

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**Official Report
of Debates
(Hansard)**

No. 16A

**Journal
des débats
(Hansard)**

N° 16A

2nd Session
42nd Parliament

Thursday
4 November 2021

2^e session
42^e législature

Jeudi
4 novembre 2021

Speaker: Honourable Ted Arnott
Clerk: Todd Decker

Président : L'honorable Ted Arnott
Greffier : Todd Decker

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



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

ISSN 1180-2987

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LEGISLATIVE ASSEMBLY
OF ONTARIO

Thursday 4 November 2021

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Jeudi 4 novembre 2021

The House met at 0900.

The Deputy Speaker (Mr. Bill Walker): Good morning.

Prayers.

ESTIMATES

Hon. Paul Calandra: Point of order.

The Deputy Speaker (Mr. Bill Walker): I recognize the government House leader on a point of order.

Hon. Paul Calandra: Mr. Speaker, I have a message from the Honourable Elizabeth Dowdeswell, Lieutenant Governor, signed by her own hand.

The Deputy Speaker (Mr. Bill Walker): The Lieutenant Governor transmits estimates of certain sums required for the services of the province for the year ending March 31, 2022, and recommends them to the Legislative Assembly.

ORDERS OF THE DAY

PROVIDING MORE CARE,
PROTECTING SENIORS,
AND BUILDING MORE BEDS ACT, 2021

LOI DE 2021 VISANT
À OFFRIR D'AVANTAGE DE SOINS,
À PROTÉGER LES PERSONNES ÂGÉES
ET À OUVRIR PLUS DE LITS

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

Bill 37, An Act to enact the Fixing Long-Term Care Act, 2021 and amend or repeal various Acts / Projet de loi 37, Loi visant à édicter la Loi de 2021 sur le redressement des soins de longue durée et à modifier ou à abroger diverses lois.

The Deputy Speaker (Mr. Bill Walker): We resume questions and answers on the debate. I return to the member from Richmond Hill.

Mrs. Daisy Wai: We have already spoken about Bill 37. It is very clear that this is something that we will be supporting. Whether it is for long-term-care homes or whether it is for seniors and accessibility and the ministry—if there is any question about what I have presented yesterday, please proceed.

The Deputy Speaker (Mr. Bill Walker): I recognize the member for Nickel Belt.

M^{me} France Gélinas: I was here last night when the member did her statement. She spent quite a bit of time talking about retirement homes.

My first question is, how do we make sure that the government has a role to play in protecting the 60,000 vulnerable seniors who live in long-term care? I can tell you that my in-laws lived in a retirement home until they passed at age 93. My mother-in-law was paying \$4,300 a month for her 360-square-foot apartment. That was outrageous. In Sudbury, you can still rent apartments for \$1,000 a month. What are you going to do to protect those seniors from excessive prices?

Mrs. Daisy Wai: Thank you to the member opposite. Yes, we can understand your concern, but we have been working on this. This is something that we inherited from the previous government, actually propped up by the NDP at the time as well. But we see how difficult it is for some of the family members or the residents themselves. They have no control of the prices or they have to go around in order to check what the prices are, whether it is the residence itself or whether it's the food or care services.

But we have changed this. We have something that is done. We're working with the RHRA. We have it in the act, in which we have just made all the amendments that I have mentioned. This one is important for us, to make sure that the pricing structure is very clear and transparent so that the residents can really compare before they make the decision.

The Deputy Speaker (Mr. Bill Walker): Further questions and comments?

Ms. Donna Skelly: Good morning, Mr. Speaker. It's lovely to see you in the chair.

I want to thank the member from Richmond Hill for highlighting so many of the key elements in this bill before the House. I know how much she appreciates the importance of empowering our residents with timely information as they are considering where to live during their golden years.

Mr. Speaker, could the parliamentary assistant to seniors and accessibility please share with this House further details on how residents in my riding and all Ontarians can access timely information from a retirement home?

Mrs. Daisy Wai: Thank you, member from Flamborough—Glanbrook. I really appreciate how we need to care about all Ontarians, including in your riding as well as in my riding of Richmond Hill. We know that this is important. That's why we have this amendment to the bill. Not only are we caring about the costs; we are working with the RHRA to make sure that, in everything, we have good control. If there is something that we see that is an urgency that we need to step in for, we have already made amendments in this bill so that we can step in. And also, if

there is something that the retirement home, the residents or the family have any concerns about, they can also express them to us. We are keeping and taking care of all the needs that they have voiced to us in the consultation.

The Deputy Speaker (Mr. Bill Walker): Questions and responses?

Mr. Terence Kernaghan: I'd like to thank the member for her presentation.

Everyone agrees that we need more PSWs. But I'd like to ask the member, why is there not a permanent wage increase for PSWs in this bill? On this side of the House, we value the phenomenal care that PSWs offer and the relationships they have with our seniors. Let's not talk about a temporary bump-up; let's talk about a permanent \$5 increase. Why is this government still short-changing PSWs?

Mrs. Daisy Wai: Thank you to the member opposite. In this bill, we are working on tightening up the measures that we have with RHRA so that they can be regulating what is happening in the retirement homes.

The PSWs that you're mentioning: We have done a lot of work in long-term care, and we are increasing the number of PSWs. We are also increasing the time for each resident. That is being worked on in long-term care.

The Deputy Speaker (Mr. Bill Walker): I recognize the Associate Minister of Children and Women's Issues.

Hon. Jane McKenna: I would like to thank the parliamentary assistant for seniors and accessibility for her remarks last night. She raised many important points about putting tools in the tool box for the RHRA. Could she please share why it is so important to ensure these tools are available?

Mrs. Daisy Wai: I'd like to thank the member from Burlington for her question today. Thank you for continuing your advocacy for seniors in Burlington.

Residents in our retirement homes have a broad range of care needs, and we need to ensure that the RHRA can respond. That's why, yesterday, I said that we need to put those tools in their tool box, so that they can offer the care and also offer the complex and acute care for those who need it. Oversight of a broad range of care needs requires a wide set of tools, which is why we say, if there is any concern from them, they can discuss it with us and we can—

The Deputy Speaker (Mr. Bill Walker): Thank you. The member from Beaches–East York.

0910

Ms. Rima Berns-McGown: My question is also about PSWs, but particularly those who work in home care—and this would have been a beautiful opportunity to increase their wages permanently. Many seniors that I know are terrified of having to go into long-term care because of what we saw during the pandemic and before that. So what is the government doing?

We also know it's so much cheaper to keep people at home. What is the government doing to raise the rates permanently for PSWs who work in home care so that people can stay in their homes, as they would prefer to do?

Mrs. Daisy Wai: Thank you, member from the opposition. The health and the well-being of Ontario's retirement home residents, front-line workers and visitors is a top priority for our government. PSWs are something that we care about, which is why the Minister of Long-Term Care has been working tirelessly with our government on this. What I presented yesterday are really changes that we can control through the RHRA. So the PSW side we had already covered through the Minister of Long-Term Care.

The Deputy Speaker (Mr. Bill Walker): Further debate?

M^{me} France Gélinas: I'm happy to spend a few minutes to talk about the Fixing Long-Term Care Act. I must say that I like the title. I like it a whole lot. We acknowledge that long-term care is broken and long-term care needs to be fixed. The French translation of it, on the other hand, not so much. But we'll stick with the English.

So, fixing long-term care: as much as I like the title, the bill not so much. How do we fix long-term care? The first thing we need to do in Ontario to fix our broken long-term-care system is to get rid of for-profits. I know that the minute that we say this, everybody on the other side of the House will say, "Where will you find the \$3 billion to expropriate private long-term care?" I say, talk to the Conservative government in Saskatchewan, because the Conservative government in Saskatchewan, right now, as we speak, is getting rid of the for-profit in Saskatchewan. They are showing Extencare the door. Are they spending \$3 billion doing this? No, absolutely not. Read their plan.

There are ways to make sure that every single dollar that goes to long-term care goes to patients' bedsides, goes to the care of our loved ones, of the residents in long-term care. But that's not what we have now. What we have now is, in the last nine months of the pandemic, \$165 million went to the shareholders of the big for-profit companies. Think about that, Speaker. If we'd had \$165 million more in the last nine months to care for our loved ones in long-term care—but no. It went to investors. It went to shareholders. It was taken away from the bedside to give to the for-profit.

This is wrong. We all know this is wrong. I mean, even your government is investing more into long-term care to improve the care, but as long as the number one goal of more than half of our 626 long-term-care operators is profit, we will never get there, because the creativity of the long-term-care sector to extract profit from the money that goes into long-term care knows no bounds.

In long-term care, many people have prescriptions for drugs. Well, the long-term-care operator operates their own drug dispensing. So the long-term-care home buys their drugs from a company that is owned by the same owner. The long-term-care homes need staff. The long-term-care operators have temporary agencies so they hire their staff from the temporary agencies that they own. And it goes on and on and on.

When your first objective is to make money and you're dealing in a sector that has—we're at \$4.8 billion right now that we invest in long-term care—they will continue to find ways to take the good money, the money that you

want to do good, the money that you invest so that the care would improve, and put it into the pockets of the shareholders rather than the bedside of the residents who need it. That's the first step if we are true to the title of this bill that we want to fix our broken long-term-care system.

The second is the poor quality of care. For anybody who has followed long-term care, I campaigned in 2007 on 3.5 hours of mandated long-term care. The Long-Term Care Homes Act, 2007—we used to have a legislated minimum standard of care in Ontario; it was at 2.25. Came the bill in 2007 and that minimum standard of care was taken away because Ms. Sharkey was supposed to do a report and then tell us what the number should be. Fast-forward to 2021, and Ontario does not have a legislated minimum standard of care.

I'm sorry, but what you have put in the bill for a target of four hours of hands-on care for 2025 is not the language that Ontario used to have, that mandated a minimum standard of 2.25. Even the language that is used right now leads me to believe that if there is a high-enough-paid lawyer working for a private long-term-care home, they will find weasel words in there for taking money away from the bedside and putting it into the pockets of the investors.

So how do we get a minimum standard of care? We have to change the words in legislation to legislate a minimum standard of four hours of hands-on care now. The level of acuity and needs of the people who live in long-term care continue to increase exponentially.

When I started my career in long-term care, you used to have huge parking lots in front of every long-term-care home. Go to all the old homes—you know, the ones that you are renewing their contract for 30 years. Go to all those homes and you will see huge parking lots. Why? Because people who used to live in long-term care drove. They had their own cars. The level of care was very different back then than it is now. Nobody now drives or you would not qualify for long-term care. Ninety per cent of them have cognitive impairment; half of them have a diagnosis of dementia; two thirds of those have Alzheimer's. You don't get into long-term care unless you really need a whole lot of help with your activities of daily living and probably have a series of serious diseases at the same time. This is who lives in our long-term-care homes right now.

So four hours of care—I would argue, really, it's more like 4.1 right now. By the time we get to 2025, it's probably going to be higher than this. And all we have is a weirdly worded clause into the new Fixing Long-Term Care bill that says that something will happen in March 2025 with a few deadlines. I don't feel confident with this, Speaker. I don't. People need 4.1 hours of hands-on care guaranteed legislated right now, and it is not in the bill.

How do we fix long-term care? Well, in long-term care, you don't produce widgets or anything. You provide care to people who deserve that care, people who have built our province, people who have brought us to where we are now. This is what you do: You provide care.

Care is basically a relationship between two people: a relationship between the care provider and the residents

who receive the care. At the end of the day, if you recruit and retain a stable workforce, you automatically have better care. If you are a resident, the person who receives the care, it is a whole lot easier to receive care from somebody you know, somebody you trust, somebody you see every morning. She is the one who changes you, washes you, helps you do the transfer etc. It's the same thing with the staff. They get to know the preferences of people—who prefers to be transferred on the left side rather than the right, who likes to have their leg swings before they are put up. You get to know how to do the job well because you have this relationship with the resident.

0920

But none of this can happen with what we have now. Right now, long-term-care homes cannot recruit and retain a stable workforce. Without a stable workforce, you don't have continuity of care. Without continuity of care, you don't have quality of care. We have to change this.

How do you change this? In my office, there are that thick of studies that show us how to do this. They all say the same thing—and I can tell you right now, in less than two minutes.

First, you have the right ratio of nurse practitioners, nurses, registered practical nurses and PSWs.

Second, you make sure there is pay parity between what a registered nurse makes in a hospital and what a registered nurse makes in long-term care.

Third, and the most important one right now, is, you make PSW a career. You give at least 70% of them a permanent, full-time job with decent pay, with benefits, with sick days, with a pension plan, and you give them a workload that a human being can handle. Do you know what happens when you do this? You fix long-term care. We all have the same goal in mind: We want to fix the broken long-term-care system we have. We can do this right now. We have a bill in front of us. Why don't we legislate right in that bill, right here, right now, a change to PSW—that it would become a career, where the people who work there would have permanent employment; 70% of them would be full-time and the rest part-time. No more of those casual things where you wait by the phone—no more of those “Let's make a lot of money by hiring PSWs from temp agencies and letting them work for barely minimum wage, waiting on the phone with no benefits and no hope of ever progressing to anything else.” We have a chance to do this right now. Let's put that in the bill. Let's listen to what the experts have been telling us for decades now, since the last long-term-care bill was introduced, and make PSW a career. That's the third thing we could do.

The fourth thing you could do to fix long-term care is to look at different models of care. Right now, what we have in Ontario are multiples of 128 beds. Why 128 beds? If you have a ward of 32, you only need one RPN, so to minimize the staffing, they all use a multiple of 128 beds. The idea that you would have those great big homes with a minimum of 128, but often it's 300, 400, 500 people who live there, is a model that—you can go into any senior gathering and you can ask anybody if they are looking forward to moving into a long-term-care home. I've asked

that question at enough gatherings of elderly people that I can guarantee you that I have never in my decades in health care heard one person say, “I’m looking forward to going into long-term care.”

Interjection.

M^{me} France Gélinas: They dread it. Yes, absolutely.

Why don’t we take this opportunity to put forward different models of care that exist in many other parts of the world and that have been proven to be good, where the quality of care is there and where people want to live? I encourage you to read the platform from the NDP where we explain what those different models of care would look like. In general, they look like a home with six, eight people living under one roof. They have the same levels of need. They need 24/7 care on-site, but the care is delivered in a house that feels like a home, that smells like a home, that looks like a home, not like a great big institution. Those homes can be in any neighbourhood. It doesn’t matter where you are, in Toronto or in Nickel Belt or Sol Mamakwa’s—sorry, the MPP for Mushkegowuk—James Bay—it doesn’t matter where you are.

Those models work. They have been tried and proven to work in many other jurisdictions that have way better long-term care. We agree that we need to fix ours; why don’t we put that forward? You have allocated about two thirds of the 30,000 beds. Why don’t you, for the about 10,000 beds that you haven’t allocated yet—8,000, I think—look at bringing forward other models of care?

Many communities are willing and able. If you look at the French community that is highly represented in my riding—but it doesn’t matter if it’s a linguistic community, a sexual-orientation community, a community of origin where you came from or your parents came from, a religion or a language. It doesn’t matter. You can have those little homes where the food would be the food that you’re used to eating, the language would be the language you’re used to speaking and the feel of it would feel like home. We have an opportunity right now, but this bill needs to be changed in order to bring those new models of care and make them available to the people of Ontario who want those models of care to be available to them.

Right now in my riding, and in many others, one of the number-one complaints that I get against long-term care is that their loved ones have been put in a home not of their choice. Yesterday we were talking to—I’ll call her Mrs. S, because of course she’s very afraid that if she is to complain, then things are going to get worse for her husband, not better. Her husband needed to be put into a long-term-care home. Nobody wanted that. She had selected a long-term-care home in Chelmsford. Chelmsford is a part of my riding within the city of Greater Sudbury, but it is a little bit northeast of the city. This is where she lives. She has been married for 53 years, so I will let you guess her age. She lives in Chelmsford, so she would be able to drive and see her husband every day.

But that’s not what happened. The people forced her—and she even named the person who forced her—to put other long-term-care homes on her list of choices, so although she wanted to go to St. Gabriel in Chelmsford,

they forced her to put another. She put Extencicare. It took no time at all. Her husband was moved into Extencicare Falconbridge in Greater Sudbury, so now she has to drive—at least when the weather is good—a 35-to-40-minute drive to go see her husband.

We live in northern Ontario. The weather is not good for the next six months in northern Ontario. You’re talking an elderly woman, of her time, who can drive but is not too keen on driving in the winter. Driving 40 minutes one way to go see her husband puts a whole lot of stress on her, enough that she was crying on the phone yesterday.

But I don’t give her false hope to have her husband transferred back into the long-term-care home in Chelmsford. I have taken those battles on—many, many of them—in the last 14 years that I have been here. I have won some. The average time it takes is about two years of me battling it out with what was the CCAC, then the LHIN, then Ontario Health North. It doesn’t matter the name; it is the same people who are there who I have argued with for the last 14 years. I have some of them all over my riding: people whose loved ones are not in the long-term-care home of their choice.

I was a little bit happy with the bill where they say that there will be a right to access services in French, because for a lot of people who are not happy, they had selected a home where they knew that services in French were available. Some 65% of the people in Chelmsford speak French. Most of the staff do. She knew that her husband was going to be able to have services in French. Now they are in a part of town where there are not as many francophones and services in French are not going to be available.

0930

I hoped that this would help, but I don’t believe it, Speaker. I read this part of the bill. There are no tools to enforce this. It seems like this is a wish that we have. I thank you for wishing that francophones have access to services in French, but wishes don’t change things on the ground.

Same thing with the bill of rights: We had a bill of rights in the last long-term-care bill. This one has a few things added to it that I support, but again, it is the enforcement: How do you give frail elderly people—90% of them with cognitive impairment—how do you enforce their rights? This is what legislation is all about. Legislation is to make sure that if this is your right, it is enforceable. But there is nothing in the bill that guarantees me that, even if they come to their MPP, I will be able to help them to enforce this, because there is very little in the bill that talks about how to do those things.

I agree with the title of the bill. Long-term care is broken and needs to be fixed. We know what needs to happen to fix it. We need to take for-profit out. We need to improve the care. We need to look at who works there and treat them with respect. We need to make sure that clients’ and residents’ and families’ choices are respected. But none of this is in the bill, and when it is, it is not enforceable.

The Acting Speaker (Ms. Jennifer K. French): Questions?

Ms. Donna Skelly: It's always wonderful to hear from the member from Nickel Belt. I know she's very passionate about health care and very passionate about long-term care in Ontario. But I want to challenge some of the points she raised.

This legislation is legislation that talks about four hours of care per resident. We are going to address that. We, as the member pointed out, inherited a mess when it came to long-term care.

But the one question I have for her—the narrative from across the aisle is, “Let's get rid of private health care for long-term-care residents.” When you just spoke about a resident who couldn't get care in Chelmsford, how do you expect to find places for people who need care when you want as a party to just eliminate the private health care that is currently being provided in Ontario?

M^{me} France Gélinas: Let's all be clear: When we talk about private health care, what we mean is that the number one objective is to make money. In health care, the number one objective should be to provide quality care. As long as you have the profit-driven objective over top of care, care suffers. We have seen this during the pandemic. We have seen this in many reports. I'm sure most of you have seen excerpts of the army's report. What does care look like? It is not acceptable.

It is feasible to transition away from for-profit into not-for-profit. It is being done right now by a Conservative government in Saskatchewan, which is doing just that. If a Conservative government in Saskatchewan is able to transition away from private care, so can we.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Mr. Terence Kernaghan: I'd like to thank the member from Nickel Belt for her presentation. My question is about inspections, but first I'd like to thank the member for her discussion about the network of insiders, the veritable industry that long-term care has become. Whether it's the home procuring pharmaceuticals or staffing, it's really a bunch of insiders with their hands in the public purse. The flawed Conservative ideology of privatization has been shown to hurt seniors.

It's strange that Conservatives are now talking about fines when they protected long-term-care owners and operators with legislation earlier. Prior to the pandemic, nine out of 626 homes had a resident quality inspection. I wanted to ask the member: What has been left out in terms of inspections in this bill?

M^{me} France Gélinas: We, the NDP, had fought really hard with the previous government to bring back resident quality inspections. Resident quality inspections are surprise visits. They come as a team. They talk to patients. They talk to residents. They talk to their families. They talk to their caregivers. They talk to the staff. They look in every corner, whether it be food or medication delivery, and they do a resident quality inspection.

That's not what's in the bill. In the bill are proactive inspections, but “proactive” is not defined. I have a problem with this. “Resident quality inspections” were defined. We knew exactly what needed to be done. “Proactive”—

I'm assuming that it's going to be a kind of surprise visit. I'm all for this. But once they're there, what are they going to do?

When it comes to enforcement, I'm sorry, in health care, we have never, even with the previous government, fined anybody for not providing quality care. The doubling of zero still makes zero.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Mr. Jim McDonell: I know a member on our side asked a question about how you expect to pay for this. But I've been here since 2011, and I've never once heard it being an issue on the other side with building more homes. Now we're talking about this government coming through. I'll go back: In 2011, that was part of our platform, to build 30,000 new homes. So this was not a secret. In that first term, when you had some power, sitting with the Liberals, you ignored that, as did the Liberals. Now we're in this case where we're building homes. But the private sector has played a big part.

We were talking about, yes, there need to be more inspections. We did go to a previous system where we responded to complaints, because there are many eyes in these homes every day. Where there was a complaint, our inspectors went out, because that was a failing and something that was recommended by the Auditor General.

I still haven't heard the member opposite say how they would plan to come up with the money. When you didn't have money for 10 years to build any new sites, how do we expect to buy out all the homes that the private sector owns now?

M^{me} France Gélinas: So the idea is really to transition away from for-profit care. As long as there is a for-profit motive, it overshadows everything else. The creativity of the for-profit sector to extract money from long-term care knows no bounds. It is just incredible.

Did the previous government fail? Yes, absolutely. We all knew that the baby boomers were aging. Aging is not a disease; it's not because you age that you will get sick, but there is a higher incidence of sickness as people age. So we knew that there would be a demand for long-term care. What did other jurisdictions in the world do, in the same position as us? They developed new models. They made sure they were ready. None of that was done by the previous Liberal government. I agree with you.

