

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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**Official Report  
of Debates  
(Hansard)**

No. 19A

**Journal  
des débats  
(Hansard)**

N° 19A

2<sup>nd</sup> Session  
42<sup>nd</sup> Parliament

Wednesday  
17 November 2021

2<sup>e</sup> session  
42<sup>e</sup> législature

Mercredi  
17 novembre 2021

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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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**ORDERS OF THE DAY / ORDRE DU JOUR**

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LEGISLATIVE ASSEMBLY  
OF ONTARIO

Wednesday 17 November 2021

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Mercredi 17 novembre 2021

*The House met at 0900.*

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

*Prayers.*

ORDERS OF THE DAY

BUILD ONTARIO ACT  
(BUDGET MEASURES), 2021

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

Resuming the debate adjourned on November 16, 2021, on the motion for second 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 Speaker (Hon. Ted Arnott):** Further debate?

**Mr. Stephen Crawford:** Good morning, everyone in the Legislature and at home on TV. I'm proud to be able to speak about Bill 43, the Build Ontario Act, tabled by my colleague the Minister of Finance.

Speaker, the fall economic statement introduces a plan that benefits Ontarians and accelerates the economy. It's a multi-pronged plan to create and preserve jobs, help seniors across the province and make a real difference in our health care system after more than a decade of neglect by the previous government.

Speaker, I will first focus on how we are creating jobs and boosting the economy. Our fall economic statement includes initiatives to generate a robust economy that aligns with the second and third pillars of the statement: building Ontario and working for workers. As the latest job numbers from Ontario show, our economy is rebounding. Ontario had over 45,000 more jobs in October than it did before the start of COVID. The outlook is positive, but there is more that our government can do to spur economic growth and, in turn, create jobs. For instance, our government is committed to tackling the skilled trade shortage. The skilled trades offer well-paying jobs, but many remain unfilled. The job deficit is also expanding, since many of the workforce employed in these occupations are near the retirement age.

Recognizing the need to equip Ontarians with the skills for the skilled trades, this legislation, if passed, would extend the Ontario Jobs Training Tax Credit to 2022. This credit provides up to \$2,000 per recipient for up to 50% on

eligible training expenses. Further, the skilled trades strategy is being advanced. The strategy is backed with more than \$90 million spread over three years. Encompassed in the strategy are the Ontario Youth Apprenticeship Program and pre-apprenticeship program, as well as establishing a skilled trades fair similar to the university fair that prospective students visit.

I also want to highlight an additional \$5 million is being invested next year to expand the Second Career program. The Second Career program covers training and education costs for laid-off individuals in their pursuit to gain new skills. Investing in training programs for the skilled trades creates opportunities to find rewarding careers.

Speaker, we are very fortunate to live in this great vast province that offers something for everyone. Whether you drive up north for camping, visit wine country in Niagara or visit my riding in Oakville to see the historic downtown, the historic Glen Abbey or walk the lakefront, there are businesses ready to serve you. However, it was businesses operating in the tourism and culture industries that were most affected by the pandemic. Our government acted to reduce the financial burden with funding and support. Our government invested more than \$800 million to help cultural and tourism industries recover from the pandemic.

Part of this funding is the proposed staycation tax credit. This legislation, if passed, would create a temporary staycation tax credit for 2022. Ontarians could receive 20% of eligible 2022 accommodation expenses, up to \$1,000 for an individual, or up to \$2,000 for a family, for a maximum credit of \$200 or \$400 respectively. Just a few months ago, I met with hotel owners in Oakville, and I know they are absolutely thrilled with the new proposed tax credit that will drive business to their hotels.

Encouraging domestic tourism within our province by subsidizing eligible accommodation expenses, such as motels, hotels and lodges, supports local economies and increases visitors. Towns and cities across the province could see an influx of new customers, benefiting not only the general economy but also the labour market. Importantly, the credit is an additional way to assist the most impacted sectors to recover by keeping tourism dollars right here at home. Ontarians want jobs and to get people working, which is critical to the success of our province.

Speaker, I would like to now turn to how our government is improving health care in our province. As we all know, under the previous Liberal government, hallway health care was prevalent across the province. Our seniors experienced long wait-lists to enter long-term care homes. In fact, from 2011 to 2018, there were only 611 long-term-care beds built across the entire province. When the wait-

list was over 30,000 people, the previous Liberal government built 611 beds across the province in nearly a decade. In Oakville, like many communities, zero new beds were built during that time frame.

The members on this side of the House are focused on making improvements in health care and long-term care. Regarding long-term care, this means increasing supply and enhancing standards of care. We are planning for 30,000 net new long-term-care beds and, importantly, redeveloping another 28,000 across the province. This undertaking is supported by a total investment of \$6.4 billion.

