals who, one day, would like to maybe stop paying rent and own their own home.

That's why we brought forward transit-oriented communities. As you will know, this will help unleash development of new housing, affordable housing around transit locations, transit hubs so that people can get to work even quicker. Having said that, rent control is still in place in the province of Ontario, and we will continue to work not only for tenants but for all those individuals who want to bring more supply online so that we can have, really, more opportunity for all Ontarians.

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

Ms. Suze Morrison: Respectfully, back to the government House leader, what is the point of building any new amount of affordable housing if it's not affordable because people are getting \$350-a-month rent increases every single year? This government's decision to remove rent control on rental units occupied for the first time after November 15, 2018—because of that, tenants now have to worry every single month about being forced out of their units by unaffordable rent hikes. We are talking about economic evictions with no due process. On top of that, we know that many of these tenants are still struggling from income and job losses caused by the pandemic.

We need to help tenants catch up on their rent, to stay housed and to not kick the chair out from underneath them before they have had a chance to recover. What does this government have to say to tenants who are now struggling to cover deeply unaffordable rents because of this government's decision to roll back rent control?

Hon. Paul Calandra: Well, the member obviously will know that during the pandemic we did stay any evictions. We, of course, have limited rent increases at 1.2%. So a lot of work is being done to ensure that rents remain affordable for the people of the province of Ontario.

Ultimately, what we want is to support a system that brings more supply online. That is what will help drive down rents not only in Toronto, but across the province. We saw for many, many years that that just simply wasn't the case in Ontario. So that is why things like transit-oriented communities and other opportunities to speed up development in areas where affordable housing is needed are so important.

It is unfortunate that the opposition continues to say no to those types of initiatives but, as the Premier has said, we will say yes to tenants. We will say yes to those individuals that want to invest in bringing in affordable housing, even in ridings that are represented or don't seek that, represented by the NDP.

FUNDRAISING

HEALTH CARE WORKERS

Ms. Kathleen O. Wynne: The people of Ontario are getting a lot of fundraising messages from the Premier

these days. In fact, yesterday afternoon I received a solicitation from the Premier—from Doug to Kathleen—on my work email proclaiming that he is the “yes man” and that I should send some money his way. As I read the email, he's proud of saying yes to the unnecessary Highway 413 and no to environmental protection; he's proud of saying yes to his developer friends and sprawl and no to responsible community building.

Needless to say, Mr. Speaker, I am not sold, and neither are the thousands of education workers and health care workers, the families, the parents, patients and students who simply cannot understand the big no from this government on mandatory vaccination for education and health care workers.

Why is the Premier insisting on saying yes to damaging the environment and no to protecting our most vulnerable people?

Hon. Doug Ford: It's great to see the former Premier in here today. I find it ironic about fundraising, because we get a lot of traditional Liberal votes and traditional NDP votes. They know it. That's why we're here and they're over there.

But in saying that, I want to remind the former leader of the Liberals, we don't sell \$10,000-a-seat dinners and special events with the ministers like they did. I also want to remind the previous Liberal leader that we have not touched the greenbelt. She changed it 17 times for her developer buddies—17 times, Mr. Speaker. If I even took a blade of grass out of the greenbelt, they'd be doing backflips. But not with her buddies. With her buddies, it's all about changing the lines: “You're going to get a piece of property, and you're going to get a piece of property. By the way, donate to my campaign for \$10,000 a seat at a dinner”—until we came in there and we had to change the rules. But thank you for the question.

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

Ms. Kathleen O. Wynne: Yes, the developers along the Highway 413 corridor loved me, because we cancelled that highway, Mr. Speaker.

I have a niece who is disabled and who has a severely compromised respiratory system. Her mom died in January, and my sisters and I are doing our best to care for her in her home, but we do need to bring in outside caregivers. We all had a shock a couple of weeks ago when we learned that one of the PSWs who was coming into her home was not vaccinated and did not believe in the vaccine. Even though she was being tested every week, she was putting my niece at risk.

Speaker, why does the Premier think it is appropriate to put an already compromised young woman at further risk of illness or death?

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

Hon. Christine Elliott: I'm sorry for the situation with your family member, but we expect health care workers to be vaccinated. We are asking everyone to be vaccinated. That's why we've had one of the most successful vaccination campaigns, not just in Canada but in the world. We

have over 87.8% of everyone 12 years of age or older having received the first vaccine. We're encouraging people to receive the second vaccine.

However, there is a situation, as the member will know, with health human resources. We expect that if people have not received the vaccine, they are being tested regularly before they go into anyone's homes or before they go to work in hospitals. There are other consequences that could arise as a result of a mandatory vaccine campaign or requirement, which means that we could lose vast numbers of people working both in the home and in hospital who wouldn't be there. So we need to have those people be there in the hospitals and in home care.

But there are safeguards in place for people currently. If they're not vaccinated, they need to be tested regularly to ensure that it is safe for them to go into someone's home.

The Speaker (Hon. Ted Arnott): I'm going to remind the House that the supplementary question needs to be related to the initial question and must follow it logically and follow up on the issues that were raised in the initial question, as opposed to introducing a brand new issue.

The next question.

MUNICIPAL FUNDING

Mrs. Robin Martin: I was happy to hear last week that the government announced that the 2022 Ontario Municipal Partnership Fund allocations were made so early this year. Ontario's municipalities have faced many challenges during the COVID-19 pandemic. They have faced a variety of new challenges and a once-in-a-century health crisis on top of the old ones. It's these municipalities, frankly, that are really on the front lines against COVID-19 and fighting our battle there and are also responsible for so many of the services that ensure our quality of life here in Ontario.

Speaker, I would like to ask the Minister of Finance to please tell this House how the government is supporting Ontario's municipal partners through the Ontario Municipal Partnership Fund and other measures.

1100

The Speaker (Hon. Ted Arnott): To reply, the member for Aurora–Oak Ridges–Richmond Hill and parliamentary assistant to the Minister of Finance.

Mr. Michael Parsa: I want to thank the great member for Eglinton–Lawrence for that question. She couldn't be more correct. Since the beginning of the pandemic our government has been steadfast in our commitment to make every necessary resource available to protect people and to protect jobs.

Part of that is supporting our municipal partners. We know just how important the Ontario Municipal Partnership Fund is to so many Ontario communities. That's why we announced the OMPF allocations this year—the earliest they've ever been announced. We heard from municipalities that they wanted stability and predictability, which is why we are maintaining both the structure of the OMPF and the \$500-million program

envelope for 2022, because our government is the government that says yes. We are committed to saying yes to supporting growing our municipal partners, who have been on the front lines supporting Ontarians since day one of this pandemic.

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

Mrs. Robin Martin: It's great to hear that this government is using the OMPF to help ensure stability and predictability for Ontario's municipalities in these very challenging times. I know the news has thrilled many municipalities.

But many people at home may not be familiar with programs like the OMPF or how much the province actually works with municipalities to ensure that they can provide vital services to their residents.

Back to the Minister of Finance: Could the minister please provide some detail on any other ways the government has worked with municipalities to support them during the COVID-19 pandemic?

Mr. Michael Parsa: Again, I want to thank my colleague for the question. Again, she is absolutely right. Supporting municipalities throughout the pandemic has been a huge priority for our government. Keeping the stability of the OMPF envelope is just one part of that effort. From day one we have been working with all levels of government to ensure that municipalities have the support, flexibility and tools they need to address the critical public health and economic challenges brought on by the pandemic.

In March of this year we provided almost \$1 billion in additional COVID-19 financial relief for 2021. This is on top of the historic federal-provincial Safe Restart Agreement that our government negotiated. This program allocated \$4 billion in assistance to all 444 municipalities in Ontario and 11 public transit systems.

This government will never, ever let our municipal partners down. We will stand with them and support them along the way, as they have done for the people of Ontario throughout the pandemic.

HOME CARE

Ms. Peggy Sattler: My question is to the Premier. Caspar Vanderhelm is 90 years old and lives independently at home. He had a catheter inserted after day surgery and was told to wait for a call from the ParaMed home care clinic to remove it. Speaker, he never received a call. When he contacted ParaMed himself, he was told they didn't have time to see him and he would have to wait two more days for the catheter to be removed. Later, in pain and with pus at the site, Caspar was prescribed antibiotics because the catheter had been left in too long.

Caspar's story highlights the abysmal treatment that too many home care patients receive from ParaMed and other for-profit agencies. Will the Premier apologize to Caspar and will he explain why his government is further privatizing home care when it continually fails the patients who need it?

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

Hon. Christine Elliott: The situation with Caspar is unacceptable, I would agree with you. However, we are working to deal with situations such as Caspar's. Often when people leave hospital, they don't know when they will receive home care, who will be providing it or what care they will be receiving. That is why we are transforming our health care system with the introduction of Ontario Health and the local Ontario health teams. With those teams in place, situations such as Caspar experienced should not happen, because the partners will provide a warm handoff when someone is leaving hospital to go to home care—that they will receive it. Before they even leave the hospital, they will know who is providing the care, when, and what services will be provided.

That's what we need to do to make sure we create an all-inclusive, comprehensive, patient-centred system of care so that people like Caspar don't have to have the same experience again.

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

Ms. Peggy Sattler: I didn't hear the minister answer the question as to whether Caspar will get an apology.

Caspar is doing everything he can to manage his own care needs at home, which is important for his well-being, but also reduces pressure on our health care system. He deserves home care services that are there when he needs it. Instead, he felt ignored, dismissed and disrespected by ParaMed, and developed an infection because of their unacceptable follow-up. When my office called the South West LHIN about Caspar's experience, the LHIN said they will escalate it but are having difficulty getting ParaMed to return any of their phone calls.

Speaker, thousands of patients like Caspar are being failed by privatized home care. Again I ask the minister: Where is the accountability? Where is the oversight, when even the LHIN can't get its calls returned?

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

Hon. Christine Elliott: As I indicated to the member across earlier, this is not a situation that is acceptable. This is something that I will follow up with, to understand what the situation is, to make sure Caspar gets the supports and services he deserves.

However, the situation as I described with the local Ontario health teams is also very important, because that is what connects the care for patients, so the patients don't ever feel that they're shut out of their home care system or their health care system in any respect. That is what has been happening to too many people. That is why we are transforming our system of health care, to make it truly patient-centred.

We are looking at our home care service provision, to make sure that home care is there when people need it, that they know what they're going to be receiving and that they have the services they need and the equipment they need. So, while I will look into Caspar's specific situation, we are dealing with the situation, generally speaking, to make

sure that every patient receives the care they need in their home, when they need it.

COVID-19 IMMUNIZATION

Mr. Rick Nicholls: My question is to the Minister of Health. In order to get the vaccine numbers up, the science table recommended kids 12 to 17 be vaxxed. You may remember how when I was back in caucus, I even questioned the safety of such a move. What scientific data? What clinical testing? Size of the test group? Short-, mid- and long-term side effects? It was all inconclusive.

Now many students have developed irreparable heart issues—myocarditis—and then decisions were made to jab kids without the need of parental consent. Only informed consent was given—by whom? Peer pressure, coercion, and now you want to inject kids five to 11 years old? How do we know these jabs will be safe? My big guess is that Big Pharma doesn't really know with certainty, but were given a get-out-of-jail card free because of the rush under emergency-use authorization. Yet unintended consequences are not acceptable, and I am fighting for my grandkids and the millions of others who have suffered way too much.

So my question, Minister, is: Why is the government pushing so hard to inject little ones with an experimental drug without parental consent? Doing so is criminal, unconstitutional and illegal.

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

Mr. Rick Nicholls: I withdraw.

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

Hon. Christine Elliott: Thank you very much, Speaker. Let me say, through you to the member, that we are not speaking about an experimental drug. These vaccines have been accredited internationally by the World Health Organization, by the FDA and by Health Canada, as well as by the National Advisory Committee on Immunization. They are safe, they are effective and they are saving lives.

We do not give any inoculations or vaccinations to children where parental consent is required. We do not do that. We always obtain parental consent if it is necessary. The 12- to 17-year-olds are already being inoculated. We are waiting for Health Canada consent to be able to inoculate children ages five to 11. But it is safe, it is vital and they are saving lives, hospitalizations and intensive care unit admissions.

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

Mr. Rick Nicholls: Back to the Minister of Health: Doctors are seeing increases in unexpected vascular adverse reactions in their patients. These include strokes, heart attacks, blood clots and a never-seen-before concept of microvascular clotting. This is suggested by huge increases in a clotting test called D-dimer.

In the vaccine clinical trials, the pharmaceutical companies never tested any subjects' blood in the large phase 3 trials, and now you want to start jabbing kids five to 11. Don't you think that until these trials are completed, the

administration of these experimental products should be halted before more Canadians of all ages are harmed?

1110

How can the minister and Health Canada assure Canadians the vaccines are safe when they never looked for safety signals which were so easy to perform?

Hon. Christine Elliott: Once again, we are not speaking about experimental drugs. These are vaccines that have been tested at the highest levels. I'm not in a position to comment on the specific trials that were conducted and the effects of them because I'm not a doctor, nor is the member opposite. However, we do know that people who are experts in this field, the epidemiologists, the people who have developed the vaccines—they have been tested and tested, and they are working. They are saving lives. They are saving young people, teens, adults and seniors. We can see that by what's happening in Ontario right now. We have one of the lowest rates of hospitalizations in our intensive care unit. Our intensive care unit now has about 130 people in it, whereas months ago, before these vaccines were being delivered, we were at 600, 700, 800. Clearly these vaccines are working, clearly they are safe, and clearly they are needed for everyone in Ontario.

FRONT-LINE WORKERS

Mr. Mike Harris: My question is to the Minister of Labour, Training and Skills Development. Minister, our government, under the leadership of the Premier, is making every effort to protect and support our front-line heroes, including those who kept products that families depend on moving throughout the pandemic.

On average, over 200,000 people in Ontario work as mail couriers, messengers and door-to-door distributors. Can the minister please share with this House how his ministry is proposing to make every day on the road easier for these workers?

Hon. Monte McNaughton: Thank you to the member from Kitchener–Conestoga for this very important question.

Mr. Speaker, we applaud the truck drivers, couriers and delivery workers who have been bringing food to our tables since the start of this pandemic. Thank you for our selfless service to families right across Ontario.

Last week, we announced changes to make it law for business owners to let these women and men use their companies' washrooms. Delivery workers are part of our team, and they have been there for us throughout the pandemic. It's time that we were all there for them. Giving people a clean washroom is a matter of common decency.

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

Mr. Mike Harris: Speaker, I can tell you, in my riding of Kitchener–Conestoga, I've heard directly from couriers and delivery workers. These people are really excited to see these big changes. It's clear our government is standing shoulder to shoulder with hard-working people across my riding and, of course, across the province of Ontario.

Earlier in the pandemic, we opened additional rest stops for truck drivers, and it's great to hear we're now doing

even more. So may the minister please share with us why our government is taking these actions now?