Moving forward, though, we should look at other models than just a multiple of 128 beds in a big institution, because people don't want that.

The Acting Speaker (Ms. Jennifer K. French): Questions?

Mr. Gurratan Singh: I find it to be shocking, actually, that despite the fact that we know the horrors that our seniors went through in long-term-care facilities and we know it was so much worse in for-profit long-term-care facilities—the army's independent report; everyone said it—we're hearing, time and again, the Conservative government defending a model that has been proven to have failed. It failed the seniors. When you read their report, it is deplorable the situation that seniors were put into. And

this Conservative government, now, is just supporting their buddies in long-term-care facilities by not standing up to them.

If the MPP can please articulate how bad the for-profit model is and why it should be abandoned, especially in health care?

M^{me} France Gélinas: Whenever you bring a for-profit model into health care, the quality of care suffers. We have seen it. Look at the number of deaths during COVID. We are at close to 4,000 residents of our 78,000 long-term-care residents who died of COVID. If you look at where those residents lived, the great majority of them come from for-profit long-term care. It doesn't matter if you compare them to the not-for-profit, to the municipal homes, to the charitable homes—as long as you compare a for-profit, the not-for-profit fared better in every way to look at it. But the deaths certainly speak very loudly. Most of those deaths come from private long-term care.

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The Acting Speaker (Ms. Jennifer K. French): Further questions?

Mr. John Fraser: The pandemic has shown us exactly what's happening in long-term care. We would never build schools or hospitals or child care the way that we're building long-term care. On this side, we believe we've got to go in a different direction. How does the member believe that we should get to the point where we can put communities back into caring for the elderly in long-term care?

M^{me} France Gélinas: I would start by saying the Liberal government that was there before knew that other models of care existed. Go to Denmark, go to any western European country, and you're not going to see the great big long-term care. They're homes that are integrated. Even for people who are severely cognitively impaired, they are integrated into the community. We all can learn when we have access to people, and those people have a lot to teach us. Bring them into little homes that are part of our community so we can see them, so we can talk to them, so they can feel that they are part of our community and I guarantee you that the level of empathy in everybody around those homes will go up. And when empathy goes up, we have better communities. Six-to-eight-bed homes can be built in Ontario, and they would help a lot of people.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Mr. John Fraser: I want to start today by saying something nice about the minister. I want to congratulate him for making vaccinations mandatory in long-term care. IPAC is a big part of this bill. That was the right thing to do—albeit eight months too late; we've been vaccinating long-term-care workers since last January.

It's an interesting juxtaposition that the minister said the reason that we're doing this is that homes are concerned that outbreaks will cause a greater pressure on staffing than not having somebody here because they decided not to get vaccinated. That same argument applies across the health care system. It's not any different anywhere else. So yesterday, when the government moved to not do mandatory vaccinations in hospitals and with

other health care workers, it was really hard to understand. Our hospitals, who have been taking care of the most sick throughout this pandemic, said, "We want you to do this," and the Premier said no.

That's wrong. He's not listening to the science; he's listening to the people closest to him and he's doing the wrong thing. All you have to do is look at that. There's no discernible other reason, because the decision is not based in science. I'm not going to go on about mandatory vaccinations. There will be lots more time to debate that, because it's not going away.

I would also like to say one more thing of congratulations to the minister, and that's for actually putting palliative care right in the legislation. That's a really good thing. The challenge will be, how do you actually apply that in a way that's effective? Because the capacity that exists inside long-term care right now for palliative care is not great. We've got some centres of excellence, some places where they're doing really great things. And that comes down to staffing. There's a saying that's out there—and I can't remember who said it, but somebody may be able to remember who did—"The conditions of work are the conditions of care."

Again, I think it's a good thing that we have a plan to get to four hours of care. I think it's a bit soft around the edges, but it's in there. The challenge is going to be that unless workers earn a living wage and have full-time jobs and benefits, it's not going to work. You're going to have the same amount of transience. So the government has to be more serious about paying PSWs and RPNs and RNs in long-term care.

Temporarily extending a wage increase five times less than what you gave them at the beginning of the pandemic isn't a way to show people that you really value them. What I want to caution the government against is—this is really important. The federal government has said to you, "We want to raise PSW wages to \$25 an hour." So I hope you're not making the temporary increase temporary because you're trying to extract more money. It's not the right thing to do. It's a partnership. The federal government has been the province's banker for this pandemic. They've paid the lion's share, and they need to continue to support us. But this government needs to support PSWs, RPNs and RNs. Otherwise, it's not going to work at all.

There has been some talk about penalties. The government did have Bill 160 on the books, but it doesn't have the penalties quite as high as this government has put them in. The members here are right: We all know that no one ever got fined. It's kind of like we're doing more of the same. In Bill 160, the government had the powers to do those things—increase the power of the director to take over a home, to apply fines, to apply sanctions—but the government chose to let it sit on the books and not enact it, and then cut down inspections. And now you're championing hiring more inspectors and saying you're going to increase inspections, after you cut them.

I use this analogy to describe the Premier on minimum wage: It's like you set a fire, you let it burn, you ran over and put it out, and now you want us to pin a medal on your chest. It doesn't work that way.

Why do we have penalties? It's a good question. Why do we have to have these huge fines to take care of our moms and dads, aunts and uncles and friends and neighbours? Well, because we have complex franchise agreements for the care of the elderly, because we're dealing with private business and they have two goals: One is to make a profit, and the other is to care for residents. We're not worried about the not-for-profits. What we're worried about is—we've got to have some rules in there because too many times, that for-profit goal gets in the way of the care. That's why we have it. So those penalties are really for the private homes, because you can't be applying them to the not-for-profits.

If the government wants to talk about going in a different direction—other than saying “mission-driven,” which is the most nebulous word I think I've seen in a piece of legislation in a while, because it's not described in any way. There is no intention in this bill to get to a different way, to get to a way where we say to communities, “Yes, we want you to help care for your elderly”—not just in long-term care, but in home care. But this bill is about long-term care. There's nothing in here about giving communities access to capital—because we know that's why they don't build it. That's why we go to private corporations—because they have access to capital. We're not doing anything for our communities to build that up in this bill—nothing, zero, zilch, no talk of it; just “mission-driven.” Communities don't have the same capacities that these companies do, but do we do anything to assist them? Do we do anything to say, “We're going to help you with construction capacity. We're going to help you with health care capacity. We're going to put together a secretariat that's going to help municipalities, service organizations, religious organizations, communities build long-term care.”? Nothing. Zero. Zilch. And I'll totally agree and take a hit for having that not being done before. But what COVID has shown all of us is, we need to go a different way, and in this bill, it really feels like more of the same, with some things added in. I'm not going to trash the whole bill, but unless we go in that different direction, the same things are going to happen. They've happened for 25 years. It's not any different.

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You know, we ask every municipality to have a home because we want to have a home. That's part of the law. I'm glad you didn't change that, but we need to do more to support them because some of them say, “I don't want to be in the business.” We would never, ever build schools or child care or hospitals the way we build long-term care. Why? Because it belongs to the community. It responds to the community. It's got community governance. Long-term care responds to a ministry office here, or a corporate office somewhere far away, or maybe down the street, depending on where you live. That doesn't work for communities.

We have to put the community back into long-term care. That means giving them the tools, but it's also asking communities to take up the challenge. They can't take up that challenge unless you give them the supports and the tools they need.

Now, we all know we have to build more long-term-care beds. And we know all sorts of organizations in our communities. I would argue probably each and every one of us has had someone come say to us, “We want to do something to take care of our elderly.” I've had at least four people say, “I'd like to build a long-term-care home”—not people, but organizations, dedicated organizations. Health care got built in this province by a lot of religious orders, service organizations, community groups, and it worked. So why do we turn away from that with the elderly? We can't do more of the same.

There are things that are good in this bill; I'm not going to say that there's not. But we're not going to get to where we need to get to unless we look at this thing differently, and we're not. We're just doing more of the same, applying heavier fines, still leaning into for-profit care because it's easy. We don't have to take on the debt. We don't have to be involved in building it. It's true. That's why we do it.

Think about this: We invest in for-profit care, these big companies. Pension plans really like these big companies because they make money and they're solid. So pension plans, some public service pension plans, big pension plans invest in these. Here's the thing: The people that make it run, the people who work there, day to day, many of them don't have pensions. They don't actually get enough for their families to thrive and survive. Many of them are racialized women. So when you think about it that way, doesn't it seem like that's a bit unjust? And then when you put in profit, sometimes, too many times, affecting the quality and quantity of care for the people we love, it just doesn't work.

We need to go in a different direction, and this isn't going to get us there.

The Acting Speaker (Ms. Jennifer K. French): Questions?

Mr. Aris Babikian: Thank you to the member from Ottawa South for raising so many issues. But when I am listening to him, suddenly I had a flashback: He was part of government for 15 years, and they did not act on any of these concerns that he's raising today. You had the power; you had the means. Why didn't you act on these issues? Why didn't you reform the system? Why didn't you bring the changes that you are now advocating? We on this side have already started acting on it. We are bringing changes. So isn't it ironic that we sit down here today and we do armchair-quarterbacking and criticizing on Monday morning?

Mr. John Fraser: Over 15 years, we built or redeveloped 30,000 long-term-care beds. That's number one.

Ms. Donna Skelly: Six hundred.

Mr. John Fraser: No, that's not the number.

Number two: We raised PSW wages \$4 an hour. You guys voted against it. So if we're going to play this tic-tac game that we're playing right now, I'll take responsibility. I'll take responsibility for not doing more, but I'm not going to sit here and listen to you say to me, “You can't ask for more.”

The Acting Speaker (Ms. Jennifer K. French): A reminder to all members that heckling is not going to be

tolerated, and remarks will go to and through the Chair—full stop. Thank you.

Further questions?

Mr. Terence Kernaghan: I'd like to thank the member from Ottawa South for his presentation. It does boil down to the question of how we can justify giving the long-term care industry tax money when their death rate is just so high.

Recently, in a discussion about Southbridge, the representative from the Ontario Health Coalition, Peter Bergmanis, in an interview with Mike Stubbs, was talking about the process and how the past conduct of these homes should be integral to the process in new bed development and being awarded these new beds.

But during a consultation on July 15 on Orchard Villa, where 71 residents died, a ministry representative tried to stifle the Ontario Health Coalition. They didn't want to hear the history of the corporation. They didn't want to hear the history of negligent behaviour. They didn't want to hear about residents who remained unbathed, dehydrated, malnourished, and the deplorable conditions of care.

They have not suffered one penalty, but expect more licences to look after vulnerable people. Why is the process happening this way?

Mr. John Fraser: I think it's perfectly reasonable for those families to ask why those licences are being awarded. I think we all have questions about that.

Here's the thing: The government is going to put forward these fines. They didn't enact the fines that existed in Bill 160, and they didn't use the power they had under previous legislation to fine homes during the pandemic. And now they're putting forward these and saying, "No, we can't do it retroactively." But the thing that they could do retroactively was protect for-profit corporations by making the bill to protect them from being sued retroactive—but not this bill. It doesn't add up.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Ms. Donna Skelly: To the member from Ottawa South: My colleague has already raised this, but I think it's imperative that we talk about this. We have a crisis in long-term care in Ontario, and I am so proud of what is in this bill. When I was first elected, I was lobbied hard by many people within the sector to increase hours of care. We're increasing hours of care. We are building more homes across Ontario—hundreds more in my own riding.

But when I was a journalist, prior to getting into politics, I covered story after story about scandals within your government. I covered that, but I never covered stories on putting any time, money or effort into long-term care. Why did the previous Liberal government neglect residents in long-term care and leave us with a mess?

The Acting Speaker (Ms. Jennifer K. French): A reminder that remarks go through the Chair, not directly across.

Response? The member from Ottawa South.

Mr. John Fraser: I'd like to talk about long-term care. I'm not going to talk about bypasses or Highway 413 right

now. I don't think that that's really something that we need to have in this debate.

All I'm saying to you is that we have to go down a new path, and there's no new path that's here. Let's face it: Everybody knows here that getting out of for-profit care is going to take time. It's going to take effort, but it's going to benefit our communities if we actually put effort into giving our communities the capacity to help care for their elderly, by giving them access to capital, by giving them access to the kind of capacities and expertise that they need to do this. It worked 100 years ago. It can work now.

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The Acting Speaker (Ms. Jennifer K. French): Question?

Mrs. Lisa Gretzky: To the member for Ottawa South: As he himself has said, I don't think we can say that the Liberal government had a perfect record on this file. I think we can agree on that and acknowledge that.

But we are talking about the present day—three years of a Conservative government, with more than half of it during a pandemic, and 4,000 elderly people died in long-term care.

I like the analogy that the member for Ottawa South used: The Premier set the fire and stood back and watched it burn, and then comes in and thinks he's putting it out with this bill and declares himself a hero.

We also know that the government brought in legislation to protect themselves and the for-profit, negligent homes from being sued for those 4,000 people who died. I'm wondering if the member for Ottawa South could talk about how that particular legislation is possibly repealed or addressed in this legislation.

Mr. John Fraser: I just don't know how you can look at families, on the one hand, and say, "I can retroactively take away your right to justice," and then, on the other hand, say to companies, "We can give you extra justice. We can give you retroactive immunity." It's not fair. I think if any of our families were facing that, that's what we would think.

I didn't think I was being that critical this morning. I said there are good things in the bill. It's what's not in the bill that makes it hard for me to vote for it. That's what I'm saying. We need a new direction. If we don't actually go on that path, we're not going to get there. We all have to do more to support our communities.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Ms. Natalia Kusendova: I was listening intently to the member opposite. I have great respect for him, especially for the work that he has done on palliative care. I think there are some synergies between our ideologies on that perspective.

But when it comes to long-term care, I have to say, unfortunately, that the previous government's record is very shameful: 614 beds in 15 years, and only an increase of 22 minutes of care in 15 years. That's not acceptable.

Today I want to ask the member about our Franco-Ontarian community. As someone who lives in Ottawa, there is a high population of Franco-Ontarians in your

area. I'd like to know what strategy your previous government put forward to help increase the number of beds for Franco-Ontarians. This is an issue I'm dealing with on a daily basis. I can tell you that I'm proud of our record, because we're actually building 777 new beds in this latest announcement, but specifically 256 beds in the former Premier's riding. This is something that I'm extremely proud of. What's your record on francophones?

Mr. John Fraser: I'll repeat again: 30,000 beds, new or redeveloped, over 15 years.

You know the challenge of redeveloping beds. You know that right now.

Interjection.

Mr. John Fraser: We'll see.

The challenges, in my community, for francophone beds—it's not that hard. Where we worked was in downtown Toronto and those regions across the province where it was difficult—where we designated beds.

I would argue that in this legislation there are two things that you need to do. Number one is, be more intentional in the legislation about what francophones can expect and how you're going to do that and what the rules are, because they're not there. The second thing is, for couples coming together, instead of having it in policy that there has to be a bed there available to reunite couples, put it in legislation.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Ms. Natalia Kusendova: It is always an immense privilege to rise in the House and speak to a bill that is the result of the hard work and dedication that this government has shown to our long-term-care sector. As a registered nurse and a proud member from Mississauga Centre, and as a lifelong advocate for long-term care in the province of Ontario, I take great pride in having the opportunity to stand and speak to what this landmark legislation means to Ontarians.

The Providing More Care, Protecting Seniors, and Building More Beds Act, 2021, represents a pivotal moment in the history of long-term care in Ontario. Simply put, this proposed legislation is an unprecedented commitment to the long-term-care sector that has been the victim of the neglect of past governments for far too long, as well as the thousands of our unsung health care heroes that work in long-term care each and every day.

Tragically, it was during the COVID-19 pandemic where the fault lines of our long-term-care sector rose to the surface, exposing how complex and multilayered the issues and challenges were as a result of repeated neglect and chronic underfunding, making it particularly susceptible to the virus. This repeated mismanagement resulted in lack of oversight mechanisms, care providers operating out of control and out of protocol, cramped homes with more residents than their capacity allowed for, and both an acute and chronic staff shortage.

These shortcomings formed a tragic perfect storm, allowing COVID-19 to ravage our most vulnerable and, in spite of our best efforts, the entrenched issues of the system led to countless tragedies for residents and their

families. It was this that signalled to Ontarians that a swift and serious change to fix our long-term-care sector was an immediate need, and, as Conservatives always do, we rolled up our sleeves and rose to this challenge for the sake of our current and our future long-term-care residents and staff.

The extensiveness and ambition of this legislation is unrivalled in recent memory, and with its passing, it will set the precedent for a standard of long-term care that Ontarians will benefit from for generations to come. The guiding principles of this legislation are threefold, each part acting as a pillar to come together and form a foundational approach to improving long-term care.

These three pillars which the legislation is built upon—staffing and care; accountability, enforcement and transparency; and building modern, safe, comfortable homes for seniors—together ensure a more holistic and more comprehensive care experience for Ontarians who deserve nothing less than the very best. I would like to spend some time discussing each of these in detail so that this House can really get to the core of what this proposed legislation intends to do, and in what specific ways it will work to improve and fix long-term care in the province.

The first of these three pillars, which the legislation is built upon, is staffing and care, recognizing the indisputable fact that a high quality of long-term care is dependent on the strength of health care professionals working within these settings. In particular, this will be a core part of achieving our goal of four hours of daily direct care to be provided per resident per day by March 31, 2025, a target that far surpasses all other jurisdictions within Canada, making us a national leader. And this strong emphasis on staffing will also be crucial in establishing a target for the care provided by allied health care providers per resident, per day of an average of 36 minutes by March 31, 2023.

Although our goal of four hours of daily direct care has already been announced, by enshrining it within this legislation, we are demonstrating the priority of this government in ensuring that it is achieved. In order to achieve this ambitious target, we will be hiring 27,000 more health care workers into the sector over the next four years.

Some governments believe in empty promises; our government believes in rolling up our sleeves and getting to work. By embedding the four hours of direct resident care in legislation, we are ensuring accountability for both the province and the sector to not only reach this goal, but also to maintain this new standard of care that Ontarians will come to expect in the future.

Furthermore, the proposed legislation would require the government to review and publish the progress of the target and to institute alterations to ensure that potential challenges and obstacles can be overcome. By legislating both the target of four hours of daily direct care per resident and the means of achieving this target, we are ensuring transparency and accountability in the process that it takes to get us to the finish line, and with this, we are demonstrating to the people of Ontario our commitment to making it a reality.

However, these big-picture objectives can only be made possible by strengthening our ability to both recruit and

retain the talents of health care providers in the long-term-care sector, and this will be bolstered within schedule 1 of this proposed legislation.

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Therefore, our efforts to strengthen our health care system's human capital is an initiative that we have continually made advancements in, even prior to today. As one example I can point to the recent announcement of investing up to \$100 million to add an additional 2,000 nurses to the long-term-care sector, further supporting our long-term-care staffing plan launched in 2020. This \$100 million will establish two new and innovative training programs to support thousands of nurses and personal support workers who want to advance their career in long-term care by serving Ontario's seniors.

One is the BEGIN initiative, which will provide tuition supports of up to \$6,000 for personal support workers and up to \$10,000 for registered practical nurses to pursue further education to become registered practical nurses and registered nurses, respectively. This is the concept of career laddering at work.

The other initiative is the Nursing Program Transformation in Ontario's Colleges, which increases access to nursing programs at publicly assisted institutions through hybrid learning models, 500 additional enrolments in bridging programs in the 2022-23 academic year, and up to \$6,000 a year in financial support to internationally trained nurses to gain the credentials required to work in Ontario.

Support for internationally trained nurses and health care workers is something which I was keen to discuss in my motion speech last week, particularly how it can also play a big role in strengthening the linguistic capacity of our health care system through hiring French-speaking bilingual health care staff from around the world to better assist Franco-Ontarians in long-term care. This is an idea that I will come back to when I discuss the third pillar of this legislation in a few moments.

The first pillar of the proposed legislation will mean considerable improvements in staffing for long-term-care homes across our province, big and small. In a typical 160-bed home, for example, the staffing capacity will be increased by around 43 new staff, including six new registered nurses, 12 new practical nurses and 25 new personal support workers.

Speaker, I love when the opposition gets all rattled up and says that four years is too long to wait to hire more health care staff. Well, I would like them to know, through you, that PSWs and nurses do not grow on trees, and if they have seen such a tree, please let us know. I ask Her Majesty's loyal opposition, what is your plan to fix long-term care? Nothing? Nada? That's right; you don't have a plan.

In contrast, we on this side of the House have a targeted and thought-out plan which includes timelines, investments and targeted educational programs, such as our condensed, fully subsidized PSW training program, which will result in 16,000 new PSWs.

We are modernizing and revolutionizing the way long-term care is delivered, one health care worker at a time,

until we reach 27,000. I am so incredibly proud of our hard work and what it means for our seniors.

I can also tell you that I was so inspired when I visited a living classroom of the collège La Cité, one of our francophone partners in education, with Minister Phillips. This particular cohort was made up of new Canadians—all French-speaking—and they were just so excited and thrilled to be entering a career in health care. They were also very grateful to our government to have their education fully subsidized, as limited finances can be a huge barrier to access, especially for newcomers.

Finally, they were beyond delighted to hear that we are looking to hire 27,000 more workers, signalling that their career prospects and chance to participate in the Canadian job market was very high.

Speaker, this eagerness, gratitude and commitment to working hard for Canada reminded me of my own family's journey of arrival to Canada. We were happy, eager and willing. My mom and I worked any job we could put our hands on, from housekeeping to working in banquet halls, retail, delivering newspapers, reception work and dietary aide. You name it, we did it. Yes, indeed, we were more than happy to work our tails off to give back to the country that received us with open arms, to express our gratitude for the opportunity to make a respectable living—

The Acting Speaker (Ms. Jennifer K. French): I'm sorry to interrupt the member, but seeing the time on the clock. The member will have time during the next debate.

Second reading debate deemed adjourned.