Progress is well under way. Oakville's Mayor Rob Burton has been asking for years for new long-term care to reduce our town's wait-lists. Our government is answering. We have now accelerated the development of 640 new beds. Notably, there will be 640 single rooms. To quote Mayor Burton, "For many years there has been a growing need for long-term care in Oakville to support our aging and diverse population. The long-term-care beds in north Oakville will lower the wait time for patients that need a more permanent home." There are more beds, again, being built in Oakville alone than the Liberals built in the entire province in seven years. Speaker, that is an accomplishment, and seniors can rest assured that a bed will be available when they need one.

Fixing long-term care extends beyond creating supply. In the fall economic statement, a major focus was outlining funding to increase staffing levels in long-term care and throughout the health care system. Speaker, we know residents in long-term care deserve more direct care. A central goal of the government is to utilize \$4.9 billion to get four hours of direct care for every long-term-care resident by 2025. To achieve this aim, thousands of jobs will be created. With an investment of \$342 million, 5,000 registered nurse and registered practical nurse positions are going to be created throughout the health care system for long-term care, and 8,000 personal support workers will be trained. Further, our government is investing \$57.6 million, beginning in 2022-23, to hire 225 new nurse practitioners in the long-term care sector. Increasing the number of front-line staff is about caring for our seniors and ensuring they get the care and attention they deserve.

**0910**

Speaker, addressing the shortfalls of the previous government's handling of long-term care is not the only way for caring for our seniors. Launched for this taxation year is also the Seniors' Home Safety Tax Credit. This tax credit allows seniors to stay in their homes longer by covering eligible expenses or home renovations to install mobility or accessibility devices. This legislation, if passed, would extend the tax credit into 2022. The credit extension would provide an estimated \$35 million in support to about 32,000 people, or \$1,100, on average, up to a maximum benefit of \$2,500 per individual. It can be claimed by a senior or anybody else residing with a senior.

Alongside the home credit to help seniors stay in their homes longer, our government announced we are providing funding to expand the paramedicine for long-term

care program to every region of Ontario. Eligible seniors on the long-term care wait-list will receive care in the comfort of their own homes before admission to long-term care.

During this pandemic, our health care systems received unprecedented investments. When our health partners needed funding, we were there to support them and the vital work that is being done. In particular, an additional \$5.1 billion has been directed to hospitals since the start of the pandemic, which created more than 3,100 additional hospital beds. Included in this amount is \$1.8 billion for next year to support new and additional hospital beds to reduce surgical and diagnostic imaging backlogs.

Speaker, in 2021-22, \$69.9 billion is the projected investment for base health care expenditures, with a further \$5.2 billion being dedicated to the COVID-19 response, representing approximately 40% of the provincial budget. The ongoing health care funding puts patients first by expanding access to care and ensuring services are completed.

Speaking of patients, with the growing population, hospital infrastructure needs to be developed. More people equals more demand, and the government is keeping pace with the rising population.

The historic investments I mentioned in long-term care and hospitals go to the foundation of protecting the progress made since the onset of the pandemic, which is the first pillar of the fall economic statement.

Since day one, our government has been there to support the people of Ontario, and I hope that the opposition will support Bill 43 and the government, and protect Ontario's economy and build a future for everyone.

**The Deputy Speaker (Mr. Bill Walker):** It's time for questions and responses.

**Mr. Jeff Burch:** Thank you to my friend from Oakville for his presentation on Bill 43. We're hearing a lot from our constituents about affordability. There's no \$10-a-day daycare in the economic statement. Minimum wages are way behind the cost of living. There's an affordable housing crisis. If we're talking about building Ontario, this government is spending \$10 billion on two highways that don't improve safety and don't improve commute times. What does that say about the government's priorities when it comes to building Ontario?

**Mr. Stephen Crawford:** Thank you to the member for the question. A lot of issues in your question there, but to address the highways in particular—which I didn't have time to talk about in my speech; I only had ten minutes. I think these are absolutely critical to the infrastructure growth of Ontario. The population of the GTA, I'm sure everybody is aware, is growing exponentially. It's one of the fastest-growing metropolitan areas, if not the fastest, in North America.

Last I heard, there are going to be more cars on the highways. There are more people driving their kids to school, to hockey practice. There are more people commuting. I can tell you the truckers association is concerned about delivering their goods on time because of the lack of highway infrastructure we have in the province of Ontario.

The 413 and the Bradford bypass I think are critical infrastructure needs that the people of Ontario, businesses and families need to be able to move goods faster and families quicker.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Niagara West.