Hon. Monte McNaughton: Thank you again to the member for that question. Mr. Speaker, every day, our government is working for workers. Last week's announcement is just one of the many ways we are lifting people up and not just going back to where we were before. It is a disgrace and it's wrong that those who go above and beyond to serve our communities need to plan their day around when they can find an open door. The changes our government is introducing give drivers the respect and dignity that each one of them deserves.

Mr. Speaker, I hope the NDP doesn't vote no to giving workers a place to go.

GASOLINE PRICES

PRIX DE L'ESSENCE

M. Guy Bourgouin: Ma question est pour le premier ministre.

During the last election, the Ford government made an announcement about reducing gas tax by 10 cents a litre. Looking at gas pricing in my riding today, it is clear that this government did not intend to protect consumers. I say this at the time when the lowest price of gas in my riding sits at \$1.579 or \$1.44 in Huntsville and an average of \$1.42 in Kingston. Northerners need to travel for medical appointments, for work. Having to pay \$1.57 for gas is, frankly, unacceptable and practically unaffordable.

Speaker, will the Premier act rather than continue to stall like the Liberals before them on a problem that is hitting northerners harder than anyone else and offer relief at the pump?

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

Hon. Paul Calandra: Well, of course, we offered relief the moment we came into office. We didn't wait. We knew how important it was to continue to make life more affordable for the people of the province of Ontario. It was this member who supported initiatives by the previous Liberal government that saw the gas tax increase through a carbon tax. We have said right from the beginning that we were not going to support a carbon tax. We fought against the carbon tax. We were able to reduce the cost to all Ontarians. One of the first things we did was remove that tax on the people of the province of Ontario.

He now supports, and his party continues to support, a federal carbon tax, colleagues, that could reach 38 cents a litre—38 cents a litre. We will continue to fight that, Speaker, because we don't believe that is the best way to reduce our emissions. We've seen the cost of the carbon tax all across not only Ontario, but Canada. I would ask the member to support us in stopping that unfair—

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

M. Guy Bourgouin: Encore au premier ministre : j'ai l'impression que les membres de ce gouvernement ne comprennent pas ce qu'une promesse veut dire.

Considérant le prix de l'essence à ce moment, les familles doivent choisir entre mettre de l'essence pour se déplacer ou manger. Les résidents de partout dans mon comté sont étouffés par le prix de l'essence.

Déjà trois ans de vos belles promesses sans action. Votre gouvernement aurait eu la chance d'agir sur le prix de l'essence. Mon collègue de Timmins a présenté un projet de loi qui est toujours sur la tablette.

Il est évident que ce gouvernement n'écoute pas. Le premier ministre va-t-il arrêter d'ignorer ce problème et d'attendre que le prix de l'essence soit rendu à 2 \$ ou plus avant d'agir sur ses promesses électorales et baisser le prix de l'essence?

L'hon. Paul Calandra: Mais ce n'est pas vrai. Nous avons commencé immédiatement pour réduire les impôts pour tous les Ontariens. Nous avons commencé le premier jour pour réduire et éliminer la taxe sur le carbone. Nous savons que ce n'est pas une taxe qui est dans le bon intérêt des contribuables de l'Ontario.

I would ask the member to consider, again, how important it is that we eliminate this carbon tax. A 38-cent carbon tax will not help the people of northern Ontario. We are seeing the impacts of that every single day. Inflation has gone up across the board, not only in Ontario but all across Canada. We said it right from the beginning: When you increase the cost of getting goods to market, prices will increase. That is why we fought the carbon tax.

But that doesn't mean we have to stop fighting to make our environment cleaner. That is why we do that—

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

FRONT-LINE WORKERS

Mr. John Fraser: My question is for the Premier. Ontario's nurses have been on the front lines of the pandemic. They have been working flat out for the last 19 months, often going above and beyond the call of duty. So many of them are exhausted and burnt out. We have a nursing shortage due to stress and an increasing work load that is causing too many to leave the profession.

The Premier calls the nurses "heroes." Their reward? Bill 124 and a 1% wage freeze. The Premier can't say that he values nurses in one breath and then say in the next breath, "You don't have the right to bargain fairly for your wages, and by the way, they're frozen."

Speaker, through you: Will the government show that they really value nurses, that the Premier really values nurses, by repealing Bill 124, allowing nurses to bargain for a fair wage and addressing the nursing shortage here in Ontario?

The Speaker (Hon. Ted Arnott): The parliamentary assistant, the member for Aurora–Oak Ridges–Richmond Hill.

Mr. Michael Parsa: I want to thank the member for the question. Let me start off again by thanking all our health care workers, who have been on the front lines every single day. It really is because of these selfless and dedicated individuals that all Ontarians are able to move forward and away from this challenging period.

We're fully aware of the critical role our health care workers have played throughout the pandemic. We are incredibly grateful for the sacrifices they have made. Speaker, our health care heroes are the reason that patients were able to receive timely, safe and equitable access, which is why we invested over \$52 million to recruit, retain and support over 3,700 more front-line health care workers and caregivers.

Bill 124, which the member is referring to, is designed to protect public sector jobs and vital front-line services that all Ontarians rely on. It's inaccurate to suggest that Bill 124 caps wages, because they can receive salaries for seniority—

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

1120

Mr. John Fraser: With all due respect to the member, his thank-yous, the government's thank-yous, don't buy groceries.

The government is just not listening to Ontario's nurses. For three months now, Ontario's nurses have been calling for mandatory vaccinations for front-line health care and education workers. So have Ontario's hospitals, Ontario's doctors, Ontario's schools and the COVID-19 science table. They all want to do this to protect the most vulnerable, and also to have a safe workplace.

Just like the Minister of Long-Term Care said, mandatory vaccinations prevent staff shortages due to an outbreak caused by an unvaccinated staff member. I don't understand why the government doesn't understand the Minister of Long-Term Care.

So the government is ignoring nurses on mandatory vaccinations for front-line workers and by refusing to repeal Bill 124. At what point is this government going to listen to nurses, repeal Bill 124 and make vaccinations mandatory for front-line health care and education workers?

Mr. Michael Parsa: I do thank my colleague for the question. He referred to Ontario hospitals and Ontario schools. I want to remind everyone who's watching and my colleague that it was his party and his government that cut funding in our health care system, that cut funding in our education.

It was our government that increased funding. We've taken real and decisive measures to support our front-line health care heroes. We have invested, as I said, money to be able to recruit, retain and support our staff. We will always have their backs throughout the pandemic, Mr. Speaker, because they've been on the front lines helping us, helping every single Ontarian. It's this government, this minister, this Premier that will always stand up for them, today, tomorrow and long after the pandemic.

MEMBERS' COMPENSATION

Mr. Peter Tabuns: My question is for the Premier. Last week, the Premier announced another round of raises for PC MPPs. That's right, Speaker: The Premier, who originally ran on a promise to stop the gravy train, now has

more gravy going around than on Thanksgiving and Christmas Day combined. Can you imagine?

On top of a big \$30,000 raise to the Premier's right-hand man and new minister of Legislature renos, he also gave a big raise to the former, now demoted, environment minister. This is a minister with one of the worst records on climate and the minister whose attempts to drag us back to the Stone Age are still being fought in court.

Speaker, my question through you to the Premier: Why do PC ministers deserve a pay raise, but hard-working front-line workers and minimum wage earners deserve virtually nothing?

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

Hon. Paul Calandra: Mr. Speaker, what you see from the NDP day in and day out is a party that is literally bankrupt of any ideas whatsoever. What we are doing and what we decided to do from day one is to reinvest in the people of the province of Ontario, something that they have fought against every single day.

We've reduced costs to the people of the province of Ontario, reduced costs for small businesses. The Minister of Labour is working on new bills to ensure that front-line workers have access to simple things like a washroom. The minister of small business is making sure credential recognition is finally something that happens in the province of Ontario—something they talked about, but that we'll get done.

We're talking about building transit and transportation. That member talks about it; we'll get it done. They talk about reducing costs for people. They talk about it; we get it done. They talk about a clean environment. You talk about it—

Mr. Paul Miller: Cha-ching. Cha-ching.

The Speaker (Hon. Ted Arnott): Stop the clock. The member for Hamilton East–Stoney Creek will come to order.

Mr. Paul Miller: Give your \$30,000 back. Cha-ching.

The Speaker (Hon. Ted Arnott): The member for Hamilton East–Stoney Creek is warned.

Hon. Paul Calandra: I don't know why you get paid. You're never here.

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

Hon. Paul Calandra: I withdraw.

Ms. Sandy Shaw: I'm curious why the Premier gets paid, then.

The Speaker (Hon. Ted Arnott): The member for Hamilton West–Ancaster–Dundas will withdraw.

Ms. Sandy Shaw: Withdraw, Speaker.

The Speaker (Hon. Ted Arnott): Anybody else want to withdraw?

Supplementary question. Start the clock.

Mr. Peter Tabuns: Why, thank you, Speaker.

Again to the Premier: The Premier and the minister of Legislature renos, who just spoke, justified their big payout by saying it's better for everyone to have politicians in charge of these kind of things—renos and some purchases. Speaker, the last time politicians were in charge of, or tried

to put themselves in charge of, purchasing things like this, the Premier tried to buy himself a pimped-out ride on the taxpayer dime.

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

Mr. Peter Tabuns: I will withdraw.

My question, through you, again to the Premier: Nurses, PSWs and other front-line workers, including minimum wage workers, put themselves on the line every day during the pandemic. I'll ask again, why are they worth less than PC Party MPPs and the Premier's buddies? Will he repeal Bill 124?

Hon. Paul Calandra: Mr. Speaker, we came to office and we had to restore the province of Ontario as the economic engine of this country. This is something that this member voted against, of course.

We saw the previous Liberal government close, I think, over 600 schools. We are seeing this Minister of Education build new schools. We saw the previous Liberal government build next to no long-term care. We see this government and this minister building 30,000 new long-term-care spaces.

We saw these members talk about affordability. We are seeing us do something about it. We are reducing costs for our small, medium and large job creators. We hear them talk about health care all the time but it's this minister who has increased ICU capacity. It's this minister who has increased funding for our health care professionals, Mr. Speaker.

What has that member accomplished? He has been able to say no constantly, and in a, what, 30-year career, not—

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

COVID-19 IMMUNIZATION

Mr. Rick Nicholls: My question is to the Minister of Labour. I am hearing from constituents both in and outside of my riding of their fear of losing their jobs, all because their employer is threatening to fire them if they don't get the vaccine. My question: Who mandated mandatory vaccines for these long-serving employees? You are announcing funding for employers, but as new hires come in the front door, many are going out the back door.

My question to you, Minister, is, will you direct these employers to discontinue these firings? Employees' choice should be respected.

Hon. Monte McNaughton: Mr. Speaker, again to the member opposite: We're going to continue working every single day to protect the health and well-being of all of the people in this province. We've come so far. We don't want to jeopardize the gains we've made.

We need to continue to promote health and safety. That's why we have added 100 new inspectors, to ensure that workplace protocols are in place.

Mr. Speaker, the Minister of Health has been leading the charge to encourage people to get vaccinated. We heard today that about 89% of people have had their first dose here in the province; 84%, approximately, have had

their second dose. This is how we've come so far as a province.

It is the responsibility of every MPP in this House to encourage people to get vaccinated. Let's get through COVID-19 once and for all.

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

Mr. Rick Nicholls: Again, back to the Minister of Labour: Workplaces were safe before, as COVID protocols were, in fact, put in place and people were working safely. Now, in health care, as an example, respectfully, health care workers have gone from heroes to zeros. We are inadvertently creating a labour crisis in all sectors.

Minister, will you step in and save these employees from losing their livelihoods? It is unfair and it is unconstitutional.

Hon. Monte McNaughton: Mr. Speaker, on this side of the House—and I would say the overwhelming majority of MPPs in this chamber believe that every single health care worker in Ontario is a hero.

We're going to continue to ensure that the health and safety of those workers and those people who use our health care facilities are protected. We're going to work every day, always, to protect the health and well-being of all of the people. That is the responsible and the right approach to battling this pandemic, Mr. Speaker.

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That's why, on day one when COVID hit the province, we brought in job-protected leave—if anyone was impacted by COVID-19, to stay home. We issued hundreds of guidance documents, posters and tip sheets and videos in multiple languages to protect all workplaces in this province. We moved forward almost immediately to hire 100 new health and safety inspectors. That's the largest inspectorate in provincial history.

My message to everyone in every sector: Employers, employees, let's keep working together. We've made so many gains. We're leading the Western world. Let's keep it going.

SCHOOL SAFETY

Mr. Joel Harden: My question is for the Premier. Last week, a man visited Ottawa Centre to protest what he called “gender ideology.” The previous week, this same person filmed children outside Toronto schools while displaying transphobic messages, and he tried to do the same thing at three schools in Ottawa. We organized in Ottawa Centre and we prevented this man from spreading hate in our neighbourhood. We took a stand, but we want this government to take a stand too.

Will the Premier openly denounce this hate that we saw in Toronto and Ottawa? And will he support school safety zones to make sure people promoting hate speech against anyone are not allowed to harm children at our schools?

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

Hon. Paul Calandra: I don't think anybody would disagree, on all sides. I know the member isn't suggesting

that anyone in this chamber wouldn't disagree with anybody who is encouraging hate to anybody. That's predominantly what our main purpose here is: to make sure that people are safe.

I will say, with respect to enforcement, there are a number of laws that are already in place to ensure that people remain safe in their communities. I understand how challenging it must be, but again, there are rules in place, and those rules should be enforced by local law enforcement. At the same time, Mr. Speaker, I know that that member, and all members, of course, would denounce anybody who would say things or bring harm to anybody in the community, make people feel unsafe in their community. I think we would all agree on that.

The Speaker (Hon. Ted Arnott): Supplementary.

Mr. Joel Harden: While I appreciate the sentiment the House leader has just expressed, the fact of the matter is that this gentleman has been in two communities in Ontario, and we have not heard from the Premier, who is the leader of this province, about whether this man's views are welcome in the province of Ontario. There has been no comment, despite this being not just a municipal story in Ottawa and Toronto but a provincial and a national news story. The silence is deafening.

When I hear the House leader say that we have laws that are good enough and that if we just ignore these acts after episodic comments it will go away—history tells us different, Speaker. I want to quote the Southern Poverty Law Center. They say, “In the face of hate, silence is deadly. Apathy will be interpreted as acceptance.... If left unchallenged, hate persists and grows.”

We need clarity, Speaker. We have been in touch with law enforcement officers who have said that the law does not allow them to take the gentleman who is promoting transphobic hate, who is asking our children who are already in a highly vulnerable position to hate themselves.

We have done days against transphobic hate in this Legislature. We need this Premier to be clear: Does he support what this gentleman did? Are we going to take a step in this province to make sure no one does this outside a school ever again, yes or no?

Hon. Paul Calandra: It should be very clear to this member and to all members of this assembly that there is absolutely no place in this province for that type of behaviour. This is a Legislature that recognizes and holds a moment of silence for the trans community by law, something that was brought in by one of the former members of that party. This is the Legislature that actually stopped question period for the first time ever to make sure that we could recognize and pay respect to that community.