MEMBERS' STATEMENTS

COVID-19 IMMUNIZATION

Ms. Rima Berns-McGown: Michael Garron Hospital in Beaches–East York has consistently gone above and beyond in keeping us safe and cared for during the COVID-19 pandemic. They set up mobile testing clinics in communities where it was hard for COVID-19 patients to isolate, did everything they possibly could to keep people alive in the ICU and were flexible and imaginative as they got jabs in as many arms as possible in ways that worked for everyone.

Dr. Michael Warner, Michael Garron's director of critical care, made time to publicly educate everyone on the impact of every wave of COVID on hospitals and patients—and to let us know what public policy they need so that they could do their jobs. Hospitals like Michael Garron have saved thousands upon thousands of lives.

Health care workers and administrators are exhausted and many are suffering from burnout. After all that sacrifice, instead of showing that he has their backs, the Premier has sided with a tiny minority of anti-vaxxers and is allowing unvaccinated health care workers to endanger their colleagues and vulnerable patients alike—contrary to the advice of doctors, nurses and the science table.

We are now in a world in which the Premier can have pops with his buddies inside a bar where you have to be

double-vaxxed but unvaccinated health care workers can be at the bedside of frail cancer patients. How does this make any sense? It was, as Dr. Warner tweeted, an “indefensible decision.” The government needs to reverse course, and quickly.

GREY CUP

Ms. Donna Skelly: In just a few short weeks, Canadian Football League fans from across the country will arrive in my hometown of Hamilton for the 108th Grey Cup. The largest sporting event in Canada will be held December 12 at Tim Hortons Field to a packed stadium of 24,000 fully vaccinated football fans.

The city of Hamilton has been getting ready for this celebration for years. While some of the larger Grey Cup events have been cancelled or scaled back this year, the hospitality sector can't wait to welcome visitors to the city's many world-class restaurants and bars.

Hamilton has a football tradition that is second to none: 2021 will mark the 11th time that Hamilton has hosted the Grey Cup. The first time was way back in 1910. But it's been 25 years since our city hosted the Grey Cup, and this year the festivities will be even more meaningful because the city is also celebrating its 175th birthday.

As the pandemic restrictions are gradually lifted, people are ready to celebrate like never before. The championship game and the celebrations around it are exciting, and Hamilton will get to do it all over again in another two years when we host Grey Cup 2023.

COVID-19 TESTING

Mr. Faisal Hassan: I rise today to speak to the alarmingly high cost of mandatory RT-PCR tests for travellers. Residents of York South–Weston have alerted my office of travel PCR test costs that far exceed the cost of many other countries around the world. There is no reason Ontario has such high lab test fees, and I'm left wondering if the reason is this government's continued push to weaken our health care through more and more privatization of services.

Almost half of all lab tests performed in this province are done by private companies that are funded by the province. In fact, it is worth noting that the lobbyist for Switch Health, the company contracted to provide Pearson airport testing, is the former communications director for the PC Party.

In the absence of competitive lab testing to ensure low prices, it is up to the government to set reasonable per-test prices. With costs as high as \$250 per person, something is very, very wrong. Families travelling for funerals, weddings or other purposes should not be taken advantage of.

When COVID tests are covered by OHIP, why, then, are mandatory PCR tests for travel not regarded as the same? The health ministry needs to take action, and take action immediately. We need to stop the privatization of our public health care.

GREEK COMMUNITY

Ms. Effie J. Triantafilopoulos: Just a few days ago, I joined the Hellenic Heritage Foundation to unveil a Heritage Toronto historical plaque at 170 Jarvis Street. I was pleased to bring greetings on behalf of the Premier and our government, along with Mayor John Tory. It's an important recognition in 2021, the year of Greece's bicentennial.

170 Jarvis Street played a key role in the history of the Greek community in Toronto. In 1912, Greek immigrants across Ontario raised money so that the small community could purchase the building, paying it off in full in five short years in 1917. It was a haven for Greek immigrants arriving in Toronto, a place where they could share in the life of their community.

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The first floor became the first Greek Orthodox Church in Ontario. In 1921, the upper level of the building was used as a day school called Athena. This school taught English and Greek and eventually became an afternoon language school for more than 100 students. 170 Jarvis was the centre of the community where Greeks worshipped, socialized, married and learned in their own language. It will always be remembered as a place of learning and faith.

Thank you to the Hellenic Heritage Foundation for your work to preserve and promote Hellenic culture and history in Ontario and to everyone who joined us for the unveiling.

FOREST CITY FILM FESTIVAL

Mr. Terence Kernaghan: Speaker, we've all missed going to the movies with friends and supporting our local artists during the pandemic. That's why I was so excited to attend the very successful Forest City Film Festival in my riding of London North Centre.

Forest City Film Fest is a juried competition for features, short films, documentaries and animations. Bigger and better than ever, they screened more than 70 films and hosted various events, both online and in person. Thanks to their efforts, London was able to celebrate our tremendous local talent, recognize local filmmakers and foster future talent with the Ontario Screen Creators Conference.

Forest City Film Festival is also doing its part to highlight voices traditionally marginalized in Ontario's arts industry. They partnered with the London Music Office to create a music video showcase highlighting musicians and bands from racialized backgrounds. This project not only showcases London's diversity, but highlights how London is a community where everyone's culture is welcome and celebrated.

London's arts scene is also helping the city get back on its feet after the pandemic. London's Film Office has brought millions in investment to our city, in addition to entertaining us with great films and projects. The London Economic Development Corp. also welcomes filmmakers with London's Film Business Concierge—at no cost, I should add—offering supports, incentives and connections to our amazing local talent and crew.

I look forward to all the future blockbuster productions for the big and small screen in Ontario's next Hollywood: London, Ontario. I encourage everyone to go to filmlondon.ca to learn more. Thank you.

SENIORS' HEALTH SERVICES

Mrs. Daisy Wai: For 45 years, Carefirst Seniors and Community Services Association has been providing exceptional senior care across York region, the GTA and especially in Scarborough. It was my pleasure this week to welcome our Minister of Finance, Peter Bethlenfalvy, to Richmond Hill and to provide him with a tour of the site where Carefirst is building their campus of care.

The new campus of care in Richmond Hill will feature a 120-bed long-term-care home, a community hub with an elderly persons' centre, a gym, a community kitchen and a medical centre that offers family medicine and specialized care to more than 10,000 patients each year. This exciting project is expected to be completed in 2024.

As seniors are expected to reach three million by 2023 and aging at home is becoming the preference, it is important for us to make the necessary plans. The Carefirst campus of care will address these needs. Our seniors will connect with the community, have the health care and activities they need, making friends with their neighbours while getting the medical advice and care they need.

Thank you, and we look forward to working with our community partners.

WAYSIDE HOUSE OF HAMILTON

Miss Monique Taylor: This morning, I want to take the time to tell you about an event happening this Saturday by an amazing community organization, Wayside House of Hamilton.

Wayside House provides 60 integrated residential addiction beds for men over 18. In the last year, they have served over 420 men with various programs, with an 88% reconnection with family or close connections, as well as an 84% reduction in emergency room visits. They have provided trauma-informed, male-specific care in Hamilton for over 54 years.

This weekend is their third annual Step Up for Wayside fundraiser, a 5K walk or run which is aimed at bringing awareness and also to support access for care.

Our community in Hamilton has experienced significant loss these past two years during COVID-19 due to overdose deaths, and it has had a significant impact on our community.

Wayside House pride themselves on the fact that they have not had to close their doors since the pandemic started. They have ensured access is available to men across the province, and it is important that we recognize their efforts.

Speaker, there needs to be more funding into mental health and addictions programs in this province so that organizations like Wayside House can continue to provide these necessary services to those who need them.

I want to thank Wayside House for all the work that they are doing in our community. I'm excited to take part in the Step Up for Wayside walk this Saturday.

DIABETES AWARENESS MONTH

Mrs. Robin Martin: It's my pleasure to rise to speak about an organization which is doing great work for many Ontarians.

November is Diabetes Awareness Month, and November 14 is World Diabetes Day, a day recognized by the United Nations and celebrated globally. It is also the birthday of the celebrated Ontarian and Nobel laureate Sir Frederick Banting, who co-discovered and helped deliver the life-saving drug insulin to the world 100 years ago.

To celebrate this momentous achievement in medical science, Diabetes Canada has launched its We Can't Wait Another 100 Years to End Diabetes awareness campaign. As Canada's leader in supporting Canadians with diabetes, Diabetes Canada is always very active during Diabetes Awareness Month with an urgent call to action.

In Ontario, 4.4 million people have diabetes and prediabetes. Diabetes Awareness Month is a time to talk about the impact of the disease and how it affects a lot of people—4.4 million people in Ontario—and those who love them.

With this year being the 100th anniversary of the discovery of insulin, it is important to seize this moment and to work to end diabetes once and for all so that the impacts of diabetes are not still being endured 100 years from today.

COVID-19 IMMUNIZATION

Mr. Stephen Blais: After 18 months of crawling through the pandemic, many had hoped that the Premier had finally started to learn some lessons. After yesterday's announcement, it's clear that that's simply a pipe dream. The failed pandemic plan was on full display as the Premier pandered to anti-vaxxers while announcing that health care workers would not be required to get vaccinated. The Premier claims that tens of thousands of health care workers would lose their jobs with a vaccine requirement, but the health minister has no information to back that up.

In fact, the Children's Hospital of Eastern Ontario, which was one of the first hospitals to require vaccinations, has a vaccination rate of 99.7%. The Ottawa Hospital has a vaccination rate of 99%; at UHN here in Toronto, it's 98%. The largest hospitals in the province have proven that they can make vaccine requirements work.

Of course, this is nothing new. Hospital workers have been required to provide proof of any number of vaccinations for years. As the OMA said, hospitals already require proof of vaccine immunity for 17 different conditions, including measles, rubella, varicella and tuberculosis. COVID-19 should not be treated any differently.

Imagine if you were immunocompromised or awaiting a life-saving surgery at a hospital. Wouldn't you want your nurse or doctor to be vaccinated? Wouldn't you want to know or at least have a choice, Mr. Speaker?

COVID-19 has shut down the planet and killed five million people over the last 18 months. Hospitals and health care facilities should be areas of relative safety and security, and patients shouldn't need to worry if their doctor or nurse is vaccinated.

The Deputy Speaker (Mr. Bill Walker): That concludes the time for members' statements. I recognize the government House leader.

Hon. Paul Calandra: Mr. Speaker, if you seek it, you will find unanimous consent to allow members to make statements regarding Remembrance Day, with five minutes allotted to Her Majesty's loyal opposition, five minutes allotted to the independent members as a group, and five minutes allotted to Her Majesty's government, after which the House shall observe two minutes of silence in commemoration of all those who served in our Armed Forces.

The Deputy Speaker (Mr. Bill Walker): I received a request from the government House leader: "Mr. Speaker, if you seek it, you will find unanimous consent to allow members to make statements regarding Remembrance Day, with five minutes allotted to Her Majesty's loyal opposition"—

Interjection: Dispense.

The Deputy Speaker (Mr. Bill Walker): Dispense? Agreed? Agreed.

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VISITORS

The Deputy Speaker (Mr. Bill Walker): Just before we proceed, if I could, I would like to welcome guests to the gallery. I'm very pleased to inform the House that page Theo Guida, from the riding of Toronto—St. Paul's, is today's page captain. We have with us today at Queen's Park his mother, Michelle Sloan, and his father, Danny Guida. Welcome to the Legislative Assembly of Ontario. We're delighted to have you here.

REMEMBRANCE DAY

JOUR DU SOUVENIR

The Deputy Speaker (Mr. Bill Walker): I now recognize the member from St. Catharines.

Mrs. Jennifer (Jennie) Stevens: It is a distinct honour to stand in this Legislature and speak today in recognition of Remembrance Week and Remembrance Day. As we approach November 11 of this year, we celebrate again within this House, across this province and, indeed, this entire country with a moment of silence on the 11th hour of the 11th day of the 11th month. It is a privilege for us to be able to pay tribute to and remember every year at this time at cenotaphs and war memorials across Ontario the

more than 118,000 Canadians who, since Confederation, have given their lives for our freedom.

I have the honour to represent a community with a rich military history that has produced tangible and concrete reminders of who and what we should remember every Remembrance Day.

Like cities across this province, St. Catharines has an established Royal Canadian Legion and veterans' clubs dedicated to veterans and their families. These Legions conduct annual ceremonies of remembrance at local cenotaphs and, just as importantly, raise funds for both the betterment of local veterans and local initiatives. They promote remembrance and awareness for those whose names are engraved in our war memorials and on our cenotaphs and memorial walls.

Remembrance Day ceremonies this year will return to a much more familiar and normal experience than the last year's that occurred during our own battle against this pandemic. This year and last year, an important symbol of our Canadian military raised the spirits of Canadians across the country through aerial performances of our Royal Canadian Air Force's Snowbirds.

Now, as I look around among us today, I can't help but notice that we are all wearing poppies. This year we will celebrate the 100th year of the poppy. Poppies are an important symbol, and for 100 years have been viewed as a symbol of sleep, peace and death. Symbols are important for us to reflect, to remember and to give thanks.

It is an important pledge, an honourable pledge, to match the words of honouring our veterans, our military—our front line—with acts that ensure that they are better taken care of. We owe so many generations the promise of health care when they need it, shelter to avoid homelessness and a system of long-term care that honours the aging process with dignity. This is because we must remember to thank our Canadian military members who saved many lives by looking after our seniors in understaffed long-term-care homes last year. Even when the fight did not leave the borders of our country, sacrifices were still made by our Canadian military, and the best way we can honour them is by ensuring fast and real action.

This past year, we have been reminded how important it is to reflect on our history. In a few days, I will be attending a ceremony honouring the contributions of Aboriginal veterans throughout my region in Ontario: the ones that served in Canadian military forces from 1812 to the present. Their contributions and sacrifices were essential.

On November 11, we should be remembering all the conflicts and world wars that Canada has participated in, remembering all of our Canadian Air Force, Army and Navy members who have fought for and who have given their lives for the freedom we have today. We should be remembering how wonderfully lucky we as Canadians and Ontarians are, to have the support of our military members who are presently serving this province and this country. But the sacrifices still happen day in and day out. It happened in both world wars, Afghanistan, Korea and many peacekeeping missions, and recently within our own borders against COVID-19.

Speaker, some of us in this House, like myself and Minister MacLeod, have or have had an active-duty military family member who has served or is still serving our country today. As a proud mother to an active service member, Jonathan Lindal—

Applause.

Mrs. Jennifer (Jennie) Stevens: Thank you—a petty officer first class in the Royal Canadian Navy, I am familiar with the hardships faced by his wife, Sarah, and my two beautiful grandchildren Josephine and Hazel May. The sacrifice of a member of the military is a sacrifice shared by their family.

As we go about the business of our busy lives, as we debate motions, as we deal with the realities of the pandemic, forgetting that our freedoms were hard-fought can happen. We may take them for granted, but we must never forget how we got them. We must all commit, like I myself commit, to honour these sacrifices not only with words and with ceremonies, but with real actions, tangible actions to give back and make life better for all the military, for our veterans, may it be land, air or sea—the same ideals that any military man or woman had when they fought—and continue to fight for our country and our freedom. Lest we forget.

The Deputy Speaker (Mr. Bill Walker): I recognize the member from Orléans.

M. Stephen Blais: Je suis vraiment honoré de prendre la parole en Chambre aujourd'hui pour parler du rôle important que les anciens combattants ont joué pour notre pays.

Aujourd'hui marque le premier jour de la Semaine des anciens combattants, qui est l'occasion pour nous tous de rendre hommage et de nous souvenir de ceux qui ont tant sacrifié pour servir notre pays et pour la défense de la liberté. Ces sacrifices ne peuvent être oubliés, et c'est notre responsabilité de préserver cette tradition de souvenir, afin que nous puissions honorer la bravoure et le dévouement de nos militaires en service actif et nos anciens combattants.

So many families from the community I call home have sacrificed in ways we can only begin to imagine. They have forgone valuable time spent with their families in order to serve our country. Many have returned home with physical and mental injuries from which they will never recover. And of course, Mr. Speaker, as well, too many have made the ultimate sacrifice.

These sacrifices cannot be forgotten. It is our duty to preserve the tradition of remembrance, so we can honour the bravery and dedication of our active serving military members and, of course, our veterans. It's easy to lose touch with the concept of remembrance and commemoration when so many of us have grown up in a generation where war is simply something we see on television or in the news. But it's incumbent upon us to never forget, to teach our children about the horrors of war and what has been sacrificed for them.

Legions play an important role in our community. In addition to being the gathering place that they offer veterans and their members, they play an invaluable role

in ensuring the acts of remembrance continue and that Canadians, many of whom have not known war, never forget the sacrifices that so many have made for them. The annual poppy campaign helps local Legions raise the funds necessary to support veterans and their families within the community so that we can never forget. It's because of the hard work of Legion members across Ontario and Canada that millions of dollars are raised to support veterans and their families each and every year.

I encourage everyone to seek out a poppy box, make a generous contribution and wear your poppy proudly as part of our national symbol of remembrance. If you can, volunteer some time to help the Legion sell the poppies. If you see a veteran, ask their name and say thank you.

We can join together as a community, as a country, and remember that we owe so much to these brave men and women and that we will never forget.

The Deputy Speaker (Mr. Bill Walker): I recognize the member from Guelph.

Mr. Mike Schreiner: Speaker, it is an honour to rise today to express my sincere gratitude for the service and sacrifices veterans and first responders have made. We must never forget—especially those who made the ultimate sacrifice to protect our freedoms, our democracy and our way of life. We owe veterans and their families our gratitude and our commitment to care for them.

Speaker, on the 100th anniversary of the poppy, it is an honour to represent Guelph, the home and birthplace of Lieutenant Colonel John McCrae, whose famous poem *In Flanders Fields* is one of the most quoted World War I poems: “In Flanders fields the poppies blow / Between the crosses, row on row”—the crosses of McCrae's friend, Lieutenant Alexis Helmer, and so many other brave Canadians who made the ultimate sacrifice.

It's hard to imagine the courage and bravery to survive the trenches. It's hard to imagine the courage and bravery of those who fought in both world wars, Korea, Afghanistan and so many peacekeeping missions and conflicts, and the bravery of the first responders who don't hesitate to go into danger to protect and serve us.

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You know, war affects all of us across generations, and especially those of us who have family members who have served. So on this Veterans Day, I think of my father-in-law, I think of my grandfather, and I think of the deeply troubling stories they had the courage to share as they survived conflict. We all continue to benefit from their sacrifices, and we must honour their service.

To the veterans and first responders of this province and of this country, from the bottom of my heart I say thank you. Lest we forget.

The Deputy Speaker (Mr. Bill Walker): I now recognize the Minister of Heritage, Sport, Tourism and Culture Industries.

Hon. Lisa MacLeod: What a privilege to follow the member from St. Catharines whose son, Jonathan, is right now serving our country; the member from Orléans, whose community in our nation's capital is affectionately known as CFB Orléans; and of course the leader of the

Green Party, whose riding is home to John McCrae, Canada's greatest poet. It's also a profound privilege and honour to stand here as the Minister of Heritage to recognize Remembrance Week and honour Canada's serving men and women, our veterans and our war dead on behalf of the government of Ontario and our Premier, Doug Ford.

I often think when I'm in this chamber of my own grandfather Alex Stewart, whose three brothers, my great-uncles, and his father, my great-grandfather, all together enlisted to fight for the Dominion and our allies in World War II, three of whom came back. My grandfather never spoke about his time in the war. It wasn't until he passed while he was watching a hockey game—he was a Toronto Maple Leafs fan—that we saw the medals that he received in World War II. We didn't know that, after securing victory in Europe, he offered to enlist against imperial Japan.

My partner of 20 years, Joe Varner, was a West Nova Scotia Regiment infantry officer. After retirement, he served as a director of policy to the Minister of National Defence and toured Afghanistan twice in non-combat. One of the things I would remember when he would come back from Afghanistan is his telling us stories about how young, little girls were going to school. Our daughter was only seven at the time. I always want to be clear to those men and women who have served in Afghanistan that despite what is happening right now there, they have an incredible legacy. The men and women who served in Afghanistan for our country made sure little girls had an education. And when they look at the women's soccer team from Afghanistan, that's their legacy. So, too, is the women's orchestra of Afghanistan. That's the legacy of our allies. That's the legacy of your son, to the member from St. Catharines.

In the First World War, Canada lost 61,000 serving military personnel; 44,090 in the Second World War. We lost 516 soldiers in Korea. In peacekeeping, we lost 130, and as we all know, in Afghanistan, we lost 158 brave men and women. Some 40,000 Canadians contributed to that war effort.

Over the years, mostly on the other side, I had the privilege and honour to mark the lives of some of these Canadian heroes.

Ernest Côté, a man from the nation's capital, was a Van Doo. A Canadian hero, he led the invasion in Normandy in 1944. Before he died at 101 years old, Ernest Côté was part of a brutal home invasion in Ottawa, and he survived with his marked toughness. If they couldn't take him on D-Day, they sure weren't to take his home at 101 years old.

Nichola Goddard is someone you may not have heard of. She was 26 years old, a graduate of the Royal Military College in Kingston. She was the first serving female to die in the service of her country. She died because she was ambushed by the Taliban.

Colonel Charley Fox—you should all know about Charley. Charley joined me here at my swearing-in. I didn't know it at the time, but he was the soldier of the Allied forces who took out Field Marshal Erwin Rommel,

the famed "Desert Fox." He took him out of World War II. And when he came home, a mother who was in grief looked at him and said, "Why did you survive and not my son?" That haunted Charley until the day he died. But in 2008 he decided to tell more stories and he wrote a book, *Why Not Me?*

In my time here, I, along with many others, have fought for better health care for serving military men and women and greater recognition for Remembrance Day. But while we've been in government under the leadership of Premier Ford, I was able to start—and it was completed by the now Minister of Energy—enhancing the Soldiers' Aid Commission. We've ensured that poppies are allowed in the workplace. We've completed Ontario's Afghanistan War memorial. The Ontario Trillium Foundation has opened up in order to support our Legions during this pandemic. We've also committed to funding the Ontario Valour Games, which are a made-in-Canada, made-for-Canadian-soldiers legacy of the Invictus Games.