**Mr. Sam Oosterhoff:** My thanks to the member from Oakville for providing such important commentary on the fall economic statement. Of course, it's important legislation that's building up Ontario in so many ways that were abandoned for so long under the former government. I'm very proud to see him speak in support of it.

An area that I think is so important as well for not just Niagara but across this province is our hospitality sector. He mentioned a little bit about the staycation tax credit, but I think it's important to look at it also from the perspective of families, who are getting a well-deserved vacation in 2022, who have been, frankly, cooped up, a lot of them, for a long time as a result of COVID. I think it's important that this affordability is also seen through that lens.

Could he speak a little bit about what the staycation tax credit will mean for families and job creators in the province of Ontario?

**Mr. Stephen Crawford:** Thanks to the member from Niagara West. You have a very good point with the staycation tax credit. I know your riding is one of the most beautiful ridings in the province, with the wine country. Like probably a lot of members of this Legislature, I haven't travelled much during the pandemic—very little. I haven't left the province. It's been difficult, obviously. And families want to see the beautiful province of Ontario that we have, the diverse regions. We all know that hotel operators, tourism industry, motel operators, various cultural attractions have been hit very hard by the pandemic. I think encouraging Ontarians to see the beauty in our own province and helping them with the affordability, as you mentioned, as well, and being able to subsidize part of the cost of travelling to see our province will encourage people to travel and see the beauty of our province. So I think it's a win-win-win for residents, consumers and businesses here in the province of Ontario.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Windsor–Tecumseh.

**Mr. Percy Hatfield:** I listened to the member from Oakville. Two words jumped out at me: health care and jobs. First—and I hope the members don't fall over in surprise—I want to thank the government for the nearly \$10 million they've given to Windsor and Essex county to continue with the planning stage for phase 2 of our new regional hospital.

On jobs, yes, I agree: People want jobs. They want good-paying jobs. They don't want jobs below minimum wage. They'd prefer to have the minimum wage boosted. When we proposed it in the NDP way back five years ago, \$15 an hour seemed okay. Now it's at least \$17. The experts say a living wage is \$20.

My question to the member from Oakville is, would he agree that jobs at \$20 an hour would boost Ontario's economy much more than jobs at \$15 an hour?

**Mr. Stephen Crawford:** Thank you to the member from Windsor–Tecumseh. It's great to see the expansion of health care in your neck of the woods in Windsor. And we're going to miss you, by the way. I know you made an announcement that you're going to be leaving the Legislature. We're going to miss you here, but I hope you keep in touch.

To your point about wages, our government made a promise in the last election to slow the pace on that \$15 minimum wage because there was a dramatic impact—I think it was over 20% or 25% within a matter of a year or two that really impacted businesses. Now, things have changed with the pandemic, obviously, and labour is in shorter supply today, unfortunately.

Last I checked, I think a few weeks ago, I think it was on the NDP website, they were having a petition for a \$15 minimum wage, and then all of a sudden it disappeared after we announced this great news. So I throw the question back to you: What changed?

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Mississauga Centre.

**Ms. Natalia Kusendova:** I listened to my colleague talk so eloquently about all the investments our government is making, especially in the area of long-term care. Of course, our commitment to increase the hours of direct daily care per patient to four hours of care per day will result in the hiring of thousands more health care staff into that sector. For a typical 160-bed home, that's 43 more staff, which is unprecedented: six more registered nurses, 12 more registered practical nurses and 25 more PSWs. Can the member expand on how this investment and this commitment will benefit his community in Oakville?

**Mr. Stephen Crawford:** Thank you to the member from Mississauga Centre and, again, thank you as well for all your work in the pandemic. I know you've been helping your community as a nurse during this difficult time.

But you are absolutely correct. I know our community has had zero long-term-care beds built in the last 15 years. Now, according to the mayor of Oakville, there's a waiting list of almost 1,000 people. We were at an announcement a couple of weeks ago with the mayor, with the Minister of Long-Term Care and my colleague from Oakville North–Burlington, and I can tell you, he was ecstatic. He said that in one swoop, this government did more than the previous government in 15 years to be able to serve the needs of these residents in Oakville that are on a huge waiting list. And I get the calls. I hear about it every day in our constituency office, people that can't get their parents or grandparents into long-term care homes and help them when they need it. So we're ecstatic, and we know it's going to create jobs, but most importantly, help those in need.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Humber River–Black Creek.