Very clearly, through you to the member, Mr. Speaker, there is absolutely no place in the province of Ontario for beliefs like that. There is no place for that. This is a welcoming province. It is a province that—we've said it and we're all proud—is built on diversity, but it is a province that will protect everybody's right to be who they are. That is what our main job is here in this place. Yes, we can talk about the economy, we can talk about health care, but our main job is to protect all Ontarians. We will

continue to do that, and this Premier will make sure that that continues to happen.

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

DEFERRED VOTES

COVID-19 IMMUNIZATION

The Speaker (Hon. Ted Arnott): We now have a deferred vote on private member's notice of motion number 4, as moved by Ms. Fife.

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

The division bells rang from 1136 to 1206.

The Speaker (Hon. Ted Arnott): The vote on private member's notice of motion number 4 has taken place.

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 17; the nays are 37.

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

Motion negatived.

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

The House recessed from 1207 to 1300.

INTRODUCTION OF BILLS

UPLOADING HIGHWAYS 174 AND 17 ACT, 2021

LOI DE 2021 SUR LE TRANSFERT DE COMPÉTENCES RELATIVES AUX VOIES PUBLIQUES 174 ET 17

Mr. Blais moved first reading of the following bill:

Bill 26, An Act to amend the Public Transportation and Highway Improvement Act with respect to the jurisdiction and control of Ottawa Road 174 and County Road 17 / Projet de loi 26, Loi modifiant la Loi sur l'aménagement des voies publiques et des transports en commun en ce qui concerne la compétence relative aux voies publiques connues sous le nom de Ottawa Road 174 et de County Road 17.

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 give the House a brief explanation of his bill?

Mr. Stephen Blais: Yes, thank you, Mr. Speaker. Uploading Highways 174 and 17 Act, 2021: The bill amends the Public Transportation and Highway Improvement Act by adding a new section, 29.0.1, which provides that Ottawa Road 174 and County Road 17 cease to be

vested in any municipality and instead are under the jurisdiction and control of the Ministry of Transportation.

Subsection 29.0.1(1) further provides that the highways are no longer deemed to be part of the road system of any municipality and that any agreement or permits granted by the municipality in relation to the highways continue to be enforced as though made or granted by the minister.

Subsection 29.0.1(2) limits the ability of the Lieutenant Governor in Council to direct any further transfers in respect to these highways.

WORKING FOR WORKERS ACT, 2021

LOI DE 2021 VISANT À OEUVRER POUR LES TRAVAILLEURS

Mr. McNaughton moved first reading of the following bill:

Bill 27, An Act to amend various statutes with respect to employment and labour and other matters / Projet de loi 27, Loi modifiant diverses lois en ce qui concerne l'emploi, le travail et d'autres questions.

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): I recognize the minister to briefly explain his bill.

Hon. Monte McNaughton: I first want to begin by sincerely thanking, in particular, my chief of staff, Joshua Workman, and our entire team, as well as Deputy Minister Greg Meredith and his team. They worked a long time to put this important legislation together.

The Working for Workers Act, 2021, is how we're rebalancing the scales to lift people up and put workers in the driver's seat of Ontario's future.

MOTIONS

COMMITTEE MEMBERSHIP

Ms. Andrea Khanjin: I move that the following changes be made to the membership of the following committees:

On the Standing Committee on Estimates, Ms. Ghamari replaces Ms. Park; and

On the Standing Committee on Public Accounts, Mr. Mantha replaces Madame Gélinas; and

On the Standing Committee on the Legislative Assembly, Madame Gélinas replaces Mr. Mantha.

The Speaker (Hon. Ted Arnott): Ms. Khanjin has moved that the following changes be made to the membership of the following committees:

On the Standing Committee on Estimates, Ms. Ghamari replaces Ms. Park; and

On the Standing Committee on Public Accounts, Mr. Mantha replaces Madame Gélinas; and

On the Standing Committee on the Legislative Assembly, Madame Gélinas replaces Mr. Mantha.

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

Motion agreed to.

PETITIONS

OPTOMETRY SERVICES

Ms. Teresa J. Armstrong: Once again, this is a very serious issue in all of Ontario. In London–Fanshawe, we get petitions every day, asking

“To the Legislative Assembly of Ontario:

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

“Whereas the government only pays on average \$44.65 for an OHIP-insured visit—the lowest rate in Canada; and

“Whereas optometrists are being forced to pay substantially out of their own pocket to provide over four million services each year to Ontarians under OHIP; and

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

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

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

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

I fully support this petition and send it to the table.

EDUCATION FUNDING

Mr. Toby Barrett: I appreciate the opportunity to read in some more names on this petition. It’s entitled “Caledonia Needs a New School,” and it’s addressed to the Legislative Assembly of Ontario.

“Whereas, as a result of so many young families moving to Caledonia, we need to plan for the growth pressures in our local schools;

“Whereas a number of Caledonia schools are already overflowing and for years to come we must ensure our youngest learners have a great place close to home to start their education journey;

“Whereas it is time for a new school in Caledonia;

“We, the undersigned, advocate to the Ministry of Education for a new school in Caledonia.”

I have been gathering these signatures, so I obviously support what’s contained here, and I affix my signature.

ACCESS TO HEALTH CARE

Ms. Suze Morrison: I have a petition here. It reads:

“To the Legislative Assembly of Ontario:

“Whereas two-spirit, transgender, non-binary, gender-diverse and intersex communities face significant

challenges to accessing health care services that are friendly, competent and affirming in Ontario;

“Whereas everyone deserves access to health care, and they shouldn’t have to fight for it, shouldn’t have to wait for it and should never receive less care or support because of who they are;

“Whereas gender-affirming care is life-saving care;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to support ... the Gender Affirming Health Care Advisory Committee Act, to improve access to and coverage for gender-affirming health care in Ontario.”

I fully endorse this petition, will affix my signature to it and provide it to page Lamees.

OPTOMETRY SERVICES

Ms. Peggy Sattler: I have a petition about an issue that is an urgent priority for the people in London West. It is called “Petition to Save Eye Care in Ontario.

“To the Legislative Assembly of Ontario:

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

“Whereas the government only pays on average \$44.65 for an OHIP-insured visit—the lowest rate in Canada; and

“Whereas optometrists are being forced to pay substantially out of their own pocket to provide over four million services each year to Ontarians under OHIP; and

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

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

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

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

I support this petition, affix my signature, and will give it to page Fraser to take to the table.

OPTOMETRY SERVICES

Ms. Sandy Shaw: This is a huge issue in my riding. I keep receiving emails from my constituents asking the government to get back to the bargaining table. So I have a petition entitled “Petition to Save Eye Care in Ontario.

“To the Legislative Assembly of Ontario:

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

“Whereas the government only pays on average \$44.65 for an OHIP-insured visit—the lowest rate in Canada; and

“Whereas optometrists are being forced to pay substantially out of their own pocket to provide over four million services each year to Ontarians under OHIP; and

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

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

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

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

I will affix my name and give it to page Zada to take down to the table.

OPTOMETRY SERVICES

Mr. Tom Rakocvic: This petition is entitled “Petition to Save Eye Care in Ontario.

“To the Legislative Assembly of Ontario:

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

“Whereas the government only pays on average \$44.65 for an OHIP-insured visit—the lowest rate in Canada; and

“Whereas optometrists are being forced to pay substantially out of their own pocket to provide over four million services each year to Ontarians under OHIP; and

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

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

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

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

I support this petition. I will be affixing my signature to it and giving it to page Tanvi.

FITNESS FACILITIES

Mr. Rick Nicholls: “To the Legislative Assembly of Ontario:

“Whereas healthy Ontarians reduce the burden on Ontario’s health care system at large;

“Whereas proactive, preventive measures are integral to improving and maintaining optimal health;

“Whereas reducing the risk of the following, but not limited to:

“—Heart disease;

“—Stroke;

“—Obesity;

“—Diabetes;

“—Osteoporosis;

“—High cholesterol hypertension;

“—Inflammation;

“—Cognitive decline;

“—Metabolic syndrome;

“—Chronic degenerative disease;

“These list exercise as foundational to the reduction of risk;

“Whereas gyms have never been cleaner or more hygienic by both patrons and staff, with adherence to the protocols of wiping down equipment, wearing masks and social distancing;

“Whereas exercise is foundational to the reduction of risk;

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

“(1) To revoke the Ontario vaccine passport mandate with regards to gyms; and

“(2) allow indiscriminate entry to gyms by all patrons and members to exercise for good health.”

I wholeheartedly support this petition. I will sign it and give it to a page.

OPTOMETRY SERVICES

Ms. Teresa J. Armstrong: Again, this is a very important petition to save eye care in Ontario. We’ve received these petitions from the good people of the riding of Wellington–Halton Hills.

“To the Legislative Assembly of Ontario:

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

“Whereas the government only pays on average \$44.65 for an OHIP-insured visit—the lowest rate in Canada; and

“Whereas optometrists are being forced to pay substantially out of their own pocket to provide over four million services each year to Ontarians under OHIP; and

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

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

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

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

I fully support this petition, sign it and give it to page Lamees to deliver to the table.

PALLIATIVE CARE

Ms. Sandy Shaw: I’m going to be retabling the Nancy Rose Act this week. I think it’s important for the people of Ontario to know there is still no comprehensive pediatric palliative care strategy. So I have here a petition entitled “Support the Nancy Rose Act—Pediatric Hospice Palliative Care.”

“To the Legislative Assembly of Ontario:

“Whereas for children with serious or life-limiting illness, a palliative approach to care can increase quality of life and decrease their pain and suffering;

“Whereas there is currently no comprehensive, coordinated and funded provincial strategy to address pediatric palliative and hospice care;

“Whereas the Nancy Rose Act would require the province to develop a strategy with the goal of increasing access to pediatric palliative and hospice care across Ontario;

“Whereas the strategy contained in the Nancy Rose Act would include targeted supports for families of children receiving palliative care, including mental health supports and respite;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to pass the Nancy Rose Act and call for all-party support.”

OPPOSITION DAY

NURSES

Ms. Andrea Horwath: I move opposition day motion 2, as follows:

Whereas nursing shortages across Ontario have resulted in temporary ER shutdowns, growing wait times for surgeries and procedures, and increased burnout for nurses who are working longer and harder because of the pandemic; and

Whereas the shortage has also impacted long-term care and persons with disabilities who rely on nurses for support to attend school and other daily activities; and

Whereas the former Liberal government froze hospital budgets and cut 1,600 nurses, and the Ford government has not restored these positions; and

Whereas the stress of understaffing and burnout caused by the pandemic was only made worse by the Ford government’s decisions to cut funding for sick leave for nurses isolating due to on-the-job COVID exposure; and

Whereas the rate of nurses leaving the profession is double what it was before the pandemic and Bill 124’s wage cap unfairly penalizes nurses and other front-line workers, preventing them from negotiating salaries that keep up with the cost of living in Ontario, and has forced nurses to pay back pay increases that have been fairly negotiated; and

Whereas Ontario is facing a dangerous shortage of critical care nurses, cancer care nurses and other essential ICU and surgical staff, yet the Ford government has failed to take decisive action on an aggressive recruitment and retention strategy;

Therefore, the Legislative Assembly calls on the Ford government to take immediate action on a province-wide health care hiring and retention plan that includes the repeal of Bill 124, more education and training opportunities, full-time hours, paid sick days for all health care workers, decent wages and the funding necessary to ensure sufficient staffing to prevent burnout, reduce wait times and ensure the high-quality, timely care Ontarians deserve.

The Speaker (Hon. Ted Arnott): Ms. Horwath has moved opposition day number 2.

I recognize the Leader of the Opposition to lead off the debate.

Ms. Andrea Horwath: This is an extremely, I think, important and timely discussion to have in our Legislature. I’m pleased, as the leader of official opposition, to bring this opposition day motion forward.

We all know how much nurses and other front-line health care workers did and are still doing on the front lines of the fight against COVID-19. They have been there for Ontarians throughout this crisis. As people fell ill and needed support and attention, needed to be in hospitals and were dealing with illness in other care settings, nurses were heroes—other health care workers, obviously, as well.

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We have a serious, serious shortage of nurses here in this province, and unfortunately the situation was thus even before the pandemic, and even before the Ford government came to office. We know very well that the Liberals brought us hallway medicine, that they froze those hospital budgets year over year over year, and that the result was 1,600 nurses losing their jobs.

I can recall nurses for many, many years talking to us, as opposition members, with a view to get us to understand the real crisis that was starting to show in terms of nurses retiring and not enough nurses being prepared to come into the profession. This has been an ongoing situation. It was one that was exacerbated by the Liberals, of course. But since the pandemic took hold and we’ve watched what has happened in some of those care settings and some of those hospitals, it’s frightening to see what is happening to our nursing profession. Those folks deserve us to have their backs, frankly. They had our backs, and we should be having their backs. That’s not the signal they’re getting from their government—in fact, quite the opposite.

It is extremely troubling because we know that our hospitals, our long-term-care homes, our retirement homes, our community health care settings and our home care system can’t function without nurses. There are so many places where nurses work. They work in so many important settings, and we need to make sure that they understand that we respect them and that we are grateful for the dedication that they’ve put in for these last 18 months or so.

We’ve watched as they’ve literally been prevented from taking time off, from taking vacation. They have been reassigned all over the place, from their initial jobs, just to fill the holes, to make sure that we were able to address the impact of COVID-19 on our health care system. They really did sacrifice a lot, and they were run off their feet. They still are run off their feet, and they are exhausted. I think everybody knows that. They feel undervalued by their government. That’s certainly not the message we should be sending. Those folks are burnt out, and we should be doing everything we possibly can to support them, to show them how much we appreciate their work, and to let them know that their profession and the

jobs that they have will be valued not only today but well into the future.

We know that burnout is causing people to not go to work. We also know nurses are leaving the profession, as I said. When somebody leaves or when somebody is so burnt out that they can't get to their shift, it means that all of the other nurses and staff on that shift are then going to be facing more burnout themselves because there aren't enough bodies to provide the care that is necessary. You can see how this is a situation, Speaker, that is spiralling out of control and that this government needs to get a handle on.

One of the things that has made things worse, though, on top of all of the stress of COVID-19, is this government's Bill 124. Bill 124 caps the salary increases that nurses and a whole bunch of other public sector workers are dealing with. We know everything is going up. We know the price of everything is rising, and yet this government refuses to scrap Bill 124. Workers who are covered by this terrible legislation feel disrespected. They feel disrespected and they feel their government is hanging them out to dry.

We see, then, that the result of people leaving the nursing profession is that the wait times get longer for procedures and surgeries and other kinds of attention. People end up waiting longer, in pain, for the services that they need because this government hasn't dealt with this ongoing spiralling situation of nurses who are leaving Ontario.

I was just in Sault Ste. Marie about a week and a half ago. The wait times are long in Sault Ste. Marie. The wait time, for example, to get a knee replacement surgery is months and months on end—three months just to get an initial consult with a specialist. Meanwhile, the well-being of these folks who are on those waiting lists continues to deteriorate, and they continue to have their mobility reduced and their pain increased.