I'm proud to work alongside the Minister of Municipal Affairs and Housing for the first transitional housing units, in terms of tiny homes, that will take place in Kingston, and of course with the Minister of Labour, who is working extremely hard ensuring that our retiring men and women—new veterans—are able to work and find meaningful employment through Helmets to Hardhats.

As Ontarians, we all have an obligation to observe and recognize Remembrance Day because of the sacrifices of those who fought to preserve and protect our rights and freedoms. This year, after 20 long months of public health restrictions and stay-at-home orders, we're finally able to visit cenotaphs across our great province. I encourage not just all members, but all Ontarians, to go out and mark our respects and say thank you.

It's why I've instructed the Ontario Heritage Trust, one of our agencies, to mark our military history. It is a military history that is so entwined with the history of our great province as to be inseparable from our development. Should you doubt my words, just walk along the halls here at Queen's Park and see the men and women who have medals on, or the inscriptions of their names in the halls. They were there in order to preserve and protect us, ensuring freedom—is what we're all here to do—but many of them also gave to service. That is our legacy.

Ontario was also the battleground for British North America's War of 1812. From the St. Lawrence Seaway to the Great Lakes, history comes alive in places like Queenston, Crysler's Farm, here at York, Stoney Creek, Lundy's Lane and many, many others.

Downstairs, the first mace has a military history to tell, itself. At a time when we speak of reconciliation, we should be reminded of General Sir Isaac Brock, the hero of Queenston Heights, and Tecumseh, the Shawnee chief and warrior. They were more than just comrades-in-arms; they were friends. They were like brothers. Laura Secord, whose portrait is here, shared great ideas and had an opportunity to serve and protect our Canadian soldiers. And we had an all-Black company, the so-called Black Corps of freed slaves, who fought alongside our Indigenous peoples, as well as the British.

Many of these sites are preserved by my ministry through iconic agencies like the St. Lawrence Parks Commission, the Niagara Parks Commission and, of course, the Heritage Trust.

In Nepean, which I represent, we have a school named for Lieutenant Colonel Dr. John McCrae. Every year we have our remembrance service there. John McCrae, of course, is from Guelph and, as we all know, is our greatest poet, certainly our greatest war poet. He penned *In Flanders Fields*, and he left Canadians—and, in particular, Canadian youth—with one challenge, posthumously. He says to us, “To you from failing hands we throw / The torch; be yours to hold it high.” Even in our darkest moments we try to live up to and keep that solemn charge.

“In the morning / We will remember them.”

The first poppies in Canada were made in the home of Lillian Freiman, in Ottawa. What was her home is now the Army Officers’ Mess. It started in 1921, 100 years ago. Lillian was a prominent member of Ottawa’s Jewish community. She was known at home as the Poppy Lady. In 2008, the government of Canada recognized her as a national historic person. In 1934, she was awarded the Order of the British Empire, but when she died in 1940 in the nation’s capital, her casket was filled with poppies.

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In our own hallowed halls at Queen’s Park lay a plaque in memory of the No. 2 Construction Battalion, the first Black battalion in our country. It was actually founded in my hometown of Pictou county, Nova Scotia, but it was comprised of people from all over this country, including Ethelbert Lionel Cross, who was also regarded as one of Toronto’s best lawyers.

According to Veterans Affairs Canada, by World War II, at least 3,000 Indigenous members, including 72 women, enlisted—although I believe that number is much higher.

We should all celebrate Brigadier Oliver Milton Martin from the Six Nations of the Grand River reserve. He is a veteran and he reached the highest military rank ever held by an Indigenous person. In World War I and World War II, he served in two different fields and theatres of war, in the army and in the air force. That’s heroism.

As I close, I want to bring us all closer to home and closer to our time. I had the privilege a few years ago of being able to be at the premiere of *Hyena Road*, which was in part funded by Ontario Creates, which is an agency of ours. It was at TIFF. I attended it with Dr. Andrew Leslie, the former member of Parliament for Orléans, who was also the commander of the Canadian Armed Forces at the time. That is a true and raw and real example of what Afghanistan was like for the men and women who serve there.

I also, at this point in time, want to talk a little bit about the Highway of Heroes, and I want to provide credit to former Premier Dalton McGuinty for naming a stretch on Highway 401 the Highway of Heroes. If any of you have ever driven on the Highway of Heroes when one of our heroes has come home and is going to be with his family or her family for the last time, you will know that indelible feeling you get. Your heart beats faster. You are in the

presence of a hero who gave their life so that we can do what we do here.

I remember pulling off the road, not even putting on my brake, just wanting to honour them and knowing that that little gesture of mine wasn’t enough.

But that Highway of Heroes showed that Afghanistan changed our country. It changed our very lives. It is world-renowned. It is world-renowned because of Canadians, and it is world-renowned because of Ontarians.

Remembrance Day is sacred. I know that for some, it presents challenges. It’s a challenge that all heritage ministers have because we have to balance our past with our very bright future, and we have to balance hurt with humanity. But today I say, let us remember our war dead, our ill, our injured, their families, and let’s do what John McCrae told us to do: Let’s hold that torch high. Let us cherish their memories and their sacrifices as a grateful nation, and let us never forget.

Applause.

The Deputy Speaker (Mr. Bill Walker): I would now ask that we all rise and reflect for two minutes of silence and reflection.

The House observed two minutes’ silence.

The Deputy Speaker (Mr. Bill Walker): Thank you. Members may be seated.

COVID-19 DEATHS

The Deputy Speaker (Mr. Bill Walker): I recognize the member from Hamilton Mountain on a point of order.

Miss Monique Taylor: I seek unanimous consent for the House to observe a moment of silence for the 24 Ontarians who have succumbed to COVID-19 over the past week.

The Deputy Speaker (Mr. Bill Walker): The member for Hamilton Mountain is seeking unanimous consent for the House to observe a moment of silence for the 24 Ontarians who have succumbed to COVID-19 over the past week. Is it the pleasure of the House? Agreed.

Everyone please rise.

The House observed a moment’s silence.

WILLIAM GRENVILLE DAVIS

The Deputy Speaker (Mr. Bill Walker): While we’re standing, if I could ask the indulgence of the House: On behalf of the Ontario Legislature, I would like to offer our thoughts and prayers to the family of the late William Grenville Davis, 18th Premier of Ontario, from 1971 to 1985, and offer our appreciation for his dedicated public service.

Thank you. Please be seated.

QUESTION PERIOD

COVID-19 IMMUNIZATION

M^{me} France Gélinas: Ma question est pour le premier ministre.

Yesterday, through a letter, we found out that the Premier is refusing to bring in mandatory vaccinations for health care workers. He's ignoring the evidence and the best medical advice this province can offer. He's ignoring the clear calls from experts. But have no doubt, Speaker, the science is clear: These vaccines will save lives. They will protect workers.

With zero evidence, the Premier claimed that we would see tens of thousands of workers leave the health care system, a claim his own Minister of Health says was dated.

Speaker, unvaccinated staff should not be allowed in our hospital ICUs. They should not be allowed to work with sick kids in pediatric wards. Why did the Premier not listen to the experts and bring in mandatory vaccines in Ontario's hospitals?

The Deputy Speaker (Mr. Bill Walker): I recognize the member from Eglinton–Lawrence.

Mrs. Robin Martin: Thank you to the member from Nickel Belt for the question. As you know, we have in Ontario one of the highest vaccination rates in the country, and in the world, with 88.3% of Ontarians over the age of 12 with at least one dose and 84.7% fully vaccinated.

To date, instances of COVID-19 transmission in acute care that might require a mandatory vaccination policy have been incredibly rare occurrences, thankfully. And that's thanks to the comprehensive infection prevention and control policies that are in place.

Just this week, we have seen the unintended consequences that a province-wide vaccine mandate for health care workers can have by looking at the other jurisdictions that have done so: Quebec and BC. Yesterday afternoon, Quebec announced that they will be pausing their mandatory vaccination policy due to the impact it's having on providing critical services. And British Columbia is postponing surgeries and procedures due to staffing shortages.

Organizations here have a flexible policy. They can have a vaccine mandate. That's working for us, and we think that's the way to proceed.

The Deputy Speaker (Mr. Bill Walker): Supplementary?

Mme France Gélinas: The Ontario Hospital Association, the medical associations and the registered nurses' association are all disappointed with our Premier's decision. The OHA said, "There's a strong consensus among Ontario's hospitals for a provincial policy requiring health care workers to be fully vaccinated." They go on to say, "The overwhelming number of health care workers who are fully vaccinated also deserve to feel safe and to deliver patient care in an environment that requires the highest level of protection available against COVID-19."

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Speaker, the Premier asked for their advice. He got that advice, and that advice is clear: The health care sector wants mandatory vaccines in health care to keep patients, their families and staff as safe as possible. Will the Premier agree to change his decision, agree to listen to the overwhelming majority of health care experts, and implement mandatory vaccines in Ontario's hospitals?

Mrs. Robin Martin: Throughout this pandemic, our highest priority has been the health and safety of all

Ontarians. We will continue to do everything that is necessary to protect our communities and our hospitals. We've seen from the experience of other Canadian jurisdictions that implementing a province-wide vaccine mandate for hospital workers can negatively impact patient care, especially in northern and rural areas; we're very concerned about that. British Columbia has had to cancel surgeries and diagnostic tests because of the sudden termination of more than 3,000 health care workers after implementing a vaccine mandate, and, as I said, Quebec has now abandoned their vaccine mandate because of the significant risk an abrupt loss of thousands of health care workers poses to delivering critical services.

It's a complex issue, but when the impact of the potential departure of a significant amount of health care workers is weighed against a small number of outbreaks, we are not prepared to jeopardize the delivery of care to millions of Ontarians. We will continue to monitor the state of our hospitals and we will do what is necessary to protect all Ontarians.

The Deputy Speaker (Mr. Bill Walker): I return to the member for Nickel Belt for the final supplementary.

Mme France Gélinas: Speaker, this bad decision is a clear example of a Premier not doing his job. Instead of our hospital and health care professionals having a clear provincial direction, we are stuck with 142 different sets of rules, one from each hospital. It's another bad decision in a string of bad decisions, like the Premier's refusal to bring in paid sick days, which means that this pandemic can continue to drag on and on.

When is the Premier going to start listening to the advice of the science table, the Ontario Hospital Association, the Ontario Medical Association and the Ontario Nurses' Association, work to get us out of this pandemic, and stop passing the buck?

Mrs. Robin Martin: Thank you again to the member from Nickel Belt. Throughout this pandemic, we have listened to the science, we've looked at the evidence and we have been following the advice of our health care practitioners and providers, especially the Chief Medical Officer of Health of Ontario. While organizations and settings in Ontario have the ability to put in place additional policies, a province-wide vaccine mandate is not in the best interest of the health and safety of Ontarians at this time, according to the evidence.

Nonetheless, we fully support the decisions that many hospitals have already made to implement mandatory vaccine policies, based on their local circumstances and based on what is happening in their hospital and their area. Organizations themselves are best equipped to understand how a mandatory vaccine policy may affect their workforce. As an additional layer of protection, health care workers are now able to book their third dose of their vaccine as of Saturday, November 6.

GOVERNMENT POLICIES

Ms. Doly Begum: My question is to the Premier. In 2019, over 250,000 people visited food banks in Scarborough, a number which has seen a sharp increase during

this pandemic. As of 2018, in my riding of Scarborough Southwest, our poverty rates are higher than the rest of Toronto: 33% of children under 18 and 23% of the total population are living in poverty; 27% of all tenants are living in subsidized housing. This is my community, where seniors, immigrants, children and working folks are left behind because things are becoming more unaffordable, where people have to make the impossible choice every day between eating their next meal, buying their medication or paying rent.

Speaker, my question is, does the Premier recognize that under his government and his low-wage policies, things are getting harder and harder for Ontarians to make ends meet?

The Deputy Speaker (Mr. Bill Walker): I recognize the parliamentary assistant to the Minister of Children, Community and Social Services.

Mr. Jeremy Roberts: Thank you to the member opposite for this question.

Of course, ensuring that our government has supported our most vulnerable throughout the COVID-19 pandemic has been a key priority for this government.

In fact, last year, the Ministry of Children, Community and Social Services released our new Poverty Reduction Strategy. This five-year strategy will help support Ontario's economic recovery by connecting people experiencing poverty with training, health and other supports to set them on a pathway to jobs and financial stability, while helping people keep more of their hard-earned money.

As part of Ontario's effort to support children, youth and families through these challenging times, we also provided \$8 million in funding for Feed Ontario. This funding assisted Feed Ontario in producing and distributing prepackaged hampers to support the great work of food banks throughout the COVID-19 pandemic.

I'll be pleased to speak a little bit further in the supplementary.

The Deputy Speaker (Mr. Bill Walker): Supplementary.

Ms. Doly Begum: Speaker, a month ago, I joined a community meeting where a community member broke down when sharing how difficult it has been for him. "It's so hard to keep up with affording groceries, I don't even know if I can" make enough to have "my next meal. I wish someone would put me out of my misery." Those were his words.

This government has failed the people of Ontario, especially if they have lost their jobs or are on social assistance. People are losing hope because the Premier's bad choices and his low-wage policies are not helping them. Even people with full-time jobs—especially those who are paid minimum wage and working long hours—cannot make ends meet.

Why hasn't this government made the cost of living a priority for the people of Scarborough and across the province?

The Deputy Speaker (Mr. Bill Walker): I recognize the Minister of Labour.

Hon. Monte McNaughton: I do appreciate the question from the member opposite.

I was proud to join Premier Ford and the finance minister, Minister Bethlenfalvy, on behalf of our government, to announce a minimum wage increase. Some 760,000 men and women, these front-line heroes who have served all of our families in all of our communities during this pandemic, will be getting bigger paycheques. If you are someone earning the general minimum wage, you're going to earn about \$1,400 more per year. If you are a liquor server in restaurants, you are getting a pay increase of \$5,100 per year.

Mr. Speaker, everything we're doing is about bigger paycheques, more workplace protections and creating more opportunities for every worker in this province.

The Deputy Speaker (Mr. Bill Walker): Final supplementary.

Ms. Doly Begum: Speaker, a senior named Lynette reached out to my office to share her frustration about the increasing cost of living—from dental services to prescription drugs, rent, hydro, water and gas. She is not able to afford the basic necessities—from fresh food to phone bills to TTC fare.

We have families of four or five people spending decades living in a tiny one-bedroom apartment because it is simply impossible to afford a home.

I cannot even begin to tell you about the long wait-lists for housing or the high cost of child care.

Again, my question is: When will the Premier even acknowledge that his policies have made it impossible for people, including seniors like Lynette, to afford the basics in Ontario, and do better by the people of this province?

The Deputy Speaker (Mr. Bill Walker): I recognize the Minister of Labour.

Hon. Monte McNaughton: As I said, everything that Premier Ford and our government is doing is to help people with more take-home pay, to improve workplace protections for these front-line workers and all workers across the province.

Mr. Speaker, one thing that I'm proud of is the work we're doing to retrain and upskill and train workers for bigger paycheques in this province. I'm proud that, for example, we're spending over \$1 billion in the next several years to get more people into the skilled trades.

We know, for example, over the next number of years we're short 100,000 construction workers. These are damn good jobs that pay six figures, with defined pensions and benefits—something that I thought the NDP would support.

We'll continue helping people, lifting everyone up in this province to ensure they have more take-home pay to support themselves, but most importantly, to support their families in all of our communities.

TREATIES RECOGNITION

Mr. Sol Mamakwa: *Remarks in Oji-Cree.* My question is to the Premier.

On October 26, the Court of Appeal was told the legal process that led to the permanent injunctions against the land at 1492 Land Back Lane contained no attempt at reconciliation. This land is part of the Haldimand tract, which was granted to the Six Nations of the Grand River in 1784 for helping the British during the American Revolution. Since then, the people of Six Nations of the Grand River have been fighting to regain the land promised to them through treaty.

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What is the position of this government on finally resolving the land claims involving the Haldimand tract?

The Deputy Speaker (Mr. Bill Walker): I recognize the Attorney General.

Hon. Doug Downey: Thank you to my colleague for highlighting another important area. We started the week by talking about important matters in terms of treaties, this being treaty week. So I thank you for that.

As you know, sometimes more can be accomplished by me not speaking about things that are within discussion and before the courts. That's, unfortunately, the position that we're in, that I can't actively engage in that debate here. But ongoing discussion is important. Respectful discussion is important. I think the engagement that we have on all the treaties in Ontario is important, and that we honour and that we continue to abide by the spirit of the treaties that they were entered into at the time.

The Deputy Speaker (Mr. Bill Walker): I return to the member for Kiiwetinoong for his supplementary.

Mr. Sol Mamakwa: I'm not asking the government to address the matter that's before the courts, but I'm asking them to address the province's responsibility to the Haldimand tract agreement with Six Nations.

Land defender Skyler Williams said this: "Injunctions put our nation-to-nation relationship in the hands of men with guns. Courts and cops are not the path towards truth or reconciliation. We may never find justice in their system. Our connection to each other, the land and the water is what will guide our actions, not these courts or cops. Peaceful negotiations cannot happen with a gun to your back."

Ontario must honour the treaties. When will Ontario stop ignoring their treaty responsibilities to the people of Six Nations?

Hon. Doug Downey: Again, I want to thank you for the question, for highlighting a really important treaty and a really important area for us. I think the record of our government is that we are actively engaged in discussions, peer to peer and respectful dialogue so that we can reach a consensus, so that we can reach a conclusion and do it in a peaceful way, do it in a respectful way.

This being treaty week, Mr. Speaker, I think it's a time to celebrate the coming together and the collaboration that we've had with many treaties over the years and the resolution, whether it be with the federal government or by the federal government, but each of us having our own responsibility, respectful dialogue and continued dialogue.

ECONOMIC REOPENING AND RECOVERY

Ms. Effie J. Triantafilopoulos: The past 18 months have been some of the most difficult in modern life. The pandemic has and continues to challenge us in ways previously unimaginable. While our province is making tremendous progress beating back the worst of the Delta-driven fourth wave, families in my community of Oakville North–Burlington remain concerned about their health, their jobs and the recovery of the province.

Speaker, will the Minister of Economic Development, Job Creation and Trade advise us on what steps our government is taking to attract investments and create jobs in Ontario's economy?

Hon. Victor Fedeli: Thank you to the member of Oakville North–Burlington for the question. Speaker, throughout the pandemic, our government has never hesitated to invest whatever was necessary to protect lives and support families and businesses. We have supported local businesses across the province through programs like the Southwestern Ontario Development Fund, the Eastern Ontario Development Fund and the Northern Ontario Heritage Fund, and our plan to strengthen the economy, create good jobs and promote long-term, sustainable growth is working.

Just last month, we were in London to announce our support for Shogun Maitake's \$31.2-million investment in Ontario to build new facilities in order to process their renowned maitake mushrooms. Speaker, these things are the size of your head, and they are for the agri-farm and pharmaceutical industries.

Only our government will say yes to creating the conditions for long-term growth.

The Deputy Speaker (Mr. Bill Walker): I return to the member for Oakville North–Burlington for the supplementary.

Ms. Effie J. Triantafilopoulos: Speaker, the people of Ontario have rallied together to get through the worst of this unprecedented crisis. As our province recovers from the global pandemic, we will need to strengthen our industries like natural resources, manufacturing, farming and food production. Can the Minister of Economic Development, Job Creation and Trade update this House on what the government is doing to ensure we continue moving forward with an economic recovery for Ontarians in my community of Oakville North–Burlington and in every part of the province?

Hon. Victor Fedeli: Our government remains steadfast in our commitment to an economic and fiscal recovery that's fuelled by economic growth, not painful tax hikes or spending cuts. That's why we were so proud to support local businesses like the Kiwi Newton Group in Guelph. They invested \$10 million to install equipment to develop a remarkable prefab building system for the construction market. That's why we were over at Nieuwland Feed for their \$16-million investment in Wellington county to expand their production facilities to meet their market demands. And that's why we supported St. Francis Herb

Farm in Barry's Bay, where they invested \$13 million to add new production of their plant-based medicines.

Speaker, these are but a few of the investments our government is making in local businesses all across the province as we continue to unleash Ontario's economy.

SMALL BUSINESS

Ms. Bhutla Karpoche: My question is to the Premier. My constituent Carolyn is a small business owner who received the small business grant for only one of her two businesses, forcing her to decide which one to keep afloat. Like most owners of hospitality and personal care businesses, she is still financially gutted from the pandemic. Meanwhile, her commercial rent has increased. Carolyn wants to know: Will the government let small businesses like hers be forced to shut down, or will the government immediately provide a third round of funding to help businesses recover?

The Deputy Speaker (Mr. Bill Walker): I recognize the Associate Minister of Small Business and Red Tape Reduction.

Hon. Nina Tangri: I really do want to thank the member from Parkdale–High Park and the work she's doing to support her community. Through the small business support grants, we've provided nearly \$3 billion in urgent support to over 110,000 small businesses right across our province. This also builds on more than \$10 billion in urgent relief and support that we provided through the COVID-19 action plan.

We also expanded other areas where we could support our small businesses, like the Digital Main Street program that allowed them to create and increase their digital presence. For many of the businesses, it was really a lifeline. In 2021-22, we've increased this up to a \$10-million program, which will help another 14,000 businesses create and get online.

We also provided \$300 million to help offset those fixed costs, including property taxes, hydro and natural gas, for businesses impacted by public health measures. I'll speak more in the supplementary.

The Deputy Speaker (Mr. Bill Walker): I return to the member for Parkdale–High Park for the supplementary.

Ms. Bhutla Karpoche: Back to the minister: The roll-out of the Ontario small business grants was a disaster. There are small businesses in my riding who were eligible, followed the process, applied on time, and yet are still waiting in limbo. When my office sent an inquiry in to the ministry, we got a response that they are "no longer accepting MPP escalations." Instead, small business owners must call a general hotline which promises to call them back—and never does.

Is the minister saying that MPPs can no longer assist our constituents? Isn't that our job? Will the minister provide the promised funding to all small businesses who qualified and applied for the grant so that they can survive the pandemic?