**0920**

**Mr. Tom Rakocevic:** Since the return of the Legislature, we've heard many speakers on the government side talk very well and eloquently, with well-researched details, but one detail that's been caught lacking in all the

speeches we've heard has been any kind of comment on the issue of commercial insurance rates. We have seen businesses, in all of your ridings and in all of ours, face two or three times more in insurance rates, and yet there is no conversation, no leadership—completely silent. Why isn't this part of your plan to build Ontario?

**Mr. Stephen Crawford:** Thank you to the member from Humber River–Black Creek. Insurance? You're right. A lot of costs have gone up.

If we look—I think at 8:30 today, the inflation numbers came out for Ontario. They were, I believe, 4.7%, which is a bit concerning. Part of that stems from a lot of the issues around the pandemic, whether it's supply chain problems, labour issues etc.

Insurance has been also an ongoing concern, and you've brought that up. I know the Minister of Finance, over the last year or two, had talked to a lot of insurance companies. There were some reductions made to people with respect to their auto insurance, because there were fewer cars on the road, particularly in the lockdown period. I guess it would have been last March, April and May, in that time zone. So there were some small reductions.

Unfortunately, there were still quite a few accidents on the roads with the increase in stunt driving, which is another piece of legislation we brought in as well. But thank you for the question.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the Minister of Colleges and Universities.

**Hon. Jill Dunlop:** I'm happy to join the debate here this morning, and ask my colleague a question. It was interesting, the discussion on long-term care. Something that my ministry is obviously particularly interested in is the training of more nurses and PSWs.

I was recently with the Minister of Municipal Affairs and Housing where we announced a stand-alone nursing degree program at St. Lawrence College as well as at Georgian College. It's exciting to hear about the number of beds increasing in my colleague's riding.

Can the member tell me, how does our government's commitment to building long-term care compare to the inaction of the previous government?

**Mr. Stephen Crawford:** Thank you to the Minister of Colleges and Universities for the question. And thank you as well for the great work you're doing in getting these personal support workers and nurses trained, because we need them. I encourage everyone to go into those great professions. We are definitely going to need them over the next few decades in Ontario.

Again, I want to emphasize that we are the first government to deal with this problem, which has been systemic for decades: the long-term care and the lack of beds built. It's not five or 10 years; it's been years and years and years. We're taking the first step to get this problem resolved, and we look forward to creating many more beds in a more comfortable environment for our seniors.

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

**Mr. Paul Miller:** As a long-standing member of this legislature, I can remember way back. There have been many campaigns that have come through my office looking for support and guidance, and many of these campaigns have been focused on the elimination of poverty or on improving the quality of life among the working class in Hamilton and all of Ontario.

One of the most effective and positive campaigns to ask for my support was called \$15 and Fairness. Their original poster is still in my office in Hamilton, for that matter. I remember advocates like Brian Jackson, who worked tirelessly on this campaign to raise the minimum wage as far back as 2016.

Backed by labour unions and good-hearted anti-poverty activists in Hamilton, the need for an increase in the minimum wage was dire. At the time, minimum wage was \$11.25, and the people of Hamilton knew full well that this was not enough for a worker to get by on. Some campaigns focused on a living wage, which put the increase needed in workers' wages to as high as \$17.50 an hour in places like Hamilton. This was the case five years ago and, to the surprise of many, it was fairly successful.

In the run-up to the 2018 provincial election, the Liberal government of the time decided to announce a proposal to increase the minimum wage. At the time, the first major increase was to \$14 an hour. To the shock of many, even in the political parties, the announcement went further to say that the next increase would be to \$15 an hour.

It seemed at the time that the hard work and dedication of those fighting for good-paying jobs—fast-forward to the beginning of the Doug Ford government and there was a clear moment of sober thought. The planned increase to \$15 was put on hold. Many programs and plans were upset by the incoming government, and many of the same anti-poverty activists were flat-footed when the three-year Basic Income Pilot project was tossed in the bin, along with the hopes and dreams of many in Hamilton who had just seen their standard of living increase for the first time in decades. Groups like the Hamilton Roundtable for Poverty Reduction turned to whoever they could to get their important issues back on the table.

At the time, I had reintroduced a private member's bill, Bill 60, An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission. The bill was so popular that even a member of the government, Mr. Bailey, decided to co-sponsor the pending legislation. Bill 60, formerly Bill 124, formerly Bill 30 and formerly Bill 6 and so on, was and still is an attempt to base our current social assistance rates on actual evidence. Basic things such as how much is needed to cover rent, utilities and food would be taken into account when determining how much an Ontario Works or Ontario Disability Support Program member should receive.

It should be clear to everyone in this room that, despite 2018 only being three and a half years ago, there have been some pretty significant increases to the cost of living, especially in places like Hamilton that has seen rents go up 150% to 200%. Bill 60 would have—and still may—

establish a baseline of livable wages in Ontario, and the people of my riding remind me of it each and every day.