That kind of thing is happening all over Ontario. I was in London recently with our MPPs from London West, London North Centre and London–Fanshawe, talking about this very issue. In a community just north of London, the Clinton Public Hospital literally had to shut down its emergency room for a couple of days because they simply didn't have the nurses to staff it. That shouldn't be happening in a province like Ontario.

As I said, the Liberal government cut 1,600 nurses. They froze hospital budgets. They brought us hallway medicine. But we haven't seen this government do anything to make positive change; in fact, he has done just the opposite. The retention is not going to happen. He doesn't want to spend the money to put together a true retention plan. He doesn't want to spend the money to hire the thousands and thousands of nurses we need.

As we know, Bill 124 caps those wages. They gave a 10-cent raise to people who were earning minimum wage. People can't live on these kinds of wages. People need to have enough wages to pay their bills, put food on the table and a roof over their heads and the heads of their children.

What we see instead is a government that prioritizes its own buddies. That's what's happening here. MPPs in the

Conservative caucus are getting raises. One was a \$27,000 raise for the government House leader. What do you think this says to those nurses? It says they're not important. The Premier's buddies are important, the people the Premier wants to do some favours for are important, but certainly not our nurses.

I do have a lot more to say, but I know my caucus members are very excited to debate this bill and get some of their comments on the record. But I do want to say that when the science table says there is likely going to be 43% of our nursing staff contemplating leaving the profession after COVID-19, that's something this government needs to work on.

If Quebec can set aside a billion dollars for a nursing strategy, what's happening here in Ontario? Why is this government not stepping up to the plate? In Quebec, they hired 10,000 PSWs to try to deal with the second wave of COVID-19 in long-term care. We didn't do that here in Ontario. We lost 4,000 precious lives to COVID-19 in long-term care because we didn't bother to hire PSWs.

There are things that can be done and need to be done. We need to make sure that our nursing strategy, our human resource strategy in health care is addressed. So, scrap Bill 124, start hiring these health care workers, give them the full-time jobs they want and need—something they were asking the Liberals to do for years and years and years still isn't being done. Give them some fair wages, make sure that they can actually do the work they need to do, and have robust support on every single shift—making sure that we have an opportunity to really fix what the Liberals broke and what the current Premier continued to make worse.

At the end of the day, if we don't do right by these nurses, we are going to lose them, and the painful result will be what Ontarians face: longer waits, less care. We all deserve much more than that, Speaker.

I'm looking forward to the rest of the conversation.

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

Mrs. Robin Martin: Before I begin to speak directly to the opposition's motion, I wish to acknowledge the continuing hard work of our front-line health care heroes and to thank them for their enduring commitment to providing the best care to Ontarians during these most challenging of times. Every day, I am very grateful for their work and, frankly, humbled by their ongoing service.

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Ever since the beginning of the COVID-19 pandemic, our government has taken deliberate actions to ensure that Ontario has the health resources—including, most importantly, the health human resources—required to meet the health needs of Ontarians. I can say unequivocally that our government values the contributions of Ontario's nurses, who provide patients with timely, safe and equitable access to high-quality care. Speaker, we understand the challenges that our front-line workers face as we continue to deal with COVID-19 here in Ontario.

In the summer of 2020, as part of our fall preparedness plan, we invested \$52.5 million to recruit, retain and support over 3,700 health care workers and caregivers to

ensure safe care for patients and long-term-care residents in the province. Amongst other initiatives, this investment supports Ontario's Nursing Graduate Guarantee program, which provides graduate registered nurses and registered practical nurses in Ontario with temporary, full-time employment, above staffing complement, to support their successful transition to practice and to full-time employment. The program provides 20 weeks of funding for each nurse approved to participate in the program during their final year of studies. It includes, specifically, 12 weeks of funding for the nurse's transition-to-practice period and another eight weeks of funding which is held in a fund for the nurse for when they are working full-time and are a member of the college, to facilitate advancement in nursing and professional development.

I'm pleased to add that the Ontario Nursing Graduate Guarantee program was recently relaunched, and we are targeting support to as many as 1,000 new nurses as they transition to the health workforce and to full-time employment. This kind of support—if you talk to health care workers and nurses—is very important to their success.

Our fall preparedness plan also supported the Community Commitment Program for Nurses, which offers registered nurses, registered practical nurses or nurse practitioners a \$10,000 incentive in return for a one-year commitment to practise in a hospital, long-term-care home, or home and community care agency which is in high need of assistance. Launched earlier this year, it has placed almost 500 nurses with health care employers looking for support in the province.

Nurses play a vital role in our health system, ensuring Ontarians have access to high-quality health care and support in many settings, including hospitals, long-term care, and home and community care.

Clearly, the COVID-19 pandemic has put pressure on all of our health human resource capacity, including our nurses. That's why we are investing further in initiatives that support the recruitment and retention of nurses.

Some of those initiatives include the following: the Tuition Support Program for Nurses, for example, which offers tuition reimbursement to recent nursing graduates from rural and remote communities who are new College of Nurses of Ontario registrants and who choose to do a return of service in an eligible underserved community—this reimburses nurses for one year of eligible tuition for up to four years of service in an eligible underserved Ontario community; and the Nursing Education Initiative, which provides up to \$1,500 to nurse applicants pursuing education or professional development.

These investments have improved access to nursing services in the province.

Our government is continually working to bolster our supply of nurses through new investments in nursing education. In that regard, we are investing \$35 million to increase enrolment in nursing education programs, to add 2,000 nurses to the health and long-term-care sectors. Our government's investment helps to ensure quality clinical placements in nursing programs by providing funding for dedicated supervision from clinical experts to support

student learning. This also supports nurses currently in the workforce to grow their careers by enabling them to work as clinical experts.

In addition to the fall preparedness plan and training and other retention initiatives, which I just talked about, our government has also taken efforts throughout the COVID-19 pandemic to boost the number of critical care beds and support ICU, intensive care unit, capacity. In this regard, we introduced a suite of initiatives to increase nursing and other health human resources capacity in hospitals, including relocation and accommodation reimbursement, which reimburses commuting and accommodation costs to support the redeployment of staff from non-hot spot areas to facilities in greater need; critical care staff training to enhance the critical care education of existing health care staff in order to facilitate their reassignment to intensive care units and other critical care units; reactivation of retired or unemployed nurses' incentive, which provides signing bonuses to nurses who are immediately reactivated for general practice or critical care practice; and, as well, we have the medical residents' redeployment program, which will allow medical residents—another important capacity that we need to encourage in health human resources—without a restricted registration licence to be redeployed under appropriate and applicable supervision within a hospital.

These recruitment efforts have been critical not only in increasing and supporting care capacity, but also in supporting the ramp-up in surgical capacity across the province and system recovery in hospitals as a whole. These programs continue to be available to support hospitals most in need of health human resource support.

Again, I just want to take a minute to directly thank the nurses in our province for their incredible ongoing commitment to delivering exceptional care to Ontarians, particularly during the pandemic. You, nurses of Ontario, really are a group that has shown, frankly, incredible courage and dedication—a lot of people working around the clock sacrificing precious time with your loved ones, facing some exhaustion and burnout, and putting yourselves at risk some days to keep Ontarians safe. We know that, and we know that these pressures can take a toll and have contributed to some stress and anxiety and other mental health challenges. Of course, that's why we have, as part of our pandemic response, been working closely with the Mental Health and Addictions Centre of Excellence at Ontario Health, as well as with a number of hospitals, to specifically develop mental health support services designed for front-line health care workers facing some of these challenges.

To further support our front-line heroes and their mental well-being, health care workers can access self-referral and intake services as well as weekly online peer discussion groups and access to confidential support from a clinician. This includes Internet-based cognitive behavioural therapy supports which are targeted at front-line workers experiencing anxiety, burnout or PTSD.

The Registered Nurses' Association of Ontario, WeRPN and other health profession associations have also

dedicated resources to support their members with self-care, and there are mental health service providers across the province that offer supports tailored specifically to managing work-related mental health challenges.

I encourage all health care providers to learn about these supports and to use them if they are struggling or if they feel they need assistance. That's what the supports are there for.

While my remarks to this point have primarily focused on our government's support for front-line health care workers, it's important to consider the reality of the funding situation, which this motion actively misrepresents.

Our government has made it clear that we will spare no expense when it comes to the health and safety of the people of Ontario.

As we have learned in recent weeks from public accounts, to meet the challenges of the pandemic, our government invested \$5.8 billion in the health sector in 2020-21. This funding, among other things, allows the government to ensure fair and reasonable compensation growth throughout the public sector.

Under Bill 124, which was designed to preserve public sector jobs, it is important to note that Ontario's public sector employees will still be able to receive salary increases for seniority, performance or increased qualifications, as they currently do.

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As we continue to fight COVID-19, our government will continue to ensure that our front-line heroes have the tools and the resources that they need to beat this virus.

Our government is incredibly grateful for the contributions of Ontario's nurses and the critical role that they have played throughout the COVID-19 pandemic, providing patients with timely, safe and equitable access to high-quality care.

Our government is working diligently with our nursing and education partners to ensure a high-quality nursing workforce here in Ontario. This is fundamental to ensuring patient-centred care for the people of Ontario.

However, the work of developing and planning for our health care workforce is never finished, and we can already start examining steps—and we are—so that we can move forward to make the system even better. As with planning and distributing our workforce during the pandemic, the government could not and should not do this alone. For this reason, we want to acknowledge the important role played by our public health partners here in Ontario.

Again, I'd like to reiterate my thanks to the Ontario nurses and health care heroes for their tireless efforts. COVID-19 has challenged all of Ontario's front-line health care workers, and our nurses especially. Your continued efforts remain an inspiration to us all, and the government of Ontario will continue to do all we can to support you, so that you can continue to support the health and well-being of all Ontarians.

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

Ms. Teresa J. Armstrong: It's my pleasure today to rise on behalf of the constituents of London–Fanshawe to contribute to this very important debate.

What the opposition is doing is alerting this government to a serious problem that's not being handled with the thoughtfulness and prediction of what actually needs to be done for a plan for nurses.

First of all, Speaker, I want to acknowledge that I think we all need to be clear that this is not that we have a shortage of qualified health professionals; we have a shortage of funding in the health care system, which is not prioritizing the retention, the retaining of them, as well.

I'm going to give a local perspective. According to the CBC, "Since the pandemic hit London in March 2020, 31 nurses in acute and critical care areas of the hospital have resigned and 18 have retired, officials say." That's London Health Sciences Centre, and that is double the amount of resignations and six more retirements than during the year and a half before the pandemic.

James Gibbons contributed comments to our office, as well. He's a nurse, as well as the ONA Local 100 president. He said there was at least one night in September when there were 25 nurses working in critical care but based on the patient load there should have been 35 to 40. Right now, there are 27 nurses currently being trained to work at London Health Sciences Centre this fall, but according to James, not all of them will be immediately ready for the complex work of critical care.

I also reached out to Unifor Local 302 in London. Nancy McMurphy is the outgoing president, and I want to say thank you to Nancy McMurphy for all the wonderful representation she has given health care workers in London under Unifor Local 302. What she has said is that members across sectors are feeling the impacts of staff shortages. Basically, she told us that the significant areas of concern are the excessive overtime, in conjunction with the denial of vacations and statutory holidays. So the idea of a work/life balance is simply not there, in the health care sector.

Many employers, particularly in long-term care and retirement homes, are using agency staff for more shifts. From many perspectives, this is not ideal, because the most prevalent concerns would be the continuity of care—you're not getting the same person every time—and an extra burden on permanent staff, who are constantly orientating new staff. And then, this is the *pièce de résistance*: the insult to the dedicated permanent staff when they learn that an agency worker is being paid higher wages.

Speaker, it's an understatement to say that health care workers and nurses in this province feel undervalued and underappreciated.

There was a study done by the RAO between January and February. They surveyed 2,100 nurses and they found an alarming statistic—that there are so many nurses actually planning to leave after the pandemic, and the highest rate of departure of that sector is nurses between the ages of 26 and 35. That is very concerning.

The government's failure to act quickly and focus on recruitment and, more importantly, retention will mean that there won't be nurses in schools. So when your kids need help from a nurse in school, they'll have to be sent home. It means there are going to be delays in surgeries and procedures, because you won't have that after-care and the nurses won't be in the operating room.

Speaker, as we've said here, we have understood and made so many comments about our health care heroes. They were health care heroes before this pandemic, they were health care heroes during the pandemic, and they will be health care heroes after this pandemic. What this government needs to do is to look at our plan and actually put their words into action so that we can acknowledge that they are health care heroes and they are valued, and that we respect everything they have done before, during, and will continue to do after this pandemic.

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

Mr. Tom Rakocevic: Nurses save lives every day. They are there in our moment of greatest need to hold our hand or to hold the hand of our loved ones. They are there for us every single day, and we need to be there for them too. We need more nurses and front-line health care workers here in Ontario.

The past Liberal government froze hospital budgets and cut 1,600 nurse positions, and this government has continued the neglect.

At the beginning of the pandemic, when many of us were working from home and not much was known about COVID-19, our nurses and our health care workers did what they are trained to do and selflessly rushed in, putting themselves and their families at risk to help others.

Nurses work long hours around the clock, and many have felt immense pressure to take on more shifts, even though they faced complete exhaustion.

A registered nurse at a hospital here in Toronto told me, "Because it's our own team asking each other, you know that if you don't come in, you're leaving your own team more stressed and strained." The Ontario science advisory table has found that in the spring of 2020, the prevalence of severe burnout amongst health care workers was 30% to 40%. By the spring of 2021, that number had jumped to more than 60%. The same nurse told me that she had thought of quitting the profession even before the pandemic because low staffing levels had stretched her to the point where she felt she was unable to give patients the level of care they deserved. She told me that the pandemic highlighted this issue and made it worse, as patient loads became even heavier. And she said that many of her colleagues felt the same. She said that even though she is not an ICU nurse, there were times during the pandemic when staff were so stretched that she and many of her colleagues were sent to work in the ICU to provide emergency support. She told me that the hospital she works in was forced to introduce a stretch model where one nurse would take care of two to three ICU patients, nearly double their load.

Our nurses have been stretched to the limit because Liberal and Conservative governments have not given

these health care heroes the respect they deserve. As a result, many nurses are now leaving the profession, and we have not been able to replace them at a rate that meets the needs of Ontarians.

Despite the great sacrifice our health care heroes have made to take care of all of us, the government continues to neglect them—including freezing their wages so they won't even meet inflation.

Speaker, the same nurse said to me, as well, that if we are unable to retain nurses, in addition to increased wait times for procedures, patients will develop more hospital issues such as falls, bedsores and hospital-acquired infections.

Other provinces have made investments to retain more nurses and hire more PSWs.

This government must do the right thing. We need a province-wide strategy to hire and retain thousands of nurses and PSWs, and we need it now. We've waited long enough. The nurses have been there for us. We need to be there for them too.

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

Mr. John Fraser: It's a pleasure to speak to this motion. I want to thank the Leader of the Opposition for bringing it forward.