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Hon. Nina Tangri: Once again, I want to thank the member opposite for the question. We're all here to support our small businesses. As I said earlier, we really have stepped up to make sure that we were there, that our government did support them, with historic spending, to make sure we could help keep them afloat.

Through the 2021 budget, we also announced the doubling of the payment—something that that member opposite and all the members on the opposite benches chose to not support. This is something they said, "Don't give the second round of funding," and now they stand here and question the government about the funding that we did give. We made sure that our government was so supportive. They chose—instead of supporting our government to help our small businesses—to play political games, at the worst of the pandemic when they needed us the most.

MUNICIPAL PLANNING

Mrs. Belinda C. Karahalios: Good morning. My question is for the Minister of Health. When this government was seeking a mandate from the people, it railed against "the elites." It said and continues to say they are "for the people."

Well, just last month at a special council meeting of the city of Cambridge, the mayor and local city councillors in my city overruled their citizens and decided they were going to go ahead with a drug injection site in the Galt downtown core.

Before this government lost its courage, it went as far as threatening to use the "notwithstanding" clause to overrule Toronto city councillors who opposed a reduction in the number of municipal politicians.

If this government is truly for the people, will it dig down deep, find some courage and reject Cambridge city council's application for a drug injection site against the will of Cambridge citizens?

The Deputy Speaker (Mr. Bill Walker): I recognize the parliamentary assistant to the Minister of Health.

Mrs. Robin Martin: Thank you to the member from Cambridge for the question. As you know, this government has come up with a policy for consumption and treatment sites across the province, and we have 16 that have been approved so far. All of these sites are based on reaction from the community. One of the things they have to do is make sure they are responding to the community needs. It's an important part that they are a good neighbour and that they provide the services within that context.

We believe that our consumption and treatment site program is a good program for these sites and is enabling the sites to be set up, and the sites are saving lives. That's the number one priority, to be there to save lives.

The Deputy Speaker (Mr. Bill Walker): I return to the member for Cambridge for a supplementary.

Mrs. Belinda C. Karahalios: I know the government has been uncomfortable with opposition to a drug injection

site from local residents in Cambridge since this government has committed to funding over 20 such sites across Ontario.

The government stated in its application guide for such sites that community support is essential prior to a municipality applying for approval for a drug injection site. In Cambridge the higher-ups on city council conducted a survey and the vast majority rejected either proposed location put forward. So, what did Cambridge city council do? It went against the will of its citizens and picked a location for a drug injection site that wasn't even put forward to the community for consideration or feedback. This is clearly a violation of this provincial government's own rules that state community support must be obtained prior to an application.

Will the government do the right thing and follow its own rules and its own application process when Cambridge city council undemocratically submits its application for a drug injection site against the will of the community?

Mrs. Robin Martin: Our government takes opioid use very seriously. It is a very serious issue in the province of Ontario. That's why we've approved the consumption and treatment sites that we have in communities that need them across the province. These sites, as I said, are saving lives by preventing overdose-related deaths. Most people are very concerned about that, and they want these sites to be available to save those lives, but they also connect people to primary care, to treatment, to rehabilitation and other health and social services, and those are the virtues of the model that we have put up. I think it's an excellent model.

But to be clear, we are still looking at applications, and it's part of our government's commitment to put \$3.8 billion into mental health and addictions to make sure that the mental health services are there for the people who need them and for people who have addictions, that we have treatment, harm reduction and everything available that they need so we can minimize the terrible toll that opioids are taking on our society.

ENVIRONMENTAL PROTECTION

The Deputy Speaker (Mr. Bill Walker): I recognize the member from Stormont–Dundas–South Glengarry.

Mr. Jim McDonell: Speaker, it's good to see you in your first question period in the chair.

My question is for the Minister of the Environment, Conservation and Parks. The Great Lakes are pillars of Ontario's economic, social and cultural lives. The health and vitality of these natural wonders are a crucial part of our economic prosperity and well-being. With that being said, could the minister tell us what investments have been made to protect these natural wonders?

The Deputy Speaker (Mr. Bill Walker): I recognize the parliamentary assistant to the Minister of the Environment.

Ms. Andrea Khanjin: Thank you to the member from Stormont–Dundas–South Glengarry for that excellent question. He understands the ripple effects that clean lakes

do have on our economy, be it tourism, culture, our small businesses or our restaurant sector.

That's why, under the leadership of Premier Ford, our government is committed to protecting our air, land and water, and our continued support for the Great Lakes via such actions and initiatives like the \$14 million that was directly invested into the Great Lakes restoration. This will not only help the cultural vibrancy of our lakes, but help our economy throughout the province.

The Deputy Speaker (Mr. Bill Walker): I return to the member from Stormont–Dundas–South Glengarry for the supplementary.

Mr. Jim McDonell: Thank you to the parliamentary assistant. Ontarians and the communities who call the Great Lakes home have long called for leadership from previous governments to protect their Great Lakes and waterways. And I agree: Actions speak for themselves. Many in my riding are eager to see the government act on this issue, not only for the Great Lakes but for the communities surrounding them that thrive on them.

But it's not our Great Lakes that need attention. It's our wetlands, our waste water and our green lands and more. They're all pieces to the puzzle if we plan to be a government committed to effective climate policy. So Speaker, through the parliamentary assistant, what is the government's plan to protect our environment?

Ms. Andrea Khanjin: We have many initiatives underway and more to come in the future—initiatives such as the ones in my backyard of Lake Simcoe; a \$4.25 million Muskoka conservation and management initiative. We have new Wetlands Conservation Partner Programs. We also have \$15 million to help municipalities improve their waste water and storm water systems. We're also investing in the Canada-Ontario Great Lakes agreement and projects surrounding how to keep all of our Great Lakes very clean.

But while we create all these economic opportunities around our lakes, to keep our lakes clean, unfortunately, we have an opposition who failed to mention the Great Lakes at all when they had their plan and took many years to develop their plan. But I am proud to stand with this government, who's supporting our Great Lakes for now and future generations.

CANNABIS REGULATION

Mr. Faisal Hassan: My question is for the Premier. The proliferation of cannabis stores in my community of York South–Weston has been raising concerns from residents and local business owners. These cannabis shops are everywhere, including close to local schools. The NDP had called for well-regulated cannabis distribution, including control through the proven, responsible hands of the LCBO. Why is it that when it comes to communities and cannabis, this government seems to have a hands-off, Wild West approach?

The Deputy Speaker (Mr. Bill Walker): I recognize the Attorney General.

Hon. Doug Downey: I'm very proud of being able to launch a brand new entity, a brand new system that protects our communities, that protects our children and is battling the black market. It is a responsible approach to a market-driven approach. It is different than what was being proposed when we were elected. It's something that is going to let the market decide, and at the same time, protect our children, protect our communities and make sure that we're combatting that black market. And that is happening as we speak. I'm very proud of our record so far.

Interjection.

The Deputy Speaker (Mr. Bill Walker): Member from Hamilton Mountain will come to order.

Hon. Doug Downey: I'll have more to say in the supplementary.

The Deputy Speaker (Mr. Bill Walker): I return to the member from York South–Weston for his supplementary.

Mr. Faisal Hassan: My question, again, is for the Premier. Residents in my community and business owners have told me they are losing the character of their neighbourhoods, with cannabis shops seemingly everywhere. At the municipal level, business improvement areas and residents have little influence on the location of these cannabis operations. Will this government do the responsible action needed of granting municipalities a stronger voice in location and volume of these cannabis shops?

Hon. Doug Downey: I'd like to put this in context. This was a decision made by the federal Liberal government that we would have cannabis in this province, and we were charged with the responsibility of doing it properly.

We focused on three priorities: We want to make sure that our communities are safe, we want to make sure that our children are safe, and we want to make sure that we're dealing with the black market, and we're doing all three of those things.

The NDP, like the Liberals, would have a different kind of answer. Their answer is: "Let's just add more red tape to things," and that will somehow solve the problem. We're laser-focused on our communities, our children and the black market, Mr. Speaker.

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SERVICES FOR PERSONS WITH DISABILITIES

Ms. Mitzie Hunter: My question is to the Premier. This week, we heard the Premier say that one of the reasons for his reversal on raising the minimum wage to \$15 an hour, albeit three years delayed, was to help people who are seeing their cost-of-living expenses rise. The Premier admits that the cost of living is going up for Ontarians, yet still leaves the most vulnerable among us out in the cold this winter. The FAO's Q1 Expenditure Monitor outlined that \$500 million was not spent on children and social services, and \$469 million of it was financial and employment supports, including OW and ODSP.

Speaker, will he reverse the cuts made to OW and ODSP for the most vulnerable Ontarians, or will the Premier try to reduce his deficit on the backs of the most vulnerable people in our province?

The Deputy Speaker (Mr. Bill Walker): I recognize the parliamentary assistant.

Mr. Jeremy Roberts: To be clear, Speaker, when our government took office, we raised ODSP and Ontario Works rates.

Now, of course, over the past year and a half throughout the COVID-19 pandemic, our government has been laser-focused on supporting some of our most vulnerable. This has meant that we have invested more than \$1 billion through the Ontario Social Services Relief Fund and expanded access to temporary emergency assistance for those in financial crisis. Emergency shelters, food banks, charities, non-profits and emergency services which needed more support have accessed this fund to help cope with growing demand and the extraordinary circumstances faced throughout the pandemic. Ontario Works and ODSP clients continue to have access to the government's discretionary benefits program to assist with one-time exceptional expenses related to COVID-19.

Speaker, in the supplemental, I'll speak to our efforts to reform and revitalize these programs as well.

Ms. Mitzie Hunter: Back to the Premier: Here is what you actually did. In September 2018, there was a planned increase of 3% to OW and ODSP; you cut that increase to 1.5%. Will you reverse your cuts to the most vulnerable people in this province, acknowledging, as you have said, that the cost of living has increased?

Speaker, my constituents have reached out to me and they are pleading for help. A woman gave us a call. She has been waiting 10 months after applying for ODSP, and she says that she is afraid that she's going to lose her home. She is afraid that she will be forced to move into a shelter.

During the pandemic, the Ontario government has been appalling to people on OW and ODSP. A \$100 to \$200 one-time increase that they had to jump through hoops to get is not enough. Will you reverse your cuts to the ODSP adequacy in your fall economic statement today?

Mr. Jeremy Roberts: Our government understands that Ontario Works and the ODSP program are critical to helping those who need it most. The system has been facing challenges for years after being neglected by the previous Liberal government, and the COVID-19 pandemic has exacerbated those challenges. That's why our government has taken action through our reform and revitalization initiative to work with our municipal partners, to work with our stakeholders in our communities and develop a shared vision for social assistance for the future.

The focus of this vision is on the people we serve and how we can connect them to supports that respond to their unique needs and the barriers they face. This vision will ensure that front-line workers have more time to focus on connecting clients with supports, like job readiness programs, housing, child care, skills training and mental

health services. Speaker, we're going to continue this important work.

CRIME PREVENTION WEEK

Mr. Randy Pettapiece: My question is to the Solicitor General. I understand that next week is Crime Prevention Week 2021, an annual event held the first full week of November, in partnership with the Ontario Association of Chiefs of Police. I know it is an opportunity to celebrate the successful partnerships Ontario's dedicated police have with local community organizations to prevent crime and strengthen community safety.

Perth county is one of the safest places in Ontario, thanks to the hard work of community leaders and our local police. Crime prevention is an integral part of what our police services do each and every day to protect us and our families.

Speaker, through you to the minister, could she tell us about Crime Prevention Week 2021 and why it is important to Ontarians?

The Deputy Speaker (Mr. Bill Walker): I recognize the parliamentary assistant to the Solicitor General.

Ms. Christine Hogarth: I want to thank the member from Perth–Wellington for that question. I want to begin by acknowledging the sacrifices and bravery of our police services across Ontario.

I was disturbed to hear that just last week, here in Toronto, shots were fired at a Toronto police station. Some commented how little media coverage there was of this event, and I believe that might be because, as a society, we sometimes take for granted the bravery of our police services.

I know that members on both sides of this House have not forgotten the sacrifices made by our police officers. Mr. Speaker, I encourage everyone in Ontario not to take for granted the bravery and sacrifices of our officers to keep our communities safe, today, every day and especially next week, as we look ahead to Crime Prevention Week.

The Deputy Speaker (Mr. Bill Walker): I recognize the member from Perth–Wellington for his supplementary.

Mr. Randy Pettapiece: Speaker, through you, I want to thank the member for that response. I know that crime prevention is an integral part of what our police services do each and every day to protect us and our families.

We know that crime prevention and community safety do not rest solely on the shoulders of our police services. This year's crime prevention theme is "Safer Communities, Stronger Ontario," and it speaks to our shared responsibility.

Can the Minister of the Solicitor General tell the House what investments our government has made in Perth–Wellington policing to ensure communities stay safe like the ones I live in?

Ms. Christine Hogarth: Thank you again to the member from Perth–Wellington for that question. Community safety is a top priority, not just for those who work and support the justice system, but for all Ontario families.

We have been strengthening our justice system from top to bottom. Our innovations are guided by three goals:

keep communities safe, hold offenders accountable and deliver justice for the people of Ontario.

Speaker, as we head into Crime Prevention Week, I am pleased to tell the member and the people of Perth–Wellington that our government has invested over \$2 million since coming to office to ensure that Perth–Wellington remains one of the safest places to live in Ontario.

OPTOMETRY SERVICES

Ms. Jill Andrew: My question is to the Premier. The optometry job action has entered its third month, and children, seniors and people with complex eye care needs in Toronto–St. Paul's, my community, and across Ontario are suffering. I heard from a constituent whose child desperately needs a new prescription. Without it, she's suffering migraines, dizziness and comes home crying each day. At this point, she's willing to pay out of pocket for an appointment, but that's not an option here.

This has left many with the last resort of leaving the province to receive this vital service. This is no longer solely a health care issue; it's an economic one, as people leave the province, moving their money into other jurisdictions to boost their recovery, without other options.

My question is to the Premier. For a government that claims to speak dollars and cents, is this enough now for you to get a fair deal into the hands of optometrists and get them caring for their patients in need, as we know they want to in Ontario?

The Deputy Speaker (Mr. Bill Walker): I recognize the parliamentary assistant to the Minister of Health.

Mrs. Robin Martin: Thank you to the member from Toronto–St. Paul's for the question. As I mentioned before, I myself suffer from migraines and I think it's terrible that this young lady is suffering from migraines. She should have an appointment. I encourage her and her mother to reach out to the College of Optometrists. There are optometrists providing services in Ontario, and it is, frankly, a professional obligation of all optometrists to ensure that their patients do not suffer any harm or any deterioration in their condition—or suffer at all, frankly.

As I've said before, we're extremely disappointed that the optometrists have done this, have walked away from the negotiations. It's very difficult to negotiate if nobody is there at the table. They chose the mediator, they refused to meet the mediator's conditions, and they will not come back to the table. We have done everything possible to lay the groundwork for a deal with the optometrists. We have put an upfront payment of \$39 million. We've offered an 8.4% increase. We've offered ongoing negotiations. We are ready, willing and able to negotiate with the optometrists. I encourage them all to come back to the table now.

The Deputy Speaker (Mr. Bill Walker): I return to the member from Toronto–St. Paul's for her supplementary.

1140

Ms. Jill Andrew: The government has known about these negotiations for over a year and decided to do nothing. Let's just put that on the table first.

My question is back to the Premier. The government has said over and over that it is optometrists who are not coming to the table. Doug DeRabbie, the senior director of government relations with the Ontario Association of Optometrists, has confirmed that he has not heard from this Conservative government since August 29—almost two months ago. This was after the government presented a deal that could only be described as a joke after years of negotiating with this government and, quite frankly, the previous Liberals.

A day of meetings through mediators and lawyers costs each side approximately \$15,000. While this government may be comfortable spending taxpayer money on poor, unfair negotiations, the OAO does not have these means.

My question is to the Premier: When can the Ontario Association of Optometrists expect a fair, realistic deal that will get them back to their patients they so desperately want to see here in Ontario?

Mrs. Robin Martin: Thank you again to the member from Toronto—St. Paul's for the question. Of course, the mediator left the parties with a standing invitation to resume mediation at any time. All we're waiting for is for them to come back to the table. The ministry has accepted the mediator's conditions. The ministry has communicated its continued willingness to return to mediation and the ministry is ready, willing and able to do just that. That's what we're there for.

Since day one we've done nothing but try to get to an agreement with the optometrists, but they're using hardball tactics, frankly, and using vulnerable patients as part of their negotiating strategy. I would encourage them to come back to the table. We are prepared to do everything possible to reach a deal, including review the overhead costs, which they say are an issue, but we need to see the material. We need to get them back to the table. That's where a deal will be made.

COVID-19 IMMUNIZATION

Mrs. Belinda C. Karahalios: My question is for the Premier. On the question of whether workers should be losing their jobs for not taking a COVID-19 vaccine or for not wanting to disclose their status, this government has been on both sides of the issue, seemingly on a weekly basis. Members of this government have previously said publicly and in this Legislature that the government encourages employers in health care and other sectors to implement mandatory COVID-19 vaccination policies for employment. Then the government voted against a private member's bill to stop people from losing their jobs. Then they flip-flopped and followed my lead to vote against Bill 12, which would have made such mandatory policies the law.

My question, then: Will the government clarify, are they in favour of employers firing employees as a result of implementing new mandatory COVID-19 vaccine policies? Yes or no?

The Deputy Speaker (Mr. Bill Walker): I recognize the Minister of Labour.

Hon. Monte McNaughton: During this entire pandemic, the health and well-being of all of the people of Ontario has been our government's top priority. We're proud of the vaccination rates in this province. We're leading the world, Mr. Speaker. This is great news. This means that businesses are going to stay open as we continue to battle this pandemic, as long as we continue going in the right direction.

Everything we've done is to ensure that the health and safety of everyone is protected. That's why we've moved forward with robust inspection plans of workplaces. We put out more than 200 guidance documents to help businesses adapt when this pandemic hit. We're going to continue every single day, ensuring the health and well-being of the people is protected and we continue to grow our economy as we come out of this pandemic.

The Deputy Speaker (Mr. Bill Walker): I return to the member from Cambridge for the supplementary.

Mrs. Belinda C. Karahalios: Just this week the government seemingly changed its position again. After previously advocating for employers in health care to implement COVID-19 vaccination policies and terminate thousands who did not comply, the government said mandatory COVID-19 vaccination would not be required for health care employees. Despite the flip-flop, the government continues to allow employers in health care to fire thousands over this issue. And because of the government's fearmongering for 18 months and continued use of emergency measures, employers in every other industry are firing people as well.

The Minister of Labour has said that there is a labour shortage. My question is, if there is a labour shortage, why does the government think it's okay if public sector and private sector employers fire Ontarians as a result of mandatory COVID-19 vaccine policies, if such a policy is not required in health care?

Hon. Monte McNaughton: Again, Mr. Speaker, we're going to continue protecting the health and well-being of all of the people of this province.

We have come so far together: Employers, government, labour and workers are working together. That's why we're doing much better than most jurisdictions, not only in Canada but around the world. So let's continue working together.

Let's continue to encourage the people out there who haven't been vaccinated to get vaccinated. That's why we're beating COVID-19, and we're going to continue to grow our economy, create jobs, fill those labour shortages and defeat COVID-19 once and for all.

AUTISM TREATMENT

Mrs. Jennifer (Jennie) Stevens: My question is to the Premier. I met with Filomena Scarfone, who recalls the protests by families of children with autism during the previous Liberal government. She cannot believe it is worse now, being forced to pay out of pocket for therapy. They could afford only four hours a week until they got funding. Unlike almost 50,000 children in Ontario,

Filomena was accepted to the Ontario Autism Program. Her words—“night and day”—the difference the funding made with the additional eight hours a week of therapy. But this government makes them wait for the second round with no timelines. For 14 weeks she has been watching her son regress without therapy.

Premier, you blew up the existing program. When will your government invest in comprehensive needs-based programs so families like Filomena’s can get the services they need right now?

The Deputy Speaker (Mr. Bill Walker): I recognize the parliamentary assistant to the Minister of Children, Community and Social Services.

Mr. Jeremy Roberts: I appreciate the member opposite raising Filomena’s story. Of course, our government wants to make sure that we are supporting all families with children with autism. To respond directly to her question on investment, Speaker, our government is the government that has invested the most in the Ontario Autism Program in Ontario’s history, doubling the budget from \$300 million to \$600 million.

We also brought together a group of experts—family members, folks with lived experience and clinicians—brought together to develop a program designed by the community for the community. Speaker, we’re incredibly proud of the work of our Ontario autism panel and we’re hard at work implementing that new program. We have foundational services that are now offered to families with children with autism. We have early years caregiver-mediated services offered to families with children with autism. We have 600 kids moved into new core services. Lots of work is being done so far.

The Deputy Speaker (Mr. Bill Walker): I recognize the member for St. Catharines for the supplementary.

Mrs. Jennifer (Jennie) Stevens: I would like to see this government invest in the 50,000 children who have autism that have been waiting for them.

Tammy Peddle is another Niagara mother who has been sitting for months waiting for a response for the second round of the one-time funding since, like the past Liberal government, you have not removed age caps. Tammy is worried her son will age out of the program before she gets the next round of funding.

Families of children with autism are more worried than ever after the government admitted they wouldn’t have a fully functioning Ontario Autism Program until 2022. People in Niagara are tired of hearing election promises to fix problems in 2024 or cynical policy reversals for a vote grab while we still have big gaps for families in Ontario today. Premier, will you fix this program and finally be transparent on wait-lists and timelines for families like Tammy’s?

Mr. Jeremy Roberts: As I mentioned previously, our government is hard at work implementing this program designed by the community for the community, with a record \$600-million budget.

Speaker, when we talk about wait-lists, when we look at the previous government, the Financial Accountability

Officer found that between 2012 and 2018 the autism services wait-list grew by a staggering 47.8% each year. Under the previous government, that wait-list was stagnated, the program was underfunded and folks—

Interjection.

The Deputy Speaker (Mr. Bill Walker): The member for Hamilton Mountain will come to order, please

Mr. Jeremy Roberts: —any supports.