I'm the son of a nurse. My mom worked for 35 years at National Defence Medical Centre on those hard terrazzo floors, at the bedside. She's got two prosthetic hips to show for it. I know how hard she worked. And knowing that, knowing what nurses have been through in the last 19 months, the kind of pressures that have been on them, often going above and beyond the call of duty—they're exhausted. They're leaving the profession. They want to protect their families, because they can't do it anymore.

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So it's really hard to hear the government and the Premier say, "You're heroes," and his parliamentary assistant today say thank you, and the Minister of Finance last week say, "Thank you, thank you, thank you." Thank yous don't pay the mortgage or the groceries, especially when the government is saying, on the other hand, "You're only getting 1%. Your wages are frozen. You can't bargain fairly."

You're not listening to nurses. They're not asking for a lot. They give a lot. That's what nurses do.

The other challenge we're having with the government is that, along with Ontario's doctors and Ontario's hospitals and school boards, Ontario's nurses have been calling for mandatory vaccinations for front-line health care workers and education workers in this province for at least three months now. Why are they doing that? Because they want to protect their patients. Do you know the other thing they want? And this is the real head-scratcher. They want a safe work environment. They want safe places to work. Even the Minister of Long-Term Care gets that. He said staff shortages due to outbreak by an unvaccinated staff member put a risk to everybody—patients and the workers. It's something that the government can't figure out for the rest of health care or the rest of education.

What nurses are saying is, it's perfectly reasonable for us and for families to expect that the person who's at the bedside of that loved one in your family has been vaccinated. It's perfectly reasonable, except the government is not listening to nurses—that is at the bottom of this—not on this, not on so many other things.

One per cent: It's not going to pay the bills, it's not going to pay for the groceries, and it's sending the wrong message to nurses. "One per cent, and we're not going to talk about it," doesn't say, "I value you." That's clear. If that happened to any of us in any other workplace, we'd say our boss doesn't really appreciate us.

Let's maybe slow down on the thank yous and come up on repealing Bill 124. Keep the thank yous going, but we need fair bargaining for nurses, a fair wage. And for heaven's sake, listen to Ontario's nurses on mandatory vaccinations.

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

Mr. Rudy Cuzzetto: I've listened closely to the opposition motion this afternoon, and as parliamentary assistant to the President of the Treasury Board, I appreciate the opportunity to respond on behalf of the government.

Since the beginning of this pandemic, our government has made it clear that we will spare no expense when it comes to the health and safety of the people of Ontario. The 2020-21 public accounts released just a few weeks ago demonstrated that. In a year of unprecedented challenges, our government has made every resource available to support critical front-line services in the fight against COVID-19. We used the full fiscal firepower of the province to support the people of Ontario and to help get the province where it is today: on the road to recovery, with one of the highest vaccination rates and one of the lowest case rates in North America.

In 2020-21, government program spending increased by \$16.7 billion, compared to the previous year. This represents the largest year-over-year dollar increase in the history of Ontario. These were critical investments to protect the health and safety and well-being of Ontarians in the fight against COVID-19, including an increase of \$5.8 billion in the health sector and over \$1 billion more in education. Our government invested \$1.5 billion to support Ontario's 627 long-term-care homes, including funding for infection prevention and containment measures, staff support and PPE—with investments of \$879 million to support the province's COVID-19 testing and contact tracing strategy. And we invested over \$703 million to add over 3,100 hospital beds to our system, creating new capacity so we are ready to respond to any scenario.

As well, to support our front-line workers, the government took decisive action to provide temporary pandemic pay of \$4 per hour on top of their regular wage, and a lump sum payment of \$250 for four months to eligible front-line workers who worked more than 100 hours per month, supporting over 350,000 front-line workers. This program helped to maintain staff levels and the operation of critical front-line services throughout the pandemic.

Let me be clear: Ontario's program was the most generous in Canada.

We invested an additional \$169 million to extend the temporary wage increase for personal support workers and direct support workers three times since the initial investment in 2020, extending the wage enhancement for over 158,000 PSWs and DSWs. And, as the Premier made clear, we are working on the next steps for a permanent wage enhancement to ensure this important investment will bring the greatest stability to our diverse workforce of PSWs and DSWs in Ontario.

All of this spending was and continues to be necessary. This is very important context for the motion before us today.

Speaker, my colleagues the members from Etobicoke–Lakeshore and Barrie–Innisfil will speak directly to some of the issues raised in this motion, but for my part I would like to emphasize that, while the pandemic has put some of our previous fiscal concerns on temporary back burners, restoring fiscal health to Ontario remains a moral issue for our government.

As former Saskatchewan Premier Roy Romanow said, without fiscal responsibility governments can't afford to be a positive force in society. "The reason we sacrificed ... was to ensure that we could one day rebuild the social and physical infrastructure of the province." Speaker, that is exactly what we are doing in Ontario.

In Mississauga–Lakeshore alone, the Minister of Finance joined me earlier this month to see the progress on the construction of 632 new, modern, long-term-care beds. Not far away, an RFQ for the complete reconstruction of the Mississauga Hospital in my riding will go out earlier next year. And there are hundreds of projects like this under way, at different stages of development, right across Ontario.

We have a duty to ensure that compensation growth in the Ontario public service and in the broader public sector is fair and reasonable, so we can ensure that our public services, including health care and education, are sustainable for our children and grandchildren.

The fact is, any serious attempt to improve provincial finances must address public sector compensation, because it represents a significant portion of all provincial expenses—roughly \$76 billion each year. Even a 1% increase costs the province \$760 million each year.

In 2019, the government began a series of good-faith, frank and open consultations with public sector employers and bargaining agents. There were 23 in-person sessions, and they included participants from 68 employer organizations in sectors covering over 2,500 collective agreements and 57 bargaining agents, who represent over 780,000 workers across all sectors of Ontario's public service.

All of the major bargaining agencies attended, and they all participated. We heard many ideas about how we could all work together to responsibly manage compensation growth. Together, we found a path forward. The Protecting a Sustainable Public Sector for Future Generations Act allows the government to manage public sector compensation growth in a manner that's fair and reasonable, sustainable and time-limited. It supports our ongoing

efforts to restore the province to a position of fiscal health and sustainability and to demonstrate respect for taxpayers' dollars.

1400

There's a lot of misinformation about Bill 124 and what exactly the legislation does, so let me be absolutely clear: This legislation includes time-limited requirements for new compensation increases that would allow for up to 1% annual increases to salary ranges and to overall compensation for both unionized and non-unionized employees in Ontario's public sector. It applies for a period of three years on the expiry of an existing collective agreement. However—and this is very important—Ontario's public sector employees are still able to receive salary increases above the 1% cap for seniority, for performance, for enhanced qualification and for merit, as they always have. To put this in perspective, the average public sector employee in Ontario makes about \$65,000 each year. At 1% growth over a three-year period, this would increase by almost \$2,000, not including any in-range salary movement and not including any merit increase they may be eligible for.

It is important to note what Bill 124 does not do: It does not impact existing collective agreements. It does not impede on the collective bargaining process. It does not interfere with the right to strike. It does not impose a wage freeze or a wage rollback. Finally, it does not impose job losses.

Our government recognizes the vital work and the significant sacrifices that our front-line health care heroes have made and continue to make to keep Ontarians, including our most vulnerable, safe and healthy. And we will continue to make historic investments to improve home and community care, long-term care, public health and the social services sector all throughout Ontario.

The Protecting a Sustainable Public Sector for Future Generations Act was designed precisely to protect public sector jobs and vital front-line services which remain essential in the fight against COVID-19. As we continue to respond to COVID-19, I know our government remains committed to working together with our public sector partners to support the critical public sector services that Ontarians rely on every day.

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

Ms. Jennifer K. French: I'm very pleased to be able to stand in my place today and debate this opposition day motion thoughtfully brought forward by the NDP, the opposition, and really, the voice right now for health care workers. We're standing up alongside health care workers across the province and opposite a government that says thank you, but puts a wage cap in at 1%; that says thank you, but pulls paid sick days; that says thank you, but won't set up safety zones around their workplaces at hospitals. So it rings hollow.

I'm glad, though, to be able to share some voices from my community as today we are putting forward a motion to launch a massive province-wide hiring and retention strategy to address Ontario's health care staffing crisis. As

our leader of the official opposition has said repeatedly, if we don't do right by nurses, we're going to lose them. Unfortunately, that is much of what I'm going to talk about today. That is what we have been hearing from front-line workers.

Today's motion—I'll read the text for the folks at home: "The Legislative Assembly calls on the ... government to take immediate action on a province-wide health care hiring and retention plan that includes the repeal of Bill 124, more education and training opportunities, full-time hours, paid sick days for all health care workers, decent wages and the funding necessary to ensure sufficient staffing to prevent burnout, reduce wait times and ensure the high-quality, timely care Ontarians deserve."

Speaker, of course I support this, but I don't understand who doesn't and who wouldn't, and why not.

I'd like to read something that was written to me and sent by Jennifer Keeler, who is a registered nurse in northern Ontario. She wrote this a while ago but it still rings true today. She says, "Being a nurse under Bill 124 makes me upset, plain and simple. I'm going to work in what's arguably the most stressful time in recent medical history. I also have a family at home to keep safe and ensure I provide home schooling and love and support to. My husband's a firefighter, which makes this difficult. I've heard the praise for nurses and health care workers. It's appreciated, and we love to hear how many people have our backs. In the end, we are disappointed that we aren't provided similar compensation as fellow firefighters, police etc. when it comes to contract negotiations due to Bill 124."

Speaker, as I had mentioned, nurses and health care workers are getting a raw deal right now, when they are the front lines in dealing with what we hope we never have to see face to face in our hospitals and our health care settings.

I've stood in this place now seven-and-a-bit years, and we have brought a number of fights to this floor—presumptive PTSD coverage for nurses. They were denied. Nurses begged to be considered first responders in order to have that presumptive coverage, and they've been denied. We have stood here recently and wanted to bring in safety zones around hospitals, so that on their way to work they are not harassed or verbally assaulted—again, denied.

They've been begging for respect. This is a predominantly female profession. I watched it happen up close and personal with the teachers, and now here we are with health care workers and nurses. I'm going to challenge the government to prove me wrong, that it isn't because it's a predominantly female profession, because I keep seeing that as a theme from this government—that nurses and health care workers are begging for scraps and they're not getting them, but we say thank you. I don't like to be facetious, but that's what I see.

I'm going to read part of a letter from Joanne, who wrote to me: "Dear Jennifer,

"I am a registered nurse of 20 years practising in this region we live in. I am ready to quit. I have already seen

my colleagues of less years than me resign their registration due to PTSD and/or burnout. There's a crisis in health care and I'm asking what you are going to do about it. The nurses of Ontario, your constituents, are asking for support and exemption from Bill 124. While Bill 124 has created hardship for all public service workers, nurses are especially affected. Nurses attempting to be heard are being brushed off and ignored.

"Nurses have a unique lens on this pandemic and all health care disparities prior. We are front-line workers, parents, children, neighbours, and we are also patients. When we speak about the needs of nurses, we are speaking as citizens of Ontario, on behalf of all Ontario. This is our professional responsibility and we take it very seriously.

"Ontario has a fractured medical system, decades in the making, one which has been further reduced as a result of this pandemic. We exist as nurses in this system with its lack of staff, of beds, equipment, lack of supplies and in physical buildings which are literally falling apart on us. We make it work. If nurses of Ontario are not able to sustain and support our health care system, it will not function properly."

She goes on to say, "Be our voice, as we've always been yours."

Speaker, I'm very proud to be their voice in this House today.

I call on this government to pass this motion. It is the right thing to do. It is the only thing to do.

We thank our health care workers and our nurses.

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

Ms. Suze Morrison: Nurses in this province are physically and mentally exhausted. They are burnt out. COVID-19 has brought to the surface a chronic shortage of nurses and horrifying work conditions that have existed for decades but became much worse under this government. For over a year and a half, nurses have been on the front lines of the pandemic, but many have still been unable to take time off and to recover and are being denied fair compensation. Unless we act now, we are going to lose more and more nurses in this province. We know this is going to have severe consequences for patients and their families in every corner of Ontario.

Nursing shortages are forcing some hospitals to close beds, to scale back emergency department hours, and to delay surgeries. Ontario hospitals are facing a 10% to 12% vacancy rate for nurses. Speaker, it's simply unacceptable.

The Canadian Federation of Nurses Unions estimated in September that there are more than 16,000 vacancies in health care jobs in Ontario. If this continues, patients arriving in our hospitals will have to wait longer to receive the care that they need. No one should have to wait in pain because there simply aren't enough health care workers or staff to see them.

For far too long, Liberals and Conservatives have cut health care, even as demands on our health care system have grown. The former Liberal government cut 1,600 nurses during years of hospital budget freezes—positions that this Conservative government has never restored.

Now this government is refusing to spend the money that's needed to hire more nurses and improve compensation to ensure that these dedicated workers receive fair compensation for the highly skilled and demanding work that they do.

Speaker, nurses deserve respect. They deserve decent working conditions. And they deserve better from this provincial government.

Speaker, an Ontario NDP government would certainly do things differently. We would develop a massive, province-wide strategy to hire thousands of nurses and personal support workers, shorten painful wait-lists, and tackle backlogged surgeries. We would create a retention plan for nurses with valuable skills, training and experience, including nurses with emergency department and surgical team experience. We would immediately get rid of Ford's wage cap bill, Bill 124, and give nurses the respect that they deserve. We would ensure that new health care workers have full-time jobs, fair wages, paid sick days and the support that they need to stay well.

1410

Speaker, we are talking about the heroes of our health care system that have held up our communities and held our health system together with glue and a shoestring for the last year and a half in the face of being completely abandoned by this government. We must take action to stop the nursing shortage in this province from spiraling out of control.

I urge all members of the House to support this motion, and I sincerely want to thank Andrea Horwath, our leader, for tabling this motion today.

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

Mr. Mike Schreiner: It's an honour to rise today and speak to the opposition day motion. I want to begin by thanking nurses and all front-line workers, especially those across our health care system, for your dedicated service during this pandemic. Thank you for putting yourselves on the line, caring for our loved ones.

Speaker, Ontario is facing a nursing shortage that's at crisis levels. According to the Ontario Nurses' Association, Ontario hospitals are facing an 18%-to-20% vacancy rate for nursing positions. The staffing shortage is putting tremendous pressure on our health care system and our front-line workers, and it's affecting patient care: surgeries at risk of being cancelled and patients at risk of not receiving the care they deserve. Ontario must act, and it must act urgently, to address the nursing shortage and to address the fact that so many nurses are overworked, underpaid and underappreciated.

Nurses are the heart and soul of our health care system and the backbone of Ontario's COVID-19 response. We can't ask them to continue to work in difficult working conditions and not receive fair wages any longer, especially after 19 months of being on the front lines of the pandemic. And so that's exactly why, over the summer, the Ontario Greens put forward an Ontario nursing retention and recruitment strategy. I wrote the Premier, and I

said, “Steal every idea.” And I stand by that: Steal every idea.

First, repeal Bill 124 so nurses can get the pay raise they deserve. A 1% pay increase when the rate of inflation is higher than that is the equivalent of a pay cut.

Implement a program to ensure that nurses who are working in understaffed situations automatically receive a \$5-an-hour pay raise during that shift. Of course, we want to avoid those situations, but the least we can do for nurses who are working under those conditions is to say, “Here’s a little helping hand so when you go home, you have a little extra money for yourself and your family.”

Ensure all nurses in all settings receive the kind of PPE, like N95 masks, they deserve to be safe.

Make pandemic pay permanent for all health care workers.

Provide guaranteed access to mental health services and supports for all nurses.

Bolster admissions to baccalaureate programs for nurses and nurse practitioners, as outlined by the RNAO.

Streamline the certification process for foreign-trained nurses to become Ontario nurses. I have heard the Minister of Labour say we are going to be introducing legislation to make it easier for foreign-trained workers to be eligible, with equivalency training, to be able to work in Ontario, but I have yet to hear any mention of that being applied to nurses.

Finally, nurses are saying that they are experiencing more violence and harassment on the job. Speaker, we need to take steps to ensure that nurses have the safe work environment they deserve.

Speaker, I want to conclude by saying to the government that it’s not right to refer to nurses as health care heroes if you don’t pay them like heroes and if you don’t ensure they have the working conditions that heroes deserve. So let’s protect and support the nurses who are caring for our loved ones.

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

M. Guy Bourgouin: Ça me fait plaisir de me lever aujourd’hui puis de parler de la motion que ma chef a apportée aujourd’hui pour la situation des infirmières en Ontario.

J’ai eu la chance dans les deux dernières semaines d’aller rencontrer les CEOs de l’Hôpital de Smooth Rock Falls et aussi l’hôpital de Hearst. Vous le savez que dans le nord de l’Ontario, s’il y a de quoi qu’on connaît, c’est bien le manque d’expertise. Quand ça vient aux infirmières, c’est très difficile pour les hôpitaux de travailler avec le peu d’infirmières qu’ils ont. Ils font leur possible. Ils essaient de faire du recrutement. On a parlé du 10 000 \$ pour les recrutements, mais on se vire de bord.

Et je veux remercier les infirmières, parce que vous êtes de vrais héros. Ils vous appellent des héros, mais ils ne veulent pas vous payer comme des héros. Je peux vous dire qu’ils vous considèrent des héros—de héros à zéro; ça n’a pas été trop long quand ils ont passé le projet de loi 124 qui gèle votre salaire à 1 %—mais ils se virent de bord. Par exemple, ils donnent des augmentations

farineuses de 27 600 \$ à des conservateurs, puis il y a d’autres députés qui ont eu de grosses augmentations, mais pour les héros, on gèle le salaire à 1 %. C’est une vraie honte, madame la Présidente. C’est une vraie honte.

C’est pour ça qu’on dit de retirer le projet de loi 124. Imaginez-vous que vous êtes une infirmière aujourd’hui en Ontario puis qu’ils vous offrent 10 000 piastres, puis vous, vous dites : « Bien moi, qu’est-ce que j’ai là-dedans? J’ai une augmentation de salaire 1 % et ils me disent que je suis un héros. » Ils travaillent de l’overtime.

Melonie Loubert, la CEO de l’Hôpital de Smooth Rock Falls et Elianne Labonté—elle, la CNO—me disaient : « Guy, on a besoin des infirmières; le 10 000 piastres n’est pas assez. » Mais ce n’est pas en donnant 1 %, par exemple, que tu vas aider la situation pour avoir de l’influence pour attirer ton monde dans un métier qui est tellement difficile, où on fait face souvent à de la violence. Je pense que le collègue du Parti vert a mentionné qu’ils font face à de la violence encore plus souvent sur le travail.

Même chose pour Liza Fortier, la CEO de l’hôpital de Hearst : ils manquent d’infirmières. Ils ont une chance d’aller chercher deux infirmières praticiennes. J’écoutais le premier ministre ce matin en questions qui disait : « Bien non, on est à l’écoute des hôpitaux. » Mais la ministre, elle, a un document qui demande du financement pour aller chercher deux infirmières qui viendraient enlever la pression sur le système.

On a un gros manque d’infirmières dans le Nord, puis encore, on leur dit : « Bien écoute, on vous attire—on va vous donner 10 000 piastres », mais sur l’autre bord, par exemple, on vous brûle avec une petite augmentation de salaire. C’est inacceptable. C’est un manque de respect envers un domaine qui en a tellement fait pendant la pandémie qu’on les a appelés des héros, mais on les paye comme des zéros. Inacceptable.

Je peux vous dire que quand je parlais à ces personnes-là, elles sont prêtes à travailler pour trouver des solutions. Ils veulent avoir des solutions. Ils veulent travailler pour trouver ces solutions. Mais on a des professionnels qui quittent la profession. Quand tu quittes une profession, là, puis que tu as un goût amer, vas-tu faire de la promotion pour ton métier? Je ne crois pas, madame la Présidente.

Si on veut promouvoir le métier des infirmières, qui amènent tellement qu’on les a appelées des héros, puis qui ont pris tellement de temps pour guérir et prendre soin des familles, prendre le temps avec leurs patients, puis qu’on voit la situation qu’on vit aujourd’hui, qu’il y a une pénurie—c’est certain qu’on garroche le 10 000 piastres pour essayer d’attirer du monde. Mais c’est plus que ça, madame la Présidente. J’ai négocié pendant des années. Tu ne peux pas juste donner une carotte à l’autre puis la retirer sur l’autre bord. Ça ne marche pas, ça, là. Il faut qu’il y ait un juste milieu.

Et les personnes qui sont dans le métier qui sont après éduquer ces nouveaux-là qui rentrent dans le métier, qui eux disent : « Je suis content de venir dans le métier. Je vais apprendre un nouveau métier. J’ai une chance de m’en sortir avec 10 000 \$ et de me faire une vie meilleure. » Mais moi, sur mon bord, je serais prêt à leur

dire—puis mon gouvernement me le dit—qu’il y a juste 1 % d’augmentation, que c’est gelé à ça, ce qui est sous le seuil de l’inflation.

1420

Mais je demande au gouvernement de supporter cette motion. C’est la bonne chose à faire. Supportons notre motion, puis qu’on fasse le vrai travail dont on a besoin dans cette province-ci pour les infirmières, non seulement pour le Nord, mais pour le Sud aussi.

Merci.

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

Mr. Stephen Blais: Over the course of the last 18, 19 months, we’ve heard the Premier and the government offer many thanks to nurses as front-line health heroes. And of course they are, but thank-yous aren’t enough. We’ve heard this directly from nurses, who, over the course of the last year and a half, have emailed and called and expressed themselves to I’m sure all of us here and to others: nurses who began the pandemic without the proper PPE; nurses who are working overtime, who are in hospitals and environments that are short-staffed; nurses who are burnt out and going right to the limit.

It doesn’t help that the government has introduced this legislation that limits the possibility of their pay increases to 1%. One per cent is how they measure and how they treat their heroes. That’s exactly what this government believes their worth is. One per cent: That’s one penny on the dollar; one penny on the dollar for our health care heroes.

Now, the government said just a few moments ago that they are in fact the most generous government in Canada, but at one penny on the dollar, their generosity reminds me more of Ebenezer Scrooge than a government that’s deploying their “full fiscal firepower” to solve this particular crisis.

We’ve all heard, and we’ve heard it especially clearly from Conservatives, that inflation is running as high as 4%. In fact, a prominent Conservative from Ottawa—that’s all he wants to talk about. He talks about it constantly: “Inflation is at 4%. We need to address inflation.” Of course I agree that we do, and 4% is far too high. But with a 1% pay increase, that means nurses are actually getting a 3% pay cut: 3% less take-home pay to buy groceries, to get ready for winter with new snowsuits for the kids, to pay their mortgage, to pay their car loan, and everything else that we all face in our daily lives. That’s 3% less buying power directly as a result of the actions of this government and no one else. This government is cutting nurses’ take-home pay by 3%.

So thank-yous aren’t enough, Madam Speaker. Thank-yous don’t buy groceries. They don’t pay the mortgage. Thank-yous don’t help attract and retain the best nurses in the world, the nurses we need to address the dangerous shortages that are facing us in this province.

Nurses are burnt out. They’re tired, they’re stressed and they are underpaid. As a result, too many are considering changing professions and fewer are interested in joining the ranks to begin with. As a result, health care in this

province is on fire, and with a 1% cap on pay, the Premier and his government are bringing the equivalent of a water pistol to put that fire out. Our nurses deserve better.

The Acting Speaker (Mrs. Lisa Gretzky): Before I call for further debate, I just want to ask that the conversations—there are several of them going on on the government side that are getting loud. If you’re going to have those conversations loudly, please take them out into the lobby so I can hear the members.

Further debate?

Mr. Jeff Burch: It’s a pleasure to rise and speak to this very important motion. As I’ve mentioned many times in this House, I have a history of representing health care workers. From 2000 to 2010, I worked for the service employees union, SEIU Healthcare, often representing front-line health care workers in hospitals and long-term-care homes across the province, and much of that time was in hospitals here in Toronto. I distinctly remember, after the SARS crisis here in Toronto, standing outside of St. Mike’s with workers holding picket signs, and those picket signs said, “SARS, the thanks we get,” because what was happening was, they were being laid off. They were being called heroes by the Liberal government, but not being treated as heroes.

Here we are today, and if there are two things I’m going to remember about this government’s reaction to the pandemic, one is the Premier saying before Christmas that he was going to let big box stores deal with their inventory—we all know how that worked out—and the other is failing to ensure that hospital workers were paid isolation pay. It boggled my mind how a government could treat workers that way when they’re being sent home and being forced to make a decision between putting food on the table, paying for groceries or keeping the public and their co-workers safe. That’s exactly what was going on.

During that time, I met a group of nurses in Niagara. Annie Mazmanian was a nurse working in an ICU during COVID-19. She came forward to a local newspaper to talk about mental health issues facing nurses in Niagara and across Ontario, and to make suggestions on how to make things better for nurses. At that time, Annie made some really good observations. She quoted, in the newspaper, a study published in 2021 by the International Journal of Nursing Studies titled “The ‘Nurse as Hero’ Discourse,” regarding the specific language used by the government and hospitals to describe health care workers. In this study, the author, Shan Mohammed, and his team examined media coverage of nurses in 2020 across Canada, the United Kingdom and the United States. That study found that the “hero” label used to describe nurses wasn’t simply an expression of appreciation; it was also “a tool employed to accomplish ... the normalization of nurses’ exposure to risk, the enforcement of model citizenship, and the preservation of existing power relationships....” It observed, “Politicians have been able to hold nurses up as an example for the public.... But this kind of moralism obscures the real issues at stake within nursing.”

Annie went on to point out the irony of the Ford government publicly praising nurses and front-line health

care workers as heroes yet not providing enough funding for PPE, for example, at the beginning of the pandemic, or isolation pay, as I've mentioned. She said something really profound, and I want to quote it, because I know it came straight from the heart:

"When you actually think about it heroes in stories are never like the King or Queen who don't fight on the battlefield. Heroes are like soldiers, sent into a battlefield from the bottom of the barrel. And I have never felt more like a bottom of the barrel person in the past year and a half. It's really disheartening. I don't want to just be called a hero, I want real change to happen."

We owe it to Annie and we owe it to all the nurses and front-line health care workers out there to make real change happen.

I hope people will support this motion.

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

Ms. Sandy Shaw: Madam Speaker, it has been a very difficult week in my family this past week. We lost our good friend Graham McDonald. My condolences to his family and to his son Malcolm, who visited us last year.

We also lost our good friend Dean. My deepest condolences to the entire Giannasi family.

And we had to say goodbye to my beautiful, brave sister-in-law Michele, or Mickey, as all her friends liked to call her. My deepest respect and condolences to the entire Hoyle and Dore families. Michele is our new superhero.

These folks all bravely faced long and painful illnesses with their families by their sides, and nurses were there throughout that entire journey they had to face. There were nurses in palliative care settings, nurses in hospitals, and nurses providing home care. They were providing comfort to their patients and comfort to their families. They were holding hands, literally and figuratively, throughout this entire time.

Nurses are always there for us. They've always been there for us, but it's so demoralizing to see a government that doesn't seem to be there for them. The question is—and it's a good question—why isn't this government doing right by these nurses? We're losing them. That's what we're hearing. Everyone is saying that we're losing them. Speaker, 43% of nurses are considering leaving the field, and really, is it any wonder?

A nurse said that they're leaving because of unmanageable workloads, forced cancelled vacation leaves, and "moral distress from witnessing human suffering." I don't think any of us can truly comprehend what it's like to be working on the front line with COVID-19 patients. The fear of COVID-19, the stress—I don't think any of us know what that would have been like.

1430

We're faced with a critical nursing shortage—and we all know nurses in our families; my friends have daughters who are nurses. They are facing burnout. But what exactly does burnout mean? Some of these nurses are being diagnosed with PTSD. They are really facing a tragedy, and we need to have their backs.

We are seeing the impacts in all of our communities. We have long wait times and cancelled surgeries. They're happening in all of our communities. Norfolk General, after 100 years of delivering babies, had to shut down their labour and delivery wards because of nursing shortages.

We are losing our nurses, but it's not any wonder, faced with what they are facing. With this government, not only are our nurses overworked and underappreciated; they are also being underpaid. Bill 124 freezes nurses' wages. It's unbelievable. You are denying them the right to bargain for a fair wage. You're capping their wages in the middle of a pandemic. It's an incredible insult to the nurses we call front-line heroes, and who are front-line heroes.

I spoke to a nurse who has been a nurse at St. Joseph's hospital for over 40 years, and this is what she had to say: "It's just like a kick in the pants. We put ourselves in harm's way from the very beginning. We're supposed to be heroes and he's giving us accolades for being front-line workers for the province and the world. He told us he wanted to support us but we're working without PPE, short-staffed, and a lot are leaving the bedside suffering from PTSD."

What I have to say is that we need to do better. We need to do better for our front-line heroes. We need to thank them, yes, but we need to respect them. We need to thank them, yes, but we need to pay them. They all deserve so much better.

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

Mr. Chris Glover: Coming into this pandemic, Ontario faced a critical shortage of nurses, PSWs and other health care workers. The former Liberal government had frozen hospital budgets and cut 1,600 nursing positions. Many of those positions are part-time, temporary, precarious positions. The Conservatives came into power in 2018, and they did nothing to improve this position. In fact, they passed Bill 124, which froze nurses' wages and health care workers' wages at 1%, which is 3% below inflation.

The long and short of this is that we came into this pandemic with a shortage of 16,000 health care workers in Ontario.

There is a gender component to this issue: 92% of Ontario's nurses are female, and 86% of the orderlies, nurses' aides and PSWs are female. For 15 years, the Liberal and Conservative governments have been fighting in the courts against providing pay equity for nurses, but last week the Supreme Court ruled that nurses do in fact deserve pay equity with other professionals in this province.

Our nurses and health care workers have worked incredibly long hours to save lives during the pandemic, and now that the pandemic is waning, there is a backlog of 16 million medical procedures in Ontario. These include cancer screenings and treatments. They include 90,000 cataract surgeries and 3,000 coronary bypass surgeries.