Now, under this government, the program is much better funded: \$600 million. We have a new program that is being rolled out as we speak, and folks on the wait-list are finally receiving support. Over 39,000 families are receiving some level of support, more than at any other time in Ontario’s history.

Speaker, there is a lot of work yet to be done; I will be the first to acknowledge this. But we are hard at work implementing this program that’s going to be—

The Deputy Speaker (Mr. Bill Walker): Thank you.

I recognize the member from Orlean’s.

1150

COVID-19 IMMUNIZATION

Mr. Stephen Blais: Mr. Speaker, yesterday, the Premier announced that the government won’t require hospital workers to get vaccinated. Many hospitals have already taken it upon themselves to require this of their employees. Why? Because it’s very reasonable to expect that health care workers are fully vaccinated against COVID-19.

At the Ottawa Hospital, they have a vaccination rate of over 99%; at the Children’s Hospital of Eastern Ontario, the rate is 99.7%; and at UHN here in Toronto, the vaccination rate is 98%. The largest hospitals in the province have proven that vaccination requirements can work.

A few weeks ago, Nick Kouvalis, the Premier’s right-hand man, attacked hospitals, saying that their CEOs are only playing politics instead of trying to protect their staff and their patients. Does the Premier agree that the presidents of UHN, CHEO and the Ottawa Hospital are playing politics? Is this the reason he won’t mandate vaccines for health care workers?

The Deputy Speaker (Mr. Bill Walker): I recognize the parliamentary assistant to the Minister of Health.

Mrs. Robin Martin: Thank you to the member opposite for the question. Mr. Speaker, as you know, we’ve had one of the most successful vaccination campaigns here in Canada, and in the world, frankly, with over 88% of people with one dose and 84.7% of people with two doses. And to date, instances of COVID-19 transmissions in acute care, as I’ve said before, have been extremely rare.

We value the input we received from hospital and health system partners, and we fully support the decisions that many hospitals have made to implement vaccine policies based on their local circumstances. But as we’ve seen in other jurisdictions, a system-wide mandate is not the right approach at this time. We’ve heard from multiple CEOs as well as numerous organizations around the province who have described strong concern about mandatory

vaccination policies in hospitals, particularly in northern, remote and rural areas, where hospitals have more extenuating circumstances and need their health care workers. We want to do what's right for all Ontarians and allow hospitals to make flexible decisions.

The Deputy Speaker (Mr. Bill Walker): I return to the member from Orléans for his supplementary.

Mr. Stephen Blais: My supplemental is also for the Premier. Some 85% of hospitals responded saying that they would support a vaccine mandate.

The Premier has said "tens of thousands" of health care workers would lose their jobs with a health care vaccine mandate. When asked, the Minister of Health had no backup to this statement.

Hospitals already require proof of vaccination or immunity for 17 conditions, including measles, rubella, varicella and tuberculosis, and to my knowledge, this has never caused a shortfall in staffing. This isn't the first time that the Premier has said one thing and health care officials have said the other, leaving the Minister of Health to hold the bag.

Will the minister provide to this Legislature and to the people of Ontario the proof that 10,000 health care workers will lose their jobs?

Mrs. Robin Martin: Thank you again to the member opposite for the question. Just this week, we have seen the unintended consequences of province-wide vaccine mandates across provinces like BC and Alberta for their health care workers. Yesterday afternoon, Quebec announced that they will be pausing mandatory vaccine policies due to the impact it's having on providing critical services to patients. British Columbia is postponing surgeries and procedures due to staffing shortages.

Ontario is a very large province, and we think that the flexible approach is the right way to go. A mandatory vaccine policy for health care workers would exacerbate already existing challenges in rural, northern and remote hospitals, and any further departures at those hospitals would have significant negative impacts.

We had several CEOs from hospitals writing letters to that effect. They said that this would cause them to lose and have to close entire departments, for example, because they have one person there who has specialized nursing skills. One size does not fit all is another thing that they suggested.

We know that they're in a fragile state. They need to have those health care workers working. We're leaving it up to the hospitals, who know best.

SERVICES FOR PERSONS WITH DISABILITIES

Mr. Jamie West: My question is for the Premier. Brie-Anne from Sudbury has multiple mental health diagnoses. She relies on her service dog, Felix, to function as an individual and to remain self-sufficient. Brie-Anne receives about \$1,100 a month from ODSP, and that barely covers her rent and her bills.

Obviously, the ODSP Guide Dog Benefit of \$84 a month would really help her; however, Brie-Anne has been repeatedly denied because ODSP requires recipients to prove that their dog is trained at an accredited training facility.

Interestingly, according to the Accessibility for Ontarians with Disabilities Act, an animal is a service animal if the animal can be readily identified as one that is being used by a person for reasons related to the person's disability, including where the animal is confirmed as such by a letter from a qualified regulated health professional. So, Brie-Anne provided a doctor's letter to the ODSP and continues to be denied.

If the government cares so much about cutting red tape, will it take the well-being of Ontarians like Brie-Anne seriously and remove the overly strict rules for accessing the Guide Dog Benefit?

The Deputy Speaker (Mr. Bill Walker): I recognize the parliamentary assistant to the Minister of Children, Community and Social Services.

Mr. Jeremy Roberts: I appreciate the question from the member opposite and raising Brie-Anne's situation. I'm eager to learn more about the guide dog program and ODSP, and would be pleased to speak to the member afterwards about Brie-Anne's case and see if something can be done.

In the meantime, Speaker, what I can say is that our government is committed to ensuring that we go forward with the renewal and revitalization of the Ontario Works and ODSP programs. We're hard at work consulting with our municipal partners, with stakeholders and with many people in the community about how we can improve these systems.

Speaker, we also look forward to the federal government fulfilling their campaign commitment to create the Canada Disability Benefit, to increase the level of supports for those receiving Ontario Disability Support Program funding, to more closely align with the Canada Recovery Benefit level.

The Deputy Speaker (Mr. Bill Walker): I return to the member from Sudbury for his supplementary.

Mr. Jamie West: It would cost thousands of dollars to get Felix the accreditation that would make the \$84 ODSP Guide Dog Benefit available. Frankly, that's impossible, because people on ODSP like Brie-Anne don't even have an extra \$10, let alone thousands.

What's worse, Speaker, is that when Brie-Anne contacted the Ministry of Children, Community and Social Services, she was met with rudeness and a wholesale dismissal of Felix's vital role in helping her live in dignity with her disabilities. As a reminder, Brie-Anne relies on Felix to remain self-sufficient. He assists her with medication reminders, medication retrieval, behaviour interruption, anxiety alerts, dizziness alerts, alerts to sit down and reminders to eat. Felix is Brie-Anne's lifeline. When will this government acknowledge Brie-Anne's humanity by apologizing for the ill treatment of Brie-Anne and removing the overly strict rules for accessing the Guide Dog Benefit?

The Deputy Speaker (Mr. Bill Walker): I return to the parliamentary assistant to the Minister of Children, Community and Social Services.

Mr. Jeremy Roberts: Again, I appreciate the member opposite raising Brie-Anne's case. It's an important case and one where I'm sure all of us in this chamber want to make sure folks like Brie-Anne get the support they need.

Again, Speaker, this is part of the reason why our government is undertaking efforts to reform and revitalize our Ontario Works and ODSP programs, after years of neglect under the previous government. We are conducting consultations as we speak with multiple partners, including our municipalities and others in the social assistance sphere, and our new vision is going to really focus on the people we serve and how to best connect them with the supports that respond to their unique needs, because we know that there are multiple unique needs within folks who are accessing these supports. So we're going to continue to move forward with these consultations, and we're going to work hard to make sure that these programs are there for those who need it most.

LEGISLATIVE PAGES

Ms. Jill Andrew: Point of order.

The Deputy Speaker (Mr. Bill Walker): On a point of order, the member from Toronto–St. Paul's.

Ms. Jill Andrew: As the MPP for Toronto St. Paul's, I just wanted to say thank you to Theo, our page captain from Toronto–St. Paul's. I also want to give a resounding welcome to Danny and Michelle, the parents of Theo. Thank you for coming.

The Deputy Speaker (Mr. Bill Walker): I'm not certain that's a point of order, but we certainly share in your congratulations. Welcome to the House again.

Just before we move forward with business, I too would bring with sadness the fact that, actually, our pages are finished today. This is their last day. We want to acknowledge all of their hard work and their service. I hope they had a great learning experience. Some will aspire to come back and sit in these hallowed seats at some point in the future and be our next leaders. Thank you so much. How do we share our appreciation?

Applause.

BUSINESS OF THE HOUSE

The Deputy Speaker (Mr. Bill Walker): I recognize the government House leader on a point of order.

Hon. Paul Calandra: I rise today with respect to standing order 59, just to outline the order of business for next week, to thank all colleagues for what has been a very productive number of weeks in the chamber and to wish all colleagues all the best next week as you return to your constituencies for Remembrance Week.

On Monday, November 15, in the afternoon, it will be opposition day debate number 4. After that, we will be debating a bill which will be introduced later today.

On Tuesday, November 16, in the morning, we will again return to the debate of a bill which will be introduced later today. And before question period, colleagues, we will return to honouring those members who have passed away. As you know, we have paused that, but we'll return to doing that with a tribute to a former member, Hugh Edighoffer. In the afternoon, we will return to debate on a bill that will be introduced later today. In the evening, it will be PMB ballot item number 10, standing in the name of the member for Scarborough Centre, which is Bill 39, the Change of Name Amendment Act.

On Wednesday, November 17, in the morning, we will be debating a bill that will be introduced later on today. In the afternoon, we will return to Bill 37, the Providing More Care, Protecting Seniors, and Building More Beds Act, from the Minister of Long-Term Care. And in the evening, it will be PMB ballot item number 11, standing in the name of the member for London West, which is Bill 28, the Preventing Worker Misclassification Act.

On Thursday, November 18, in the morning, colleagues, we will be continuing debate on a bill introduced later today. In the afternoon, the House will adjourn, and there will be a ceremonial event that I'm sure all colleagues will be excited to participate in, where we will be finally unveiling what I'm sure all colleagues will be very proud to see in the chamber. I congratulate and commend those who worked on bringing this to the chamber from all sides and, of course, the Clerk. And I'd be remiss if I didn't give a shout-out to the former Attorney General and now member of Parliament Yasir Naqvi, who, I believe I'm correct in saying, initiated this process in the previous Parliament.

Just to remind colleagues, despite the fact that in the very near future we will be departing this place so that it can be completely renovated and restored back to the building that we'll continue to be proud of for many decades to come, work does still continue on making this place representative to all.

DEFERRED VOTES

STOPPING ANTI-PUBLIC HEALTH
HARASSMENT ACT, 2021

LOI DE 2021 VISANT
À METTRE FIN AU HARCÈLEMENT
FACE À LA PRISE DE MESURES
DE SANTÉ PUBLIQUE

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

Bill 3, An Act to prohibit harassment based on enforcement or adoption of public health measures related to COVID-19 / Projet de loi 3, Loi visant à interdire le harcèlement fondé sur l'application ou l'adoption de mesures de santé publique liées à la COVID-19.

The Deputy Speaker (Mr. Bill Walker): The bells will ring for 30 minutes, during which time members may cast their votes. Please prepare the lobbies.

The division bells rang from 1202 to 1232.

The Deputy Speaker (Mr. Bill Walker): The vote was held on the motion for second reading of Bill 3, An Act to prohibit harassment based on enforcement or adoption of public health measures related to COVID-19.

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 20; the nays are 46.

The Deputy Speaker (Mr. Bill Walker): I declare the motion lost.

Second reading negatived.

The Deputy Speaker (Mr. Bill Walker): This House will stand recessed until 1 p.m. today.

The House recessed from 1234 to 1300.

INTRODUCTION OF BILLS

The Deputy Speaker (Mr. Bill Walker): I recognize the President of the Treasury Board.

Interjections.

The Deputy Speaker (Mr. Bill Walker): The Minister of Finance; my apologies. I just wanted to make sure you were on your toes. And then I was a newbie, and yes, I just embarrassed myself. We will get through this together, my friend.

I recognize the Minister of Finance.

BUILD ONTARIO ACT (BUDGET MEASURES), 2021

LOI DE 2021 VISANT À PROTÉGER NOS PROGRÈS ET À BÂTIR L'ONTARIO (MESURES BUDGÉTAIRES)

Mr. Bethlenfalvy moved first reading of the following bill:

Bill 43, An Act to implement Budget measures and to enact and amend various statutes / Projet de loi 43, Loi visant à mettre en oeuvre les mesures budgétaires et à édicter et à modifier diverses lois.

The Deputy Speaker (Mr. Bill Walker): Is it the pleasure of the House that the motion carry? Carried.

First reading agreed to.

The Deputy Speaker (Mr. Bill Walker): Would the Minister of Finance like to make a brief statement?

Hon. Peter Bethlenfalvy: Speaker, I look forward to speaking to this bill during my ministerial statement.

PERINATAL MENTAL HEALTH ACT, 2021

LOI DE 2021 SUR LA SANTÉ MENTALE PÉRINATALE

Ms. Karpoche moved first reading of the following bill:

Bill 44, An Act to proclaim Perinatal Mental Health Day and to require a review of perinatal mental health in Ontario and the preparation of a Provincial Framework and Action Plan / Projet de loi 44, Loi proclamant le Jour de la santé mentale périnatale et exigeant un examen de la

santé mentale périnatale en Ontario et l'élaboration d'un cadre et plan d'action provincial.

The Deputy Speaker (Mr. Bill Walker): Is it the pleasure of the House that the motion carry. Carried.

First reading agreed to.

The Deputy Speaker (Mr. Bill Walker): Would the member like to make a brief statement?

Ms. Bhutla Karpoche: Yes, Speaker. Thank you.

In Ontario, perinatal mental health illness often goes unnoticed and untreated, causing negative impacts for the mental and physical health and well-being of the birthing parent, child and partner. As a first step, this bill proclaims the first Wednesday of May in each year as Perinatal Mental Health Day to raise awareness of the issue.

To bring concrete solutions to improve perinatal mental health, the bill requires that the Minister of Health conduct a comprehensive review of perinatal mental health in Ontario and prepare a provincial framework and action plan on the issue.

ONTARIO CADETS WEEK ACT, 2021 LOI DE 2021 SUR LA SEMAINE DES CADETS DE L'ONTARIO

Mr. Barrett moved first reading of the following bill:

Bill 45, An Act to proclaim Ontario Cadets Week / Projet de loi 45, Loi proclamant la Semaine des cadets de l'Ontario.

The Deputy Speaker (Mr. Bill Walker): Is it the pleasure of the House that the motion carry? Carried.

First reading agreed to.

The Deputy Speaker (Mr. Bill Walker): Would the member like to make a brief statement?

Mr. Toby Barrett: The bill proclaims the week starting on the first Saturday in October in each year as Ontario Cadets Week.

Canada has a dynamic cadet program with numerous cadet corps and squadrons across Ontario. The Air Cadet League of Canada, Ontario Provincial Committee; the Army Cadet League of Canada, Ontario; and the Navy League of Canada, in partnership with the Canadian Armed Forces, provide programs for air, army and sea cadets 12 to 18 years of age. The Navy League of Canada also sponsors the Navy League Cadets, a separate program for youth nine to 12.

STATEMENTS BY THE MINISTRY AND RESPONSES

ECONOMIC OUTLOOK AND FISCAL REVIEW

Hon. Peter Bethlenfalvy: Today, colleagues, I'm proud to share our government's plan for growing a stronger economy that works for everybody. It is a plan that begins with our record of strong pandemic management, but also looks beyond, to the kind of Ontario we all

want to build. This is our plan for jobs, our plan for opportunities, and our opportunity to build Ontario. It's a plan that dreams big but then lays out a clear path to take us there. This is our plan for building a better and brighter future for the people of Ontario.

Mr. Speaker, one of the important reminders from the pandemic is that our health care system is linked—public health, ICU capacity, mental health, surgical wait times—and we had to build our capacity in all four things together.

Likewise, our economy is linked. Through strong and prudent economic management, we can attract investment and restore our leadership in steel, manufacturing and other industries. These investments and these industries will allow us to unlock the awe-inspiring potential of Ontario's north. These resources hold the power to fuel a manufacturing renaissance in this province, with abundant critical minerals to build a resilient and strong supply chain for electric vehicles and battery manufacturing right here in Ontario.

But in order to attract more investments for these industries, we need skilled workers. That requires us to expand training and encourage more young people to pursue rewarding, well-paying jobs in the skilled trades. But keeping these skilled workers in Ontario requires us to invest in communities with better health care and stronger local infrastructure, supply chains to keep essential goods moving, and roads, transit and highways that make it easier, faster and less painful to get from home to work, wherever that may be.

It's all linked. Our economy is a machine, and if one part of that machine is not working to its full potential, it holds all of us back. But if Ontario is firing on all cylinders, well, there's no place that you'd rather be.

Mr. Speaker, we are ready to build bigger, faster and better than before, and here's how: It starts with protecting our progress. While we have come so far, the threats to this progress are real. There are voices out there, including in this Legislature, who believe we must go back to what the Liberals would call the good old days, but I'm not sure many people in Ontario agree. It was a government driven by the ideology of no. They said no to expanding our hospital and ICU capacity. They said no to building more long-term-care beds. They said no to investing in our manufacturing economy. They said no to developing our resources in northern Ontario. And they said no to building roads, highways and transit. Mr. Speaker, you say no long enough and there are consequences.

1310

The previous government left our health and long-term-care system in shambles. We're not going to repeat those mistakes. In this government, we are prepared to say yes—and it starts with our seniors. Mr. Speaker, our plan says yes to building more spaces for our seniors, including 30,000 new long-term-care beds and another 28,000 to be refurbished.

But our plan is not just about building more beds; it's about building better beds. Our promise to Ontario seniors is that they can live in comfort, dignity and safety. That is why we are going to raise the bar for what constitutes

acceptable care in our long-term-care homes. We've already come so far—when we said yes to committing \$4.9 million to guarantee an average of four hours of care per day for those in long-term care. We are also saying yes to a plan to put higher standards and more accountability in place. We are doubling the number of long-term-care home inspection staff across the province. And we are saying yes to hiring 225 new nurse practitioners in the long-term-care sector.

But it doesn't stop there, Mr. Speaker. We're saying yes to recruiting more than 5,000 registered nurses and registered practical nurses throughout the health care system, and yes to hiring 8,000 more personal support workers. We're making new investments and improving home and community care that keeps patients out of the hospital—and yes to our plan to help more seniors live with safety and dignity in their own home by extending the Seniors' Home Safety Tax Credit.

While we are saying yes to our seniors, we are also saying yes to getting shovels in the ground for building and expanding hospitals: yes to the West Lincoln Memorial Hospital redevelopment project in Grimsby, yes to the new Windsor-Essex acute care hospital, yes to redeveloping the Oak Valley Health Uxbridge hospital, yes to the new in-patient care hospital at the William Osler Health System, and yes to so many more critical hospital projects in every corner of the province. This is the difference between a government that wants to get things done for every-day people, versus an opposition who wants to block things from getting done on behalf of activists and special interests.

Mr. Speaker, it's time to get to work on building Ontario. For too long, our roads, highways and transit systems have not kept pace with our growing population. Gridlock is already costing the greater Toronto area \$11 billion per year in lost productivity. Too many precious hours are wasted stuck in traffic, instead of spent with family and friends. And without real leadership today, it will only get worse: more gridlock, more traffic, more emissions, more time wasted, more opportunities missed.

Today, we have two parties sitting across from me in this House who are competing for endorsements from downtown activists. Mr. Speaker, tomorrow's prosperity depends on getting shovels in the ground today. But the Liberals and NDP are in a race to say who can say no the loudest and the fastest. It doesn't really matter to me who wins that race, Mr. Speaker, but I know who stands to lose: the Ontario worker who can't afford to live close to their job, local businesses that cannot get their products to market or even hire because available workers are too far away, parents who never see their kids because they are wedged in bumper-to-bumper traffic every single day.

These are the people that the opposition is saying no to. Not us: We are saying yes. We are saying yes to highways that would get Ontario drivers out of gridlock, including a resounding yes to finally building Highway 413 and reducing commute times for over 300,000 drivers in York, Peel and Halton region by almost 30 minutes a day. Even the construction of the 413 would create 3,500 jobs and

contribute \$350 million to our economy. The evidence is clear, Mr. Speaker. It is time to get the 413 built.

We are also saying yes to building the Bradford Bypass and cutting drive times in Simcoe and York region for commuters and truckers by over 60%. We are saying yes to allocating over \$2.5 billion to expand and repair more than 580 provincial highways and bridges.

Mr. Speaker, let me be clear on this: People are already struggling to make ends meet. Our plans for road, bridge or highway projects do not include tolls.

We are saying yes to continuing our progress on the largest subway expansion in Ontario history, yes to delivering on our commitment to two-way, all-day GO Transit and yes to northeastern passenger rail service from Toronto to Timmins.

Mr. Speaker, our government also realizes this foundation must be laid in every corner of the province, which is why our government is saying yes to doubling the Ontario Community Infrastructure Fund over five years to support over 400 small, rural and northern municipalities. Not only will these projects create good-paying jobs over the next five years, but they will help keep our communities safe and support the recovery of main streets across the province.

There are regions of Ontario that were ignored by previous governments. For too long, the 24,000 people who call Ontario's Far North home, 90% of whom identify as First Nations, have been denied investment and opportunity.

It is also time to finally say yes to making real investments in the north, starting with the Ring of Fire. The Ring of Fire is one of the most important mineral deposits in all of Canada. It can be a vital source of economic development for communities across the North, and especially for First Nations communities. Critical minerals are essential to the batteries, electric vehicles and electronics manufacturing our economy badly needs. An investment in the Ring of Fire is an investment in northern prosperity, for the people of Ontario and for all Canadians. Mr. Speaker, it is time to get the road to the Ring of Fire built.

Our government is doing our part. We are prepared to invest \$1 billion to get the job done. First Nations are doing their part. We are working closely with the Marten Falls and Webequie First Nations. We hope the federal government is prepared to come to the table to support this project. And I certainly hope that other parties in this Legislature stop holding back the Ring of Fire, stop saying no and finally join us in saying yes to getting the road built and creating opportunities for communities in the Far North to pursue the brighter future they deserve.