The Registered Nurses' Association of Ontario CEO, Doris Grinspun, writes that "procedures and surgeries are being delayed because we do not have enough nurses to care for patients...."

Dana Kerimoglu, a nurse in my riding, wrote, “I have 21 years of nursing experience and I see the nursing profession losing valuable senior nurses. Bill 124 (that froze pay below inflation) further deflates us nurses who are barely hanging on during this exhausting pandemic.”

Another nurse in my riding wrote, “Throughout the past 19 months of this pandemic, health-care workers across Ontario—especially nurses—have selflessly cared for citizens of Ontario while confronting fears for their own health and safety and that of their loved ones. Nurses are exhausted. They are burnt out.”

The science table reports that 43% of nurses are considering leaving the profession.

I am asking that all members of this House support the health care workers who have saved lives throughout the pandemic and who are helping to clear the medical procedure backlog. Please vote for the NDP motion to provide full-time, permanent positions, to provide pay equity, and to launch a massive campaign to retain, to recruit and to train the health care workers we need in this province.

The Acting Speaker (Mrs. Lisa Gretzky): I beg to inform the House that pursuant to standing order 101(c), a change has been made to the order of precedence on the ballot list for private members’ public business, such that Ms. Andrew assumes ballot item number 11 and Ms. Taylor assumes ballot item number 77.

Further debate?

Mr. Joel Harden: I want to thank Andrea Horwath, our leader, for putting this opposition motion on the House agenda today. I don’t think there is anything more important right now than for us to be talking about the working conditions of people who have been in the eye of a hurricane in the middle of this worst moment.

I know all my colleagues did the same thing, and I’m sure the government members did the same thing—to get ready today, I actually sat down and talked with one of our nursing leaders in our community. Her name is Rachel Muir. She’s the lead bargaining agent and the president of ONA Local 83.

Thank you, Rachel, for talking to me.

It was quite a whirlwind of a conversation though, Speaker, I have to tell you. Rachel has been in the nursing profession for three decades, and what has she seen? She works at the largest campus of the Ottawa Hospital in our city, the Civic hospital, which, when Rachel started, had 1,000 beds. Speaker, guess how many beds that hospital has today, in 2021? It’s 500. The whittling away of patient care in this flagship hospital in our community has seen the whittling away of beds in half—half. And what are the working conditions for the health care workers and the nurses—because we’re talking about nurses this afternoon—in that building? People, as Rachel said, “We have broken the bottom of the barrel.” That’s what Rachel told me. Rachel tells me that right now at the Ottawa Hospital, which includes three campuses, not just the Civic, there are 600 permanent and full-time position vacancies—600—for 4,300 nurses. Why is that happening? Rachel told me the problem pre-existed

COVID-19—the rationing of beds and, frankly, the increase of management.

Rachel talks to me in her own hospital, the Civic hospital, about a transformation in which patient rooms are being transformed into management rooms, where you see a mushrooming of management positions, of people making hundreds of thousands of dollars who never see a patient, never work with a patient. I’m not saying we don’t need leadership in our hospital system, but what society decides to divert an inordinate amount of resources—that someone can lead a hospital network and make \$600,000 a year while nurses are working short.

Rachel describes to me a workplace of violence. It is a frighteningly analogous situation when I talk to EAs, ECEs, teachers, custodians and receptionists in our public school system. She tells me—because she has been to workplace and health and safety conferences as a leader—that nursing is more dangerous, if you look at a workplace injury context, than police, fire and paramedics combined. A normal day when she is working with members is dealing with folks who are having their hair pulled out, being sworn at, being spat on—patients bringing in weapons or using what they have at hand: pens, pencils, IV poles or chairs. Rachel tells me she wanted me to say this because nurses have the dignity and they have the integrity and the strength to not talk about these things in the workplace—to look after each other. That’s what the union is for. But right here, as we talk about why we need a massive nursing recruitment and retention strategy—it is to protect the health and safety of the people on the front line, period.

Let’s acknowledge that probably not just in the city I’m proud to live in, Ottawa, but right across the province of Ontario, we have seen a massive rationing of care, decades of cuts, and the shock absorber for that have been Rachel and her colleagues on the front line. They are telling us with their feet, as people leave the profession, that they are tired of being the shock absorber for a poorly funded system.

We can’t let this opportunity lapse. We have to make sure we fund health care, we put money into the front line, and we thank nurses for being the heroes they are by paying them the salaries they deserve.

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

Mr. Michael Mantha: It’s always a privilege and an honour to take my place on behalf of the good people of Algoma-Manitoulin, specifically today. I want to thank our leader, Andrea Horwath, for having introduced this motion. We’re finally having this discussion.

I look around this room and I can almost guess that, when the pandemic started, each and every one of you went into your kitchen, grabbed those pots and pans out of your cupboards and were out on the street banging them, recognizing our heroes who were there. Well, do you know what they’re asking for? It’s to pull out those pots and pans again and start going back on the street and banging them again to recognize the work that they have done and the contributions that they have provided to our

health care system, our loved ones and our hospitals. But we've forgotten about that. Somehow, those pots and pans have disappeared from this government. What happened? Why is it that we cannot live up to the commitment that our front-line workers have provided us?

1440

I want to commend a lot of our members who have stood up today and talked about the importance of repealing Bill 124, the violence that is going on, the burnout that is going on within our hospitals and our health care sector, the injuries that are happening. Member after member got up and talked about some of their personal stories and related the bivalicators that are within their communities, their hospitals and their front-line heroes. Heroes they are.

What I want to bring, as I always do in my place here, is a northern Ontario lens to this.

We all know one of the big pillars this government is bringing forward is their Ontario health teams. There is a big skeleton—how this is going to be impacting our hospital system and the care that we have in our communities in northern Ontario. Northern Ontario is a vast geographical area. To my understanding, there are 15 Ontario health teams that have been proposed to this government. This government is going to be looking at dwindling those down to the very least, the bare minimum that we have to have to fill the eligibility, the criteria that this government has. What this government is failing to understand is that front-line workers and nurses participate in the integration of services in all of our communities—Manitoulin Island, Espanola, Nipissing, Kapuskasing, Hearst, Sturgeon Falls, Englehart. All of those health care providers participate meticulously into designing what we know as our health care system, which works in northern Ontario. Whether you're going to get your services in North Bay, Sudbury, Thunder Bay, Timmins, it works for us.

But this government is going to be throwing this attack on our health care system. It's coming. And that is also going to be extremely detrimental to our front-line workers across this province. They are the backbone that we need in order to provide the care that we need in our community. They have looked at integrating the services that are there within our communities. They have vested time and effort and volunteered to make things work. Why? Because they have a conscience. They know if they don't do it—because we're seeing the burnout that is happening with our front-line workers and within the health care sector. People are getting tired and are walking away. People are just looking at, "Why do I have to continue with this?" That's what a lot of our front-line workers are faced with right now.

So I ask this government once again, find your pots and pans. Get out and support our front-line workers and give them the help that they need. Do what needs to be done to aggressively recruit. Follow the path, follow the example that Quebec and BC have done in order to bring front-line workers back into the realm that we so desperately need across our hospitals, in our long-term-care homes, in the home care sector. We need this done aggressively. But

there are simple steps that this government can do. One of them is, again, repealing Bill 124. Recognize the effort, honour the work that our front-line workers have provided in this province and do the right thing that you know must be done to make sure that we have the care we need going forward.

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

Ms. Peggy Sattler: I appreciate this opportunity to participate in a debate on an issue that is of critical importance to the people I represent in London West.

I want to start by bringing the voice of a critical care nurse who lives in London West, who works at London Health Sciences Centre. She sent an email recently to talk about what it's like to be a nurse in Ontario today.

She said, "We are working our butts off, working overtime, working short, or with help from staff from other areas. As critical care nurses, we have specialized training, and as helpful as another set of hands is, it's not a nurse with the skill set required for the complex care of these patients. Ontario has a severe shortage of nurses, which is only going to get worse in the next few years as a large portion are at, or near, retirement age. Currently there is no incentive for anyone to stay, why would you put your own health at risk during this crisis when you could be safe at home with your family?"

She said, "We are doing our best to fight this battle, to keep our patients alive, pushing ourselves to the point of burnout, because that's what we do."

She went on to say how undervalued she and her colleagues feel, how disrespected they feel because of this government's actions with Bill 124, which leaves them powerless to be able to negotiate a fair wage that appropriately reflects the jobs that they perform.

In my community, we have 49 nurses who have either resigned or retired from London Health Sciences Centre since the beginning of the pandemic. There is a chronic nursing shortage in London and across the province. This is just one little snapshot of what that means. There have been double the resignations since the start of the pandemic than there were in the 18 months before the pandemic was declared. As my leader Andrea Horwath mentioned, there has been an emergency room that had to close down for an August long weekend in the summer, just north of London, because of a shortage of nurses that would have endangered patients and staff who were accessing those emergency services.

I also want to comment on the unprecedented violence that nurses are experiencing in the workplace. We have seen rates of violence that we've never seen before in this province, as nurses have to deal with patients and their families who are experiencing also equally unprecedented rates of mental health stress and other kinds of pressures.

And in the face of all this, what do nurses see? As well as a government that imposes Bill 124, they see a government—this government, and the Liberals before them—that took nurses all the way to the Supreme Court, over 15 years. I want to give a shout-out to ONA and SEIU, who didn't give up the fight, who went every step

of the way for those 15 years to get the pay equity settlement, the fair wages that those nurses deserve.

We also saw emergency measures imposed by this government that allowed employers to override collective agreements. Nurses were told that their schedules would be changed. They had child care arrangements, and all of a sudden those were out the window because they had to go in at whatever time the employer said because they had the power under the emergency measures act.

We've heard of nurses, over and over again, who haven't been able to take vacation days in years. Let's not even go to the issue of paid sick days—because all of us have heard from nurses who had to use their vacation days in order to self-isolate during the early days of the pandemic, because of this government's failure to introduce paid sick days for workers in this province.

And it's not just affecting health care; it's affecting schools. A chronic shortage of nurses in schools means that children who need nursing support are not able to go into the classroom.

We need to follow through on the measures that are set out in this motion to embark on a massive recruitment and retention strategy for nurses in Ontario.

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

Ms. Andrea Khanjin: As we talk about health care today during the debate, I want to mention a group that hasn't been mentioned today, and that's respiratory therapists, as it is Respiratory Therapy Week. I do want to thank them for improving the lives of so many patients, one breath at a time.

A special thank you to Abby Cole, who I had the pleasure of hiking Earl Rowe park with a few summers ago, where she explained to me all the work that respiratory therapists do. I thank her for teaching me so much about her profession, and Lisa Wilson, as well, who I spoke to just a few weeks ago about the state of our health care system and how it's so important to get more health care transfers from the federal government so we can ensure that we have a health care system that is sustainable for generations to come—something that our government, when we first got elected, embarked on. We knew that it was very much needed to bring respect back for taxpayer dollars, and part of that was investing and making sure we protect what matters most. A big portion of that was health care.

We stated, in the first budget this province introduced, that we needed the federal government to step up to the plate, to decrease the cost pressures that were being endured by provinces. The Parliamentary Budget Officer even said that—the fact that there were cost pressures on provinces due to a lack of health care transfers.

1450

In our first budget, we committed to working with the federal government, of course—asking to increase those transfers. And the Premier has been, every step of the way—from coast to coast to coast, from all the other Premiers—asking for more health care transfers. Currently, provinces and territories are paying about 78% of health care costs. That is not sustainable. We knew that

every dollar that we were paying on interest alone on the debt was a dollar we could be putting into the health care system, training more nurses, paying PSWs. We knew all that in 2019, which is why we set up the province for success, putting in the proper investments, growing the economy, decreasing taxes, decreasing administrative fees on people. As a result, not only did we get the support of Ontarians, as we were elected as a government—but also support in 2019 for the budget, which we entitled *Protecting What Matters Most*.

But guess who we didn't get support from? We didn't get support from the opposition. We didn't get support from a single member of the opposition, be it the New Democrats, the Liberals or the Green Party, at that time. That's no surprise, because even if you look to 2015 and 2016, under the previous Premier, Kathleen Wynne—they were able to increase health care spending in 2015, and they didn't. They got an increase from the federal government of 6% in federal health care transfers, and yet they chose not to increase health care spending—something that we, as this government, inherited.

So what did we do? We invested in ICU capacity. We invested in building more than 20 hospitals across this province. We invested in teaching more nurses, more PSWs, and in credential recognition. All of these things we invested in with the support of all Ontarians—because again, this is the health care system that they rely on. We didn't just say, "We're going to do it. Let's talk about it"; we said, "We're going to do it. Let's take action."

The opposition says actions speak louder than words. We kept doing the actions. They kept voting against the actions. I'm not quite sure what their qualms are today. But we knew that was very important. And still, on top of that, as we inherited a pandemic, we increased those types of investments with the next budget that we introduced.

Even in my local community, when we talk about surgical backlogs, investing in health care services—in Barrie–Innisfil alone and the Barrie and surrounding area, we put \$14 million into the Royal Victoria hospital to help support the surgical backlogs that were happening. We built a \$12.3-million regional pandemic response unit with 99 additional beds, including 70 beds for pandemic response. Each one of those beds includes more health care services and more resources, like nurses.

We announced more long-term-care beds. Again, each one of those long-term-care beds is going to need more resources, like PSWs, like nurses—and we knew that, in our first budget, which is why we invested in nurse training, which is why we invested in PSWs. During the pandemic, we doubled down and gave pandemic pay. We doubled down on recruitment and retention because we knew how important that was to sustain our health care system. But again, we had no support from others in this Legislature.

We knew that health care isn't just about hospitals; it's about community care. So we extended community support programs to take health care to the whole community and alleviate the issue that we had, which was hallway health care. This was a big priority for us in our first few years of government, and it continues to be. Of course, the

pandemic added extra pressures on that. But if we didn't do anything in that first year, the pressures on our health care system would have been much worse—no thanks to the opposition, who voted against those measures. It was things like investing in mental health, which was very important. During the pandemic, we doubled down and invested in mental health—not only in the post-secondary sector, but we increased the funding for those supports, including housing. It was things like supporting our seniors, to not have them go to the emergency room for dental care, but actually investing in dental care services through our public health units—again, something the opposition voted against.

It was interesting, because even when we doubled down on our investments during COVID, like increasing the amount of nurses we have in our schools, we hear the opposition saying no, we need to lay off or we need to fire more people. You can't have it both ways, Speaker. You either are for hiring more people, investing in job creation as a province to get the care economy back and running or you're not, but I don't see the opposition speaking about the care economy, which is going to be so important coming out of this pandemic. Since day one, this government has been focused on uplifting the economy and investing in the care economy, which is so important, be it a tax credit for senior renovations so they can live in their homes longer, be it investing in more hospitals or be it investing in training.

And let's elaborate a little bit on training, Speaker: In the community that I represent and which I share with the Attorney General, the MPP for Barrie–Springwater–Oro-Medonte, we have a great college, Georgian College. For the longest time, they could only do two years of their nursing degree in that area. Now, thanks to this government, they can do all four years of their nursing degree at Georgian College, and my community is just one example of many we have across this province. Again, that's going to help us with nursing retention in our communities, since they're not going to be leaving the community in order to receive supplemental education somewhere else. It helps us locally, but it helps the whole province, because now we're increasing how many people can actually be trained for nursing.

Speaker, from day one, every step of the way, this government has been supportive not only of our health care system, but looking to the future. We introduced a bill called the Protecting a Sustainable Public Sector for Future Generations Act, because we were serious about it. We knew that things were on the verge of collapse, and we couldn't sustain that. Unfortunately, previous governments, supported by numerous different parties, made terrible decisions.

And yes, in the New Democrats' own statement today, they talked about how the Liberal government froze hospital budgets and cut 1,600 nurses. Well, guess who supported them at the time? You supported the Liberal government at the time, not us. I mean, I wasn't even here, myself.

But anyway, it's interesting and it's rich to come from that, because every step of the way, we have invested in

health care, have invested in those hard-working nurses, the PSWs and everyone who is supportive of the health care system. This opposition was absent. I think our actions speak louder than the opposition's words. We've invested from day one, and we're building on creating a sustainable health care system for generations to come.

The Acting Speaker (Mrs. Lisa Gretzky): Further debate? The member for Etobicoke–Lakeshore.

Ms. Christine Hogarth: Thank you, Madam Speaker, for letting me join in this debate today. I just want to join my colleagues in thanking our front-line heroes. It's important that we all remember them today.

I know my colleague mentioned Respiratory Therapy Week. It is such an important week. I want to shout out to my cousin Elizabeth Lod, who is a respiratory therapist in Thunder Bay. She is actually going back to work in November. She has been on maternity leave for a year with baby Henry, who I'm going to have the opportunity to meet tomorrow. It has been a long time since my family has been together because of COVID, so I get to meet baby Henry tomorrow. There are mixed emotions for her, going back as a first-time mom, but she's excited to go back to her field of respiratory therapy.

Also, my father, in his last days, in 2007—respiratory therapists helped him get through his last days and helped us as a family. I have to do a shout-out to those wonderful people who work at Toronto General, because it's not an easy career. I just want thank them from the bottom of my family's heart for all the work they did to make my father's last days, and ours, comfortable.

Back to our conversation today and the opposition motion: We want to talk about what we've done as government. Right now, we're certainly not out of the woods from COVID, but combined with some of the cautious and thoughtful approaches of this government and the people on the front-lines and the people all across Ontario, we are emerging and standing up and getting back to full capacity, as today marks that occasion for many businesses across our great province.

In fact, I attended an announcement in my riding last week with the Honourable Monte McNaughton at the Ontario Food Terminal. We know that at the beginning of the pandemic, we had truck drivers going back and forth, making sure we got food to our tables and goods to our stores. They kept the economy rolling on wheels, and we thank them sincerely for the work they've done, keeping that supply of goods and services and the most-needed items in the most critical times to help our families and struggling businesses alike.

We have collectively shared in the hardship. I've observed how people have largely come together to once again truly realize the little things that matter, like gathering together. As I mentioned, tomorrow I'll be gathering with my family. I have not seen them in probably about two years. It will be the first time we have been together. We appreciate those little things of getting together with family and friends, obviously safely, just to make sure we can enjoy that comfort and conversation with one another.

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Mr. Speaker, our government has made it clear that we will do whatever is necessary, and we will not ever economize when the health and safety of the people of Ontario is at risk. This government did and will always do what it takes to look after the people and this province.

As was stated earlier in the 2020-21 public accounts, our government made all possible resources available to support critical front-line services in the fight against COVID-19. The challenge was globally unprecedented, but this government rose to meet the challenge and lead our province through the crisis for the sake of all people of Ontario.

Government program spending rose \$16.7 billion compared with the previous year, a record for year-over-year increases. And why, Speaker? Because we had to, and the priorities were clear. For example, critical investments had been made and included an increase of \$5.8 billion spending in the health sector.

The system was tested to its limits, but it withstood the tsunami that was overwhelming in the beginning. All of Ontario should be proud that our institutions are strong. However, we have learned lessons that we must apply today and not wait decades. This government is taking these lessons to heart and applying them.

Recently, I spoke with the leadership at St. Joseph's hospital. We had a fulsome discussion of their experiences, what they went through with COVID in one of the busiest ERs in the GTA. This vital hospital, which many of us know has served the community for over 70 years—this government was there for them to support their plan to prepare for the next 70 years.

This is important context for the motion before us today. As I said, Speaker, I spoke of our commitment to Ontario, its people and our institutions. I emphasized the duty our government has to ensure that there's fair and reasonable growth and compensation for the public sector. We must do so, because we need to ensure that our investments sustain public services for future generations.

Speaker, government has been focused on protecting key front-line services like health care and education. I just also want to mention that it was this Minister of Education who actually doubled the number of nurses in our school systems, so I applaud him for his leadership in making sure that we had double the amount of nurses in our school system.

In 2019, the government commenced consultations in good faith, intended to be frank and open with the public sector employees and marketing agents. In all, there were 23 sessions, and they included participation from the following: 68 employer organizations in sectors covering more than 2,500 collective agreements, and 57 bargaining agents who collectively represented over 780,000 workers across all sectors of Ontario's public service. Many ideas were exchanged about how we could collectively work together to responsibly manage compensation growth. The end state was a course that planned a road map ahead that was sustainable, reasonable and fair.

Madam Speaker, I'd like to talk a little bit about Bill 124, the Protecting a Sustainable Public Sector for Future

Generations Act, 2019. This bill enables this government to manage growth in public sector compensation fairly and in a reasonable and time-limited manner. It supports our continued efforts to restore the province to the position of fiscal health and sustainability and, above all, demonstrate respect for taxpayers' dollars.

Any concerted effort to improve the province's finances must take into account public sector compensation, because it represents a significant portion of all provincial expenditures, totalling roughly \$76 billion a year. Speaker, we are seeing results. Ontario's performance, as measured against other jurisdictions, has been overall excellent because of the cautious and thoughtful way all stakeholders have worked closely together to guide our recovery.

As we know, the pandemic put some of the previous fiscal concerns on a temporary backburner, and unprecedented investments had to be made in order to move the province on the road to recovery. The public accounts bear witness to record investment in health care and other vital front-line services to protect the health, safety and well-being of Ontarians in the global fight against COVID-19.

As examples of this: \$1.5 billion to support Ontario's 627 long-term-care homes, including funding for infection prevention and containment measures, staffing supports and PPE; \$879 million to support the province's COVID-19 testing and contact tracing strategy; and more than \$703 million to add 3,100 hospital beds to our system, creating capacity to allow us to be ready to respond to any scenario.

As well, to provide additional support to front-line workers, the government provided temporary pandemic pay of \$4 per hour worked on top of their regular wages, as well as lump sum payments of \$250 for four months to eligible front-line workers who worked more than 100 hours per month, supporting over 350,000 front-line workers. By introducing pandemic pay, we took decisive action to help maintain safe staffing levels and the operation of critical front-line services through the COVID-19 pandemic.

Speaker, let me be clear: Ontario's program was the most generous amongst provinces in the federation. It included an additional \$169 million to expand the temporary wage increase for personal support workers and direct support workers. This has happened three times since its initial investment in 2020. This extended the wage enhancement for over 158,000 workers who deliver publicly funded personal, indirect and direct support services. As the Premier has made very clear, we are working on the next steps for a permanent wage enhancement to ensure that this important investment will bring the greatest stability to the diverse workforce of PSWs and DSWs in Ontario.

There has been much misinformation about Bill 124. We hear it in our offices daily. But what specifically does the legislation say? Please allow me to clarify.

The legislation puts certain time-limited requirements on new compensation increases that would allow for up to 1% increases to salary rates and overall compensation for unionized and non-unionized employees in the Ontario public sector. It applies for a period of three years upon the

expiry of existing collective agreements. Ontario's public sector employees would still be able to receive salary increases for seniority, performance or increased qualifications, as they do currently.

It is also important to note that the legislation does not impact existing collective agreements. It does not impede the collective bargaining process or the right to strike. It does not impose a wage freeze or rollback, and it does not impose job losses.

Our government has recognized the vital work and significant sacrifices that our front-line care heroes, nurses, personal support workers and direct support workers continue to make to keep Ontarians, including our most vulnerable, safe and healthy. We will continue to make historic investments to improve home and community care, long-term care, public hospitals and the social services sector throughout this province.

The Protecting a Sustainable Public Sector for Future Generations Act, 2019, is designed precisely to protect public sector jobs and vital front-line services, which are essential in our fight against COVID-19. As we continue to respond to the evolving COVID-19 situation, our government remains committed to working with our sector partners to support the critical public services that Ontarians rely on every day.

I thank all our workers out there who have done such an amazing job keeping us safe, keeping us comforted. I just want to thank you all for what you do.

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

Ms. Horwath has moved opposition day number 2. Is it the pleasure of the House that the motion carry? I heard a no.

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

All those opposed to the motion will please say "nay."

In my opinion, the nays have it.

A recorded vote being required, the bells will ring for 30 minutes, during which time members may cast their votes. Prepare the lobbies, please.

The division bells rang from 1511 to 1541.

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 18; the nays are 33.

The Acting Speaker (Mrs. Lisa Gretzky): I'm sorry, can you repeat that one more time? My apologies.

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 18; the nays are 33.

The Acting Speaker (Mrs. Lisa Gretzky): The vote was held on opposition day motion number 2. The ayes are 18; the nays are 33. My apologies. I'm not sure where my brain is at today. Therefore, I declare the motion lost.

Motion negatived.

The Acting Speaker (Mrs. Lisa Gretzky): Orders of the day? The deputy government House leader.

Ms. Andrea Khanjin: No further business.

The Acting Speaker (Mrs. Lisa Gretzky): There being no further business, this House stands adjourned until tomorrow at 9 a.m.

The House adjourned at 1542.

LEGISLATIVE ASSEMBLY OF ONTARIO
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Deputy Clerk / Sous-greffier: Trevor Day
Clerks-at-the-Table / Greffiers parlementaires: Tonia Grannum, Valerie Quioc Lim, Peter Sibenik,
Meghan Stenson, William Wong
Sergeant-at-Arms / Sergente d'armes: Jacquelyn Gordon

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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	
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Cho, Hon. / L'hon. Stan (PC)	Willowdale	Associate Minister of Transportation (Transit-Oriented Communities) / Ministre associé des Transports (Aménagement axé sur les transports en commun)
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Collard, Lucille (LIB)	Ottawa—Vanier	
Crawford, Stephen (PC)	Oakville	
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Fee, Amy (PC)	Kitchener South—Hespeler / Kitchener-Sud—Hespeler	
Fife, Catherine (NDP)	Waterloo	

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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
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Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
Gill, Hon. / L'hon. Parm (PC)	Milton	Minister of Citizenship and Multiculturalism / Ministre des Affaires civiles et du Multiculturalisme
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, Ernie (PC)	Oxford	
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	
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Kanapathi, Logan (PC)	Markham—Thornhill	
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Karpoche, Bhutla (NDP)	Parkdale—High Park	
Ke, Vincent (PC)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London- Centre-Nord	
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, Hon. / L'hon. Jane (PC)	Burlington	Associate Minister of Children and Women's Issues / Ministre associée déléguée au dossier de l'Enfance et à la Condition féminine
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	

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Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports
Natyshak, Taras (NDP)	Essex	
Nicholls, Rick (IND)	Chatham-Kent—Leamington	Chair of the Committee of the Whole House / Président du comité plénier de l'Assemblée
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
Park, Lindsey (IND)	Durham	
Parsa, Michael (PC)	Aurora—Oak Ridges—Richmond Hill	Deputy Government House Leader / Leader parlementaire adjoint du gouvernement
Pettapiece, Randy (PC)	Perth—Wellington	
Phillips, Hon. / L'hon. Rod (PC)	Ajax	Minister of Long-Term Care / Ministre des Soins de longue durée
Piccini, Hon. / L'hon. David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Hon. / L'hon. Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	Associate Minister of Digital Government / Ministre associé délégué de l'Action pour un gouvernement numérique
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Indigenous Affairs / Ministre des Affaires autochtones Minister of Northern Development, Mines, Natural Resources and Forestry / Ministre du Développement du Nord, des Mines, des Richesses naturelles et des Forêts
Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa-Ouest—Nepean	
Romano, Hon. / L'hon. Ross (PC)	Sault Ste. Marie	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	President of the Treasury Board / Président du Conseil du Trésor
Sattler, Peggy (NDP)	London West / London-Ouest	Opposition House Leader / Leader parlementaire de l'opposition officielle
Schreiner, Mike (GRN)	Guelph	
Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
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 Energy / Ministre de l'Énergie
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Hon. / L'hon. Nina (PC)	Mississauga—Streetsville	Associate Minister of Small Business and Red Tape Reduction / Ministre associée déléguée aux Petites Entreprises et à la Réduction des formalités administratives
Taylor, Monique (NDP)	Hamilton Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
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
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	
Walker, Bill (PC)	Bruce—Grey—Owen Sound	Deputy Speaker / Vice-président

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
West, Jamie (NDP)	Sudbury	
Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	
Yakabuski, John (PC)	Renfrew—Nipissing—Pembroke	
Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
Yurek, Jeff (PC)	Elgin—Middlesex—London	
Vacant	Don Valley East / Don Valley-Est	

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Lorne Coe, Rudy Cuzzetto
Goldie Ghamari, Randy Hillier
Christina Maria Mitas, Judith Monteith-Farrell
Michael Parsa, Randy Pettapiece
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Comité permanent des finances et des affaires économiques**

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Jim McDonell, Suze Morrison
Randy Pettapiece, Donna Skelly
Gurratan Singh, Effie J. Triantafilopoulos
Kevin Yarde
Committee Clerk / Greffière: Thushitha Kobikrishna

**Standing Committee on the Legislative Assembly / Comité
permanent de l'Assemblée législative**

Chair / Président: Vacant
Vice-Chair / Vice-président: Vijay Thanigasalam
Rima Berns-McGown, France Gélinas
Goldie Ghamari, Faisal Hassan
Jim McDonell, Sam Oosterhoff
Laurie Scott, Vijay Thanigasalam
Jeff Yurek
Committee Clerk / Greffière: Valerie Quioc Lim

**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
Christine Hogarth, Michael Mantha
Taras Natyshak, Michael Parsa
Amarjot Sandhu
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: Vacant
Vice-Chair / Vice-président: John Fraser
Aris Babikian, Lorne Coe
John Fraser, 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 / Présidente: Natalia Kusendova
Vice-Chair / Vice-présidente: Bhutila Karpoche
Aris Babikian, Jeff Burch
Amy Fee, Michael Gravelle
Joel Harden, Mike Harris
Bhutila Karpoche, Natalia Kusendova
Jeff Yurek
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, Tom Rakocevic
Donna Skelly, Sara Singh
Effie J. Triantafilopoulos
Committee Clerk / Greffier: Christopher Tyrell