Mr. Speaker, it takes more than money to build roads and highways or to get new hospital and long-term-care spaces off the ground. It also takes workers. It is clear that many workers and families in this province are struggling. Take-home pay has not kept pace with the rising costs of essentials that families rely on, such as groceries.

During the pandemic, workers had our backs. The Premier, and our government, will always have theirs. We want Ontario workers in a race to the top, not a race to the

bottom. That's why our government is working for workers.

It starts with the minimum wage. Our government has a plan to raise Ontario's general minimum wage to \$15 an hour, effective January 1, 2022. Ontario workers deserve it. And we're not stopping there. We're also eliminating the legal exceptions that allowed servers in bars and restaurants to be paid less than the general minimum wage, and we will resume raising the minimum wage on an annual basis based on the Ontario consumer price index as of October 1, 2022.

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While other politicians in other places talk about doing more to help workers, our government, under the leadership of the Premier, has delivered real action that puts workers first, and we're just getting started. We're investing an additional \$5 million into the Second Career program and expanding its scope to include newcomers, gig workers and people with disabilities, and planning to extend the Ontario Jobs Training Tax Credit, which provides up to \$2,000 for training expenses for workers to upgrade their skills. If you are prepared to put in the work, time and effort to learn a new skill to support your family, our government is prepared to put in the money and give you every opportunity to see it through.

The skilled trades provide good jobs that can support families, but too few young people see the trades as a career opportunity. That's why our government is saying yes to building up the skilled trades. We will invest an additional \$90 million in a skilled-trades strategy that will break the stigma and make it even easier to learn a trade in the province of Ontario.

And it is why we are saying yes to proposing a new staycation tax credit and supporting hospitality and tourism workers: a 20% tax credit that puts money back in the pockets of Ontario travellers and families when they choose to travel right here at home in Ontario.

Our commitment also extends to manufacturing workers. Where the previous government said no to Ontario's manufacturing workers and drove some 300,000 good-paying jobs out of the province, our government is saying yes to creating thousands of well-paying jobs for Ontario workers in the industries of the future.

Since our government came to power, we have seen over \$5 billion committed in new investment in Ontario's auto sector for major manufacturers. Let me just highlight a few. It includes a \$1-billion investment from General Motors to manufacture a new line of electric vehicles at its Ingersoll facility, and over \$1 billion to reopen its Oshawa assembly plant and add production at its facility in St. Catharines.

Our government recognizes that the pandemic is not over, but our government is also looking forward to the future. Despite repeated calls from members of the opposition to impose painful tax hikes onto Ontario families and job creators, Mr. Speaker, we have chosen a different path. Our plan for recovery is built on growth, not tax increases or spending cuts. For 2021-22, we are projecting a deficit of \$21.5 billion, which is \$11.6 billion lower than the

outlook published in the 2021 budget. Contrary to what some political leaders would have you believe, this lower deficit stems from strong economic growth.

Mr. Speaker, our government's plan is prudent. Our plan is responsible. It's a plan to protect the progress we have made. It's a plan to build the future, and it's a plan to work for the workers who all make it happen.

Our province has come so far. The door in front of us is wide open, and we have much more to do, so let's not go back to the politics of no. Instead, let's say yes: yes to building, yes to investing and yes to growing. Let's say yes to the better and brighter future that the people of Ontario deserve.

The Deputy Speaker (Mr. Bill Walker): Response? I recognize the member from Waterloo, who has up to five minutes to reply.

Ms. Catherine Fife: It's a pleasure to rise on behalf of Her Majesty's official opposition to respond to the fall economic statement. The fall economic statement is a key opportunity to communicate with Ontarians, and it should clearly articulate: What does this government stand for? Who are they working for? Have you been listening to people? And are you prepared to demonstrate some courage and act on those issues: on education, health care, child care and the crisis of climate change? This mini budget failed to do those things. Instead, it showed Ontarians that this PC government doesn't want to spend the money on the health care and education that Ontarians deserve.

We know countless examples of missed opportunities and warped priorities. We have seen this most recently with the Bradford Bypass being moved to save a golf course owned by the father of the Associate Minister of Transportation. Billions can go to Highway 413, which municipalities are fighting and is one that will compromise our environment, while Highway 69 requires immediate help. Economics 101: maintain and protect your investments.

What is most shocking and disappointing to us in this fiscal update is the \$467-million base funding cut to education. Speaker, can you imagine cutting funding to education while we remain in a pandemic, when we know that learning was interrupted and mental health resources are depleted? That cut says everything about this government's priorities.

What about the child care agreement? For families across the province, who pay some of the highest fees in the country, the fall economic statement says nothing, silence—and a Minister of Education who thinks that the full-day kindergarten program is early learning care. Eight other provinces and territories have already signed agreements with the federal government. The government needs to get moving on this file. It should be an economic priority, especially to address the she-cession in the province of Ontario.

Since I was elected in 2012, I have always said follow the money. After the 2021 budget, the FAO gave the government good advice and provided a road map to ensuring that program spending keeps up with the demand of the

people that we serve. It's clear from this fiscal update that the government did not take the FAO's advice, and so Ontarians will continue to see program spending not keep up with demand.

By 2030, the end of this government's recovery plan, there will be a \$17.8-billion cut to program spending, amounting to lower per capita spending of \$1,281. Imagine going through the pandemic and deciding to come out on the other side and not invest in the services that people rely on to stay healthy or to reach their potential in this province.

What does that look like for the average person? That means school repair backlogs are going to keep going on, drafty classrooms; mould in schools, crumbling ceilings that won't get fixed. Our kids and our education workers will continue to work and learn in schools that are long overdue for repairs. That means people engaging with the justice system will wait longer. It means kids that are heading to college and university will continue to have less access to OSAP grants. It means more contract faculty over good-paying jobs. Ontario's colleges and universities have become the province's largest temp agencies. That is nothing to be proud of, Mr. Speaker. That means no substantial increases for those who live on OW or ODSP. That means no permanent wage bump for PSWs and no meaningful wage respect for our front-line health care workers.

What does that say about this government? What have they learned from this pandemic? I would say not much, Mr. Speaker.

The fall economic statement lays out the same wrong plan for the people of this province. It is our citizens who deserve the credit for the resilience that they have demonstrated through this pandemic. Budgets and fall economic statements are about choices. If we were in government today, the 2021 budget would be overhauled to invest in people. That means protecting workers, not this Premier's buddies and insiders; standing up for small businesses, not big box stores; investing in health care and our kids instead of cutting.

When you invest in the people of Ontario, that investment benefits everyone: workers, seniors, children. That is who New Democrats are fighting for and that is why we're going to stand up to this government for the next six and a half months until we have an election in this province.

Ms. Mitzie Hunter: It's always an honour to rise on behalf of my constituents of Scarborough–Guildwood, but today as the Ontario Liberal critic for the finance portfolio.

I want to commend the minister for his speech. I know he and his team have put a lot into this. But I am sad to say, what I see here falls well short of what Ontarians need. We are still in the midst of a global pandemic. We still are staring down the barrel of a fifth wave of COVID-19, yet this government has chosen to take a premature victory lap and has not provided the provisions in this fall economic statement that are needed for us to continue to fight COVID-19 and to ensure that Ontario has a full economic recovery. So many people are left out and left behind and are not mentioned in today's statement.

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The fall economic statement represents Premier Ford's last chance to show Ontarians that he's serious about delivering the supports that are so urgently needed. What we need in this province is a generational change, and today's fall economic statement falls well short of that. A tiny paragraph on climate change—can you imagine that? We're in environmental week. We have COP26 going on. You have a minister that you sent there, yet you couldn't bother to actually put forward a plan that ensures that Ontario makes its contribution to saving this planet.

You've chosen instead to double down on things like highways and bypasses, instead of education, where children, youth and families so desperately need that investment. Why are you cutting \$500 million out of the education budget? This is an absolute disgrace.

Mr. Speaker, what about child care? We have been pleading with this government to respond to the federal government's \$10-a-day child care so that we can give relief to families, yet nothing is mentioned when it comes to that.

What about women and the economic recovery that is due? We've talked about the she-cession. We've talked about the she-covery. I have read your statement as quickly as I could. I respect the fact that you have \$5 million for BIPOC—Black, Indigenous and people of colour—as well as women, but \$5 million for entrepreneurs is not nearly enough to address the fact that women's economic recovery is lagging.

Mr. Speaker, there is more that I could say. Small businesses have been given a kick in the teeth. They have to now cope with a \$15-an-hour minimum wage, and there is no third round of grants to help them.

This fall economic statement has not delivered for the people of this province, and this government needs to do better.

Mr. Mike Schreiner: I rise today to respond to the government's fall economic statement. It is clear that the Premier thinks the road to recovery from COVID-19 is paving over paradise—farmland, wetlands and the green-belt—supercharging sprawl and pumping more climate pollution into the air.

Ontario is facing a climate and housing crisis, and yet the Premier is going to force people to move further and further away from home, work and families, spending billions more on highways, more sprawl and more pollution.

Ontario needs to invest in a green and caring recovery that puts people first, not highways that benefit a handful of wealthy land speculators. Instead of spending billions on Highway 413, which is a climate, fiscal and economic disaster, the government should be investing in better pay and working conditions for health care workers, better education, more access to mental health services, accessible and affordable child care and affordable housing so people can live close to where they work.

I don't know how this government in one sentence can talk about improving food supply chains and then in the next sentence talk about paving over the farmland that produces that food. What we need this government to do is say yes to what people and families need: affordable

homes in livable communities; affordable, accessible child care; schools that close the learning gap; reduction to mental health wait times; funding for autism supports; livable rates for people with disabilities. That's the kind of economic recovery Ontarians need and deserve.

PETITIONS

MUNICIPAL PLANNING

Ms. Doly Begum: I have a petition here from community members in the Oakridge region of my riding of Scarborough Southwest. It's called "Metrolinx Train Tracks Construction." It reads:

"To the Legislative Assembly of Ontario:

"Whereas households within the vicinity of the north side of the Metrolinx train tracks in the Danforth and Oakridge area are faced with construction and removal of mature trees, which increased noise and vibration, caused a loss of beauty and privacy, and raised many environmental concerns for residents;

"Whereas the construction of an additional train track will not bring direct benefit to the community members but is instead causing a loss of natural space, increasing noise/air pollution and will result in a decrease in property valuation;

"Whereas there has been no community consultation about train tracks being placed closer to residential houses and addressing concerns about risks to houses in the area through vibration of tracks and other environmental concerns;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario demand of Metrolinx the following:

"(1) Provide a noise barrier and/or tree replacements to supplement the removed trees;

"(2) Consider building the train tracks on the south side of the existing tracks (which consist of vast undeveloped lands compared to the north side);

"(3) Consult with the community to provide transparency on timeline and plans;

"(4) Ensure the community receives benefits from transit construction."

I fully support this petition, will affix my signature to it and give it to page Sujay.

OPTOMETRY SERVICES

Ms. Bhutla Karpoche: This petition is titled "Save Eye Care in Ontario." It reads:

"To the Legislative Assembly of Ontario:

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

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

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

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

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

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

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

I fully support this petition. I urge the government to negotiate fairly with Ontario’s optometrists.

OPTOMETRY SERVICES

Ms. Mitzie Hunter: I have a petition today—a few of them in fact, including from Dr. Shyam Singh from Scarborough. The petition reads, “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 sign this petition and give it to Noor.

TREATIES RECOGNITION

Ms. Jill Andrew: This petition is entitled “Petition for Improved Commitment to Treaty Recognition.

“To the Legislative Assembly of Ontario:

“Whereas treaties between Indigenous and non-Indigenous peoples affect us all;

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“Whereas Ontario has marked Treaties Recognition Week since 2016;

“Whereas treaty relationships should be the foundation of two peoples enjoying mutual prosperity on one land;

“Whereas treaty contracts have not been upheld and have been failing to deliver their promises of education, lands, health, economic aid and provisions to Indigenous people;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to ensure that treaty week is used as an opportunity to put words into action by delivering

safe drinking water, adequate health care, equitable education, a reformed child welfare system, safe housing, and clean air, water and land for the future.”

I absolutely support this petition. I’ll affix my signature and hand it to Graden.

OPTOMETRY SERVICES

Mr. Stephen Blais: “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, will affix my signature and pass it to Lamees for the table.

OPTOMETRY SERVICES

Mr. Ian Arthur: I have a petition here to save eye care in Ontario. It reads as follows:

“To the Legislative Assembly of Ontario:

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

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

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

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

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

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

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

I support this petition, will affix my name to it and give it to Theo to hand to the Clerks.

OPTOMETRY SERVICES

Ms. Doly Begum: I have a petition here to save eye care in Ontario. I want to thank the optometrists in

Scarborough Southwest and Vision Care optical for the work that they've been doing and the signatures they have collected. The petition reads:

"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, will affix my signature to it and give it to the Clerks.

TENANT PROTECTION

Ms. Bhutla Karpoche: This petition is entitled, "Real Rent Control Now," and it reads:

"To the Legislative Assembly of Ontario:

"Whereas the average rent has increased by over 50% in the past 10 years;

"Whereas average monthly rent in Ontario is now over \$2,000; and

"Whereas nearly half of Ontarians pay unaffordable rental housing costs because they spend more than a third of their income on rent;

"We, the undersigned, petition the Legislative Assembly of Ontario to pass the" Rent Stabilization Act "to establish:

"—rent control that operates during and between tenancies, so a new tenant pays the same rent as a former tenant, with allowable annual rent increases calculated by the government of Ontario and based on annual inflation;

"—a public rent registry so tenants can find out what a former tenant paid in rent;

"—access to legal aid for tenants that want to contest an illegal rent hike; and

"—stronger enforcement and tougher penalties for landlords who do not properly maintain a renter's home."

On behalf of the 60% of tenants who live in Parkdale–High Park, I fully support this petition.

OPTOMETRY SERVICES

Mr. Jim McDonell: I have a petition to the Legislative Assembly of Ontario.

"To the Legislative Assembly of Ontario:

"Whereas the government has been hard at work ensuring that patients have access to the care they need

when they need it, which includes eye and vision care for Ontarians; and

"Whereas the government recognizes the valuable services that optometrists provide to people living in Ontario; and

"Whereas the government recognizes that compensation increases for optometrists have long been neglected by previous governments; and

"Whereas the government has made every possible effort to lay a foundation for a long-term relationship with the Ontario Association of Optometrists, including engaging a third-party mediator chosen by the OAO to assist them in reaching an agreement and offering a one-time lump sum payment as well as immediate OHIP fee increases; and

"Whereas any decision to withdraw services is the decision of individual optometrists under the direction of the OAO, despite the government continuing to fund these optometry services through OHIP;

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

To urge "the Ontario Association of Optometrists to immediately return to the bargaining table to work with the OAO's chosen mediator to work out a long-term deal."

I agree with this and will pass it off to the page.

COVID-19 IMMUNIZATION

Ms. Jill Andrew: This is a petition for a vaccine mandate for health workers.

"To the Legislative Assembly of Ontario:

"Whereas the science table was clear on this issue;

"Whereas the risk of COVID-19 outbreaks causing staff shortages is worse than the removal of the small number of still-unvaccinated health workers;

"Whereas some health workers might leave their job if they feel their workplace is unsafe due to their unvaccinated colleagues;

"Whereas being unvaccinated in a health care setting puts vulnerable patients at risk;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario to follow the recommendations of the science table and the Ontario Hospital Association and mandate that health workers in Ontario get vaccinated if they are to remain on the job."

I support this petition. I've affixed my signature and will pass it to page Yamama for the Clerk.

OPTOMETRY SERVICES

Ms. Jill Andrew: I'd like to thank Dr. Jason Hershorn, our optometrist on Yonge St., in St. Paul's, for helping to collect so many signatures.

This 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

“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 thank Dr. Jason Hershorn and all of our optometrists in St. Paul’s. I’ve affixed my signature, and I’m handing it to Zada for tabling.

SUPPLEMENTARY ESTIMATES

Hon. Paul Calandra: Point of order, Madam Speaker.

The Acting Speaker (Ms. Jennifer K. French): I recognize the government House leader.

Hon. Paul Calandra: I have a message from the Honourable Geoffrey B. Morawetz, the Administrator of the province of Ontario, signed by his own hand.

The Acting Speaker (Ms. Jennifer K. French): The Administrator of the province of Ontario transmits supplementary estimates of certain sums required for the services of the province for the year ending March 31, 2022, and recommends them to the Legislative Assembly. Dated November 4, 2021.

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Hon. Paul Calandra: Another point of order, Madam Speaker.

The Acting Speaker (Ms. Jennifer K. French): I recognize the government House leader again on a point of order.

Hon. Paul Calandra: Just to inform the House that there will be no night sitting this evening.

ORDERS OF THE DAY

PROVIDING MORE CARE,
PROTECTING SENIORS,
AND BUILDING MORE BEDS ACT, 2021

LOI DE 2021 VISANT
À OFFRIR DAVANTAGE DE SOINS,
À PROTÉGER LES PERSONNES ÂGÉES
ET À OUVRIR PLUS DE LITS

Resuming the debate adjourned on November 4, 2021, on the motion for second reading of the following bill:

Bill 37, An Act to enact the Fixing Long-Term Care Act, 2021 and amend or repeal various Acts / Projet de loi 37, Loi visant à édicter la Loi de 2021 sur le redressement

des soins de longue durée et à modifier ou à abroger diverses lois.

The Acting Speaker (Ms. Jennifer K. French): The member from Mississauga Centre had the floor this morning and may resume the debate.

Ms. Natalia Kusendova: Speaker, I wanted to pick up with my story of visiting a living classroom of the Collège La Cité with Minister Phillips. These French-speaking PSW students, all new Canadians, were just so excited and thrilled to be entering a career in health care and doing so in French. They were also very grateful to our government to have their education fully subsidized. They were beyond delighted to hear that we were looking to hire 27,000 more workers, signalling that their career prospects were very bright.

Their eagerness, gratitude and commitment to working hard for Canada reminded me of my own family’s journey of arrival to this wonderful country. We were happy, eager and willing. My mom and I worked any job we could put our hands on, from housekeeping to working at banquet halls, retail to delivering newspapers, reception work, dietary aides—you name it; we did it. Yes, indeed, we were more than happy to work our tails off, to give back to the country that received us with open arms, to express our gratitude for the opportunity to make a respectable living and put a roof over our heads and food on our tables. There is no shame in working hard. There is no shame in working our tails off—the same spirit I saw in those hard-working PSW students in Ottawa.

The third pillar of the proposed legislation—building modern, safe, comfortable homes for our seniors—is, I believe, the most important one, and it’s arguably the most groundbreaking within this bill, especially when one considers just how much the previous government failed Ontarians in terms of having zero vision for an aging population, which is so evident in their shameful record of building a mere 614 long-term-care beds and increasing the amount of care by a mere 22 minutes over the 15 years that they were in power.

As with our commitment to more staffing and more direct care to residents, our commitment to more beds—that’s 30,000 more beds to alleviate the unacceptable waiting lists our seniors are having to endure—is not a new one, with many important developments having been announced well before today. Our long-term-care modernization plan earmarked \$1.75 billion for the delivery of 30,000 new spaces over 10 years, in an effort to greatly reduce the current waiting list. This was strengthened with an additional \$933 million in 80 new long-term-care projects announced earlier this year, which will lead to thousands of additional new and upgraded long-term-care spaces, including 777 spaces for francophones.

This unprecedented plan is supported by innovative approaches to getting shovels in the ground, like our Accelerated Build Pilot Program, which leverages measures such as modular construction, rapid procurement and the use of hospital lands to have beds available in months, not years.

We can see the evidence of this incredible progress right here in our city of Mississauga. For example, in the

riding of Mississauga–Lakeshore, represented by a member who I am proud to call my friend and colleague, there are several separate homes that will benefit, with hundreds of new beds and capacity to serve the residents of Mississauga, who have been underserved by governments past for far too long.

One in particular is the brand new Speakman site at Trillium Health Partners, a partner our government is proud to continue to work alongside in improving long-term care, which is in construction right now through the accelerated-build program, bringing 640 new and redeveloped beds, along with 12 new, long-overdue hospice beds, to Mississauga. As well, it must be said that these beds will not be configured in triple or quad residences, as part of our commitment to improving infection prevention and control measures, and improving our odds in fighting this and any future pandemics.

This new 640-bed home will also benefit from the aforementioned strengthened staffing measures, resulting in being able to hire 24 more registered nurses, 48 more registered practical nurses and 100 more personal support workers in 2024-25 than it would have been able to hire in 2017. This is an additional 172 staff and \$12.8 million more in funding per year for this one home alone.

Interjection.

Ms. Natalia Kusendova: Thank you. It deserves a round of applause—an absolutely incredible achievement, and I will not call it aspirational, Speaker, because it is no longer a mere aspiration. Under our government, it is becoming a reality. And this achievement is in no small way a result of the hard work of my colleague the member for Mississauga–Lakeshore, alongside whom I am working to ensure and advocate for the designation of some of these 640 beds as francophone under the French Language Services Act, a very first such initiative for the entire region of Peel. Rudy, thank you so much for your support and advocacy on this.

Again, this is just one of many examples right here in Mississauga of exciting developments in the long-term care sector that are the direct result of this government’s innovative and impactful approach to building and fixing long-term care, making it a better place to live and a better place to work.

Mais nous savons que les foyers de soins de longue durée sûrs et confortables doivent également être adaptés sur le plan linguistique afin de mieux servir les résidents qui y vivent. En tant qu’infirmière qui a travaillé en première ligne aux côtés de nos héros de la santé au plus fort de la pandémie de la COVID-19, j’ai constaté à quel point l’accessibilité linguistique est importante pour garantir que les soins appropriés sont fournis quand et où ils sont nécessaires.

Dans ma motion de la semaine dernière, qui a été adoptée à l’unanimité, j’ai souligné que nous pouvons mettre davantage l’accent sur les divers besoins linguistiques des résidents de foyers de soins de longue durée en prenant des dispositions explicites sur leurs besoins linguistiques dans leurs plans de soins infirmiers respectifs, menant à une expérience de patient ou patiente

plus complète qui n’est pas décousue ou incohérente. En tant qu’infirmière, cela est particulièrement important pour moi car je comprends le lien étroit entre la communication avec un fournisseur de soins et son patient, et l’impact qui en résulte sur les conditions de santé des patients et la progression globale du traitement. Lorsque les patients peuvent mieux expliquer leur maladie, les fournisseurs de soins sont mieux placés pour la traiter. Il s’agit d’un principe directeur simple mais puissant qui peut mieux garantir que l’expérience des soins de longue durée en Ontario est aussi sûre et confortable pour les résidents vulnérables autant que possible.

And, Speaker, as I finish my remarks, I’d like to reiterate just how proud I am to be a part of a government that is so committed to improving and strengthening our long-term care sector.

Madame la Présidente, notre gouvernement demeure déterminé à améliorer globalement le système de soins de longue durée en Ontario pour les résidents qui en dépendent. Nous reconnaissons que le travail n’est pas terminé, mais nous savons qu’en tant que province nous avons la capacité de relever les défis et d’offrir des solutions novatrices pour la population de l’Ontario. Nous savons que le travail qui nous attend est énorme, mais le fait d’avoir un système de soins de longue durée mieux adapté aux divers besoins des Ontariennes et Ontariens garantira que le système reflète mieux la population qu’il dessert.

As a nurse on the front lines during the COVID-19 pandemic, I saw first-hand the strength and commitment of our front-line health care heroes as we worked to establish a COVID-19 unit in our emergency room, taking care of COVID-19-positive long-term care residents. We did this in order to offload some of the homes that were struggling and unable to meet the needs of their very sick residents.

I had the most humbling experience of palliating patients as they took their last breath and died from COVID-19, as well as being able to facilitate, via a tablet or a cell phone, a last family meeting to say goodbye, since there was a strict no-visitor policy. The words of “Ti amo, Nonno” or “We love you, Teta” will forever be etched in my mind.

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As humbling and heartbreaking as this experience was, it showed me the resilience, flexibility and strength of our health care system and Ontarians as we came together in times of need. It is for these nonnos and these tetas that we do the work that we do. Speaker, this legislation is another strong testament to that.

The Acting Speaker (Ms. Jennifer K. French): Questions? I recognize the member for Kingston and the Islands.

Mr. Ian Arthur: Thank you very much, Speaker, and through you to the member opposite, she spoke of the shameful record of the Liberals, and I’m not going to disagree or argue with that. But I would ask her to think back to the summer of 2018 when this government scrambled to pass pieces of legislation. We sat through the

night because of pressing issues. I'm wondering if the member opposite, with her background in health care, would consider the possibility that if they had moved with that much urgency on long-term care, does she feel this government could have prevented some of those deaths that happened in long-term care during the pandemic?

Ms. Natalia Kusendova: Thank you for the question from the member opposite. I think it's important to note how quickly our government moved on some of the key issues when the COVID-19 pandemic hit. I remember when Premier Ford actually showed up on my doorstep delivering, I think, three boxes of PPE, because he knew that I was going to a night shift that day and he brought those PPE, those masks, to ensure that nurses working in the hospital would have access to PPE. Of course, this wasn't the only time that the Premier personally stepped up and took his truck to deliver PPE to the front-line workers.

Since then, as you know, we have our made-in-Ontario masks, PPE, N95s. We're very proud of that record. We will continue working hard to ensure our front-line workers have the protection they need and the safety they need as we continue to fight COVID-19.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Mr. Randy Pettapiece: Thank you for your presentation. It was very informative and well done. My interest is in how we're going for keep nursing homes safe as we move forward, and that has to do with inspections. I just wonder about our plan as to how we're going to enhance the inspection process; maybe numbers of people involved. That's my question to the member: How will this legislation enhance the current inspection process?

Ms. Natalia Kusendova: Thank you very much for this very important question. One of the ways that we are increasing the safety of our long-term-care residents is by eliminating those triple and quad rooms, to ensure that infection prevention and control measures can be applied in a more robust way.

The second thing that we're doing is we're hiring more inspectors to work within the long-term-care sector, because we know that there are some bad players within the system; not all, but there are some bad players. Those players need to be held accountable. That's why we are increasing the number of our inspectors—by 200, I believe is the number—to ensure that those inspections are done and that those bad players are brought forward and take responsibility to ensure that our long-term-care residents have the highest quality of care that they need and deserve.

The Acting Speaker (Ms. Jennifer K. French): Thank you. Can you stop the clock, please?

Just a reminder to all members that their devices, while allowed—could they please be either on silent, or if they are on vibration, to remove them from near the microphones so that they don't interfere with the broadcast and recording. Thank you.

Further questions?

Ms. Doly Begum: I want to thank the member for her passionate speech, because I know as a health care

professional she cares deeply about what happens in our long-term care and in our health care system.

When I look at this bill, it was very surprising to me that they're just hiring inspectors, rather than following through what happens after. We know during this pandemic that many inspectors came forward and said they left the profession because they knew they reported incidents over and over but nothing happened, whereas this government now is actually rewarding some of those places, some of those long-term-care homes that were just dreadful.

My question to the member is, why isn't the government actually punishing the bad actors and making sure that there is an enforcement method for the ones that don't follow the rules and actually created horrible conditions for our loved ones in those homes?

Ms. Natalia Kusendova: Thank you to the member. Yes, I am very passionate about fixing long-term care and making it a better place to live and a better place to work.

As the member knows, the enforcement in this legislation, if passed, would eliminate the voluntary plan of correction. It would actually give the director and inspectors the authority to issue an administrative monetary penalty were the director or inspector of the opinion that the licensee had not complied with a requirement under the act. And so, this expands the grounds under which a temporary manager could be brought in to assist with the operation of a long-term-care home. And we did see that throughout the pandemic. It also gives the director and minister the authority to suspend a licence and take over a long-term-care home without having to actually revoke the licence of this home.

So we are taking action to ensure that our homes are as safe as they can be. There remains a lot of work to be done, but this bill is an unprecedented bill which will result in better care for our loved ones.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Mr. Jim McDonell: We came here in 2011, and of course, long-term care, at least in my mind, was a major issue at the time. We had in our platform a commitment to build 30,000 beds.

The Liberals, as the government of the day, had passed legislation in 2007 that supposedly addressed all the issues in long-term care. As you see, history proves that it really did nothing—

The Acting Speaker (Ms. Jennifer K. French): If I could just interrupt, it appears that the member's microphone was not on. [*Inaudible*] and also to and through the Chair so that I can hear him. Thank you.

Mr. Jim McDonell: Okay. I'm just listening to the peanut gallery. I was just talking about that when I first got elected here in 2011, long-term care was a major issue. To speak to that, in our platform, the Conservative platform of the day, there was a commitment to build 30,000 beds. But the Liberals had passed legislation, the Long-Term Care Homes Act, in 2007 to address the issues. Obviously, as we look back in history, the issues were not covered and we're in the place we are today, frantically trying to build

homes in a short period of time to look after the increasing population and different issues we had in our riding where we were trying to get more beds. It really ended in zero beds being built for 15 years.

So I just wanted to ask the member: What's the difference between the Long-Term Care Homes Act, 2007, and our act today of 2021?

Ms. Natalia Kusendova: I think the number one difference in our Fixing Long-Term Care Act in comparison to the act from 2007 is that we are enshrining within legislation the four hours of direct daily care per resident per day in legislation.

What this enables us to do is to ensure that that four-hour standard is met. This is the highest quality and highest standard from all other Canadian jurisdictions, making us an absolute leader in this space.

Furthermore, 30,000 beds will require a lot more PSWs, nurses, doctors etc. So, in conjunction with this, we have many educational initiatives such as training 16,000 PSWs with education that is fully subsidized by the government, or our \$100-million investment to train 2,000 more nurses in the long-term-care sector. This is one of the key differences between our legislation and the legislation from the previous government.

The Acting Speaker (Ms. Jennifer K. French): Further questions?

Ms. Bhutla Karpoche: I want to thank the member for her presentation, and I also actually want to take a moment to thank the member for her work at a long-term-care home in my riding, Copernicus Lodge. I know the member has done good work there, especially to promote vaccination and to combat vaccine hesitancy. So thank you to the member for that.

The member talked about hiring more workers, particularly nurses, and I completely agree with that. But I'm sure the member will also agree with me that the issue right now we're facing is not just hiring but retaining nurses in long-term-care homes.

So I ask the member, given her background in nursing and what we're experiencing, would she agree that in order to retain nurses, we need to repeal Bill 124?

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Ms. Natalia Kusendova: Thank you so much for the question. What we hear from nurses, PSWs and staff in long-term care is that we need to improve working conditions, and how we can improve working conditions is by hiring more staff, to have more hands on the floor, so when a resident falls, the resident doesn't have to wait 20, 30, 40 minutes lying on the floor because there aren't enough bodies to be able to lift that resident.

With our commitment, which will result, for a home of 160 residents, in the hiring of six more registered nurses, 12 more registered practical nurses and 25 more PSWs, we will have more bodies available and more professionals to be able to assist in those activities of daily living and in the care that the residents receive.

The Acting Speaker (Ms. Jennifer K. French): Further debate?

Mrs. Lisa Gretzky: It is my pleasure to rise on behalf of my constituents of Windsor West to speak to the Fixing Long-Term Care Act before us. Just this morning, the member from Mississauga Centre had started her debate, and we ran out of time. She was able to continue this afternoon. I'm glad that she was able to continue, but I remember her comments from this morning where she said that we don't have a plan on this side of the House, that the NDP doesn't have a plan and that she's not aware of what we would do to fix long-term care.

I would like to ask one of the pages to come and get our long-term-care plan. It's actually been online and out in the media for quite some time now. Obviously the member was not aware, so I'm going to send it over with page Noor to the member for Mississauga Centre. I have extra copies if anyone else on that side of the House would like to educate themselves before they make comments that aren't actually accurate.

This bill before us—I know many of my colleagues have spoken to it, and many still will today, and talked about the shortcomings in this bill. The member opposite just talked about the best way to improve the quality of care or the current long-term-care system is the work environment for the workers. Those of us on this side of the House in the New Democrat caucus have been talking about this for years—for years.

It started through a previous Conservative government, through a Liberal government, and now through another Conservative government. We are still talking about improving working conditions, and if you want to—I'm going to say it again; we've said it many times. If you want to keep workers, if you want to attract and retain workers—in any sector, frankly, but today we're talking specifically about long-term care—you have to treat them and pay them with dignity and respect.

You can push them through the education system at increased speed and put them into the jobs, but they're not going to stay if you aren't giving them full-time hours, a wage where they can keep a roof over their heads and feed their families, if they don't have paid sick days so they can stay home when they need to, whether that's for them to get better themselves or to take care of their kids who are sick. If you aren't creating those conditions, this system will never get better. It will be a continuous cycle of workers going through the system and leaving, going through the system and leaving. And not only do the workers suffer, but the very people they are there to care for, that they so desperately—and I think that's really important to state: They desperately want to provide quality of care to these residents.

To these workers, their residents are their family, and they go home at night—and it's been happening for years. They leave at the end of their shift and they go home in tears. They have mental trauma because they know that they couldn't provide the care that these residents needed and deserved. They couldn't provide the care that they would provide to their own family members, and that is because successive Conservative and Liberal governments have chipped away at long-term care. They have made it

more about profits for companies than the workers and the residents in long-term care, and this bill isn't going to fix it. It's really a shame that we've known about this for years and the Liberals and Conservatives have had many opportunities to fix it, and they haven't. And then we go through a pandemic, and we see 4,000 residents die in long-term care, and this is the bill this government brings forward—a bill that will not fix the issues in long-term care.

I received an email from someone today, and they were highlighting something that I think is really important to raise during this debate. It was a memorandum that was sent out by the Ministry of Long-Term Care on July 21, 2020. It was sent out to all long-term-care licensees, and it was around the annual increases to the copayments that residents in long-term care pay in order to have a spot. There's government money that goes in, and then the residents pay extra. What that extra amount, that copayment, is depends on the type of room they have—whether they're in one of those crowded ward rooms or whether they want to be in a semi-private or a private room. This memorandum, on the surface, sounded like a good thing, because it was talking about how every year those copayments go up by 1.9%—these homes are allowed to increase those costs by 1.9%. On the surface, this sounded good—that the government was saying, "We're going to defer those increases for six months." What that means is that from July 1, 2020, until January 1, 2021, or the end of December 2020, these homes were not allowed to increase those copayments. They were deferring those increases. So on the surface it sounded great. But, as we often say on this side of the House, the devil is in the details, because also in this memorandum that was sent out to licensees, it points out, "The ministry is providing compensation so that your home will not lose any revenue resulting from this deferral." Those payments were forwarded from this government to some highly profitable licensees in March of this year. I think that really speaks volumes to the priorities of this government.

Here's an article from December 9, 2020, from the CBC: "2 Ontario LTC Operators Got \$157M in COVID-19 Aid. They Also Paid \$74M to Shareholders." Sienna Senior Living Inc. got \$43 million last year, during a pandemic, while seniors were dying in their homes and many more were sick. They paid out to their shareholders \$43 million. Extencicare Inc. paid their shareholders \$31 million. And yet, this government thinks that they should fork over more taxpayer money to these highly profitable agencies, because they might lose some revenue when they're told that they can't do the 1.9% increase on copayments. That's where this government's focus was—making sure that Extencicare, Sienna Senior Living and many others didn't lose any of those \$43-million or \$31-million profits to give out to their shareholders. They didn't put that public money into training and hiring more PSWs or nurses in long-term care. They didn't put that money into ensuring that the workers who were there had the appropriate PPE so they weren't getting sick—some of whom died themselves, the employees. They didn't put

that money into ensuring that those workers were getting a decent wage and—hey, let's shoot for the moon—a pension and benefits. And while we're at it, that money could have gone towards paid sick days.

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But instead, the government sends out this memorandum to these highly profitable long-term care licensees saying, "Don't worry about the fact that we're not allowing you to increase the cost to the residents in long-term care. Hey, we want to look like we're really good guys here, that we really care about the residents in long-term care, so we're going to say you can't increase the premiums. But hey, here's that money from us to make sure your shareholders get every dime they think they deserve." All of that was happening at the expense of the residents and the workers in long-term-care homes. I don't know how anyone on the government side of the House can justify that. I don't.

Speaker, as I had said, nearly 4,000 seniors died alone and in the midst of a humanitarian disaster. Some of them died of neglect. We all heard the stories, the military report of what was going on inside those homes. Some of those things had been going on for years, for decades. As I pointed out, under successive Liberal and Conservative governments, that was happening.

Those of us on this side of the House were sounding the alarm. The public was sounding the alarm—the people that the President of the Treasury Board in his economic update speech called the "activists" that we listen to, as though it's shameful to be an activist. Well, I'm telling you that all of us in this House—every single elected member in this House was elected to be an activist for the people we represent. If the folks on that side of the House don't think that's part of their job, then they should step aside, because they've got it all wrong.

So while the activists—the public—the residents in long-term care, the families of those living in long-term care have been sounding the alarm bells for years around what was going on in long-term care, as my colleagues tabled bill after bill around four hours of hands-on care—the government wants to say that's what they're doing. That's not what they're doing. They're talking about an average, not a mandated four hours of hands-on care, and it's a stretch goal. It's not going to happen for years. We've been calling for years for it to happen immediately, and so have the experts, and so have the residents and their families.

While all of that was happening over the years, we then get hit with a pandemic, and the military goes in and they highlight some of the issues that have been long-standing issues and then some other really, really alarming stuff, Speaker. As I pointed out earlier, as that was happening, this government was still syphoning money to those profitable corporations, making sure the shareholders didn't take a hit.

And then they bring forward this bill that really doesn't address any of those issues. Where's the enforcement? Where is the commitment to getting profit out of long-term care? Because as my colleague from Nickel Belt pointed

out this morning during debate, until you get the profit out of long-term care, we're going to continue to see this cycle. Many of those issues that were highlighted by the military and those long before them are going to continue, and you're just going to pass the problem on down the road. It's just going to keep happening, at the expense of the residents who live in those homes.

Now, I know folks on the government side got phone calls and emails. I know that people were blowing up their social media over their concerns over long-term care as we saw the horrors play out early on in the pandemic. It doesn't appear like anyone on that side took those phone calls, read those emails or paid attention to the comments on social media, because they're not really reflected in this bill.

But, Speaker, I can tell you that for months, the bulk of my day and the bulk of the time that my staff spent doing casework and talking to constituents was all about long-term care. We were hearing from terrified families. We were hearing from grief-stricken families. I would spend seven, eight, nine hours a day. Sometimes I'm talking to people until 10 or 11 o'clock at night, trying to comfort a family, because there is no information coming out of the home that their mom or their dad is in, and there's an outbreak. They don't know what's going on, because it was chaos in those homes. These families were terrified.

And do you know what the government's reaction was? "We're going to lock them all out. We're not going to let the families in. We're not going to tell these homes that they have to speak to these families and provide the information." That's what was going on.

It's heartbreaking to listen to these families on the phone. It's basically the same story, one after another, and you can't console them. You can't. How do you console somebody who is terrified about a deadly virus that's running rampant through their parents' long-term-care home? And they can't get a hold of anybody. All they know is what's coming out in the media.

Speaker, there's nothing in this bill—and I don't have a lot of time left, but I really want to focus on the caregiver aspect, the families of the residents in long-term care. I also want to make sure it's clear—and I know that my colleague who is the critic for long-term care raised this last night during debate—that it's not just seniors who are in long-term care. There are many people with different disabilities, whether that is an intellectual disability or a physical disability or that they've been in a car accident, and they are now quadriplegic, and they need the type of

care that you would get, or you're supposed to get—not under this government will you get it, but you're supposed to get it in long-term care. I think that's really important: It wasn't just seniors, and it's still not just seniors living in long-term care.

Speaker, I brought forward a bill after talking to families across the province, whether that was families who have a loved one in a long-term-care home or in a retirement home or a group home or someone that had to go to hospital. I spoke to families all across this province—too many to count, frankly—and that is why, with them, we developed my bill, the More Than a Visitor Act, because those families were getting locked out. There was no communication. Their loved one who was living in one of these facilities or in hospital for treatment was suffering, because their families, their caregivers, couldn't get in. There is really no financial value for what these essential family caregivers provide.

This government could have worked my legislation into this legislation, and they didn't. Now, I'll give them some credit; they did take some language out of my bill and throw it in here.

Ms. Doly Begum: To make it sound nice.

Mrs. Lisa Gretzky: To make it sound nice. But it does nothing. This does not legislate the fact that residents in long-term care do not sign away their rights to access the people they want to access, under any circumstances. There's no language in here about ensuring that their rights are respected and that they will have that continuous, meaningful access, because a phone call or a Zoom call is not meaningful access to someone who can't hear, or who can't verbally communicate, or is blind or low vision, who communicates by touch.

There is nothing concrete in here to ensure that a resident in long-term care will have that legislated, meaningful, continuous safe access—meaning that the resident, the workers, the caregivers all have the PPE or whatever it is they need in order to facilitate a safe visit, whether that's inside or outside of a pandemic. And we have heard countless stories of the mental decline in residents who didn't have access to their caregivers. We heard about the physical and medical decline. In some cases, they just gave up, Speaker, and they literally stopped eating and drinking and starved to death because they couldn't access their essential caregiver. That's on this government, and it hasn't been addressed in this bill.

Report continues in volume B.

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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	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
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	

**STANDING AND SELECT COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS ET SPÉCIAUX DE L'ASSEMBLÉE LÉGISLATIVE**

Standing Committee on Estimates / Comité permanent des budgets des dépenses

Chair / Président: Peter Tabuns
Vice-Chair / Vice-président: Randy Pettapiece
Teresa J. Armstrong, Toby Barrett
Lorne Coe, Rudy Cuzzetto
Goldie Ghamari, Randy Hillier
Christina Maria Mitas, Judith Monteith-Farrell
Michael Parsa, Randy Pettapiece
Peter Tabuns
Committee Clerk / Greffière: Thushitha Kobikrishna

**Standing Committee on Finance and Economic Affairs /
Comité permanent des finances et des affaires économiques**

Chair / Président: Ernie Hardeman
Vice-Chair / Vice-président: Ian Arthur
Ian Arthur, Will Bouma
Stephen Crawford, Catherine Fife
Ernie Hardeman, Mitzie Hunter
Logan Kanapathi, Sol Mamakwa
Jeremy Roberts, Dave Smith
Vijay Thanigasalam
Committee Clerk / Greffière: Julia Douglas

**Standing Committee on General Government / Comité
permanent des affaires gouvernementales**

Chair / Président: Logan Kanapathi
Vice-Chair / Vice-président: Mike Schreiner
Jill Andrew, Robert Bailey
Will Bouma, Guy Bourgouin
Chris Glover, Mike Harris
Logan Kanapathi, Sheref Sabawy
Amarjot Sandhu, Mike Schreiner
Daisy Wai
Committee Clerk / Greffier: Isaiah Thorning

**Standing Committee on Government Agencies / Comité
permanent des organismes gouvernementaux**

Chair / Président: Gilles Bisson
Vice-Chair / Vice-président: Aris Babikian
Deepak Anand, Aris Babikian
Gilles Bisson, Lorne Coe
Wayne Gates, Robin Martin
Norman Miller, Billy Pang
Amanda Simard, Marit Stiles
John Yakabuski
Committee Clerk / Greffière: Tanzima Khan

**Standing Committee on Justice Policy / Comité permanent de
la justice**

Chair / Président: Daryl Kramp
Vice-Chair / Vice-présidente: Lucille Collard
Lucille Collard, Christine Hogarth
Daryl Kramp, Natalia Kusendova
Jim McDonell, Suze Morrison
Randy Pettapiece, Gurratan Singh
Donna Skelly, Effie J. Triantafilopoulos
Kevin Yarde
Committee Clerk / Greffière: Thushitha Kobikrishna

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

Chair / Présidente: Laurie Scott
Vice-Chair / Vice-présidente: France Gélinas
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: Christine Hogarth
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: Aris Babikian
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
Robin Martin, Effie J. Triantafilopoulos
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