One of the major arguments made by local poverty advocates and from people on social assistance or minimum wage industries stems from the federal response to COVID-19. While the country and most of the rest of the world was still in the first lockdown, the government of Canada needed to act fast to stem the tide of mortgage or rental defaults. A new program was announced that would shovel money into the bank accounts of people who were forced home from work due to the pandemic. They were all told that they would receive payments of \$2,000 a month to hold them over until the world returned to normal. This maxed out at about \$14,000, but other programs were later announced to help out those who were still unable to return to work.

The federal government, after some strong fighting with certain opposition members, determined that \$2,000 a month was the magic number. From the sounds of it, it was a rather suitable number for many Canadians who had to rely on government assistance at that time. So \$15 an hour is a wage that would have made sense to people in 2016 or 2017, but not in 2021. We've all been through a lot since March 2020, but we have to remind ourselves that the world continues to march on, landlords still expect their rent and the groceries are now becoming a minefield of inflation, with parents bringing fewer and fewer necessities home with each passing week. The new minimum wage may seem like a small step in the right direction, but it overlooks so much that is going on in our province.

One of these areas that has not been discussed is the impact a higher minimum wage will have on those who are in the unique position of not being able to work while still being expected to. In this case, I am referring to the thousands of injured workers currently dealing with the Workplace Safety and Insurance Board. The system that is in place for people who have been injured at work and cannot return to work in the same meaningful capacity is one based on unfairness and, in many cases, injustice. This is due to the policy known by those familiar with the WSIB as "deeming." This particular group of people in this province are in the unique position to lose money once wages go up. To put it simply, once it is determined that a worker cannot return to work due to continued medical barriers, the WSIB moves on to determine what potential job the injured person could hypothetically do. Each worker is assessed on their current or potential capabilities and, generally, a new mystery career is chosen for them. These new jobs normally pay minimum wage and typically take the form of a parking lot attendant or security guard. Again, these jobs all tend to pay the injured worker minimum wage.

If the injured worker is physically or mentally capable of actually working the new "deemed" job, they are not hurt financially. If the worker is not able to work the job they have been deemed capable of, they lose the minimum wage payments and their WSIB compensation does not make up the difference. To put it as simply as possible: A

worker who made \$40 an hour is hurt on the job. For a while, they are compensated for this amount. Once they are deemed capable of returning to work, they must do so, despite objections from doctors or pain specialists. If they do not return to work at a new minimum wage job, they are out that amount. They have now effectively gone from being compensated \$40 an hour to \$25 an hour. The new \$15 minimum wage was not taken into consideration for these workers, and now they have effectively been given a pay reduction of another dollar per hour.

I'd like to talk about the staycation tax credit. Having been the tourism critic for many years and the current sports critic, I can speak to the importance of this industry in Ontario. Let's just be honest with ourselves: \$200 per person and \$400 per family may sound good, but does it really account for what an actual family vacation in 2021 costs, and does it really help all aspects of the tourism industry? Ontario residents can apply for this tax credit as long as they have the receipt from their stay at a hotel, motel, resort, lodge, bed-and-breakfast establishment, cottage or campground in Ontario. This is good news for the hard-hit accommodation and hospitality industry, but what does it do for the attractions that are the reason for the travel in the first place?

#### 0930

My riding has many wonderful hotels and a developing bed-and-breakfast industry, but the people of Ontario are not coming to Hamilton East–Stoney Creek to sleep at a hotel; they're coming for a reason. Prior to the pandemic, people would travel around southern Ontario to visit, for example, the Winona Peach Festival or the War of 1812 re-enactment. They would come to our community and visit our restaurants and museums. They would buy some ice cream. They're activities that are not happening anywhere, or at least to the same extent. The peach festival and the War of 1812 re-enactment are cancelled for a second year in a row.

My second one would be the nursing pay increase. As a father of a nurse, I am astonished that nothing was mentioned in the legislation about their working conditions and compensation. From the phone calls in my office and the official statistics, it's clear that nursing burnout is a real thing and the nurses of this province are reaching a breaking point.

Nursing is the foundational element of our health care system, whether that is front-line primary care nurses or long-term care and in-home care nurses. The one thing this pandemic has been clear about is that our nurses are overworked and underpaid, and if nothing is done about it, we will be wondering where they all went.

There's not a week that goes by where my constituency office does not hear from a scared or angry resident frustrated with the LHINs and their in-home care: nurses not arriving on time; nurses not showing up at all; nurses and PSWs who seem tired and distracted; PSW visits that were once five times a week are now two or three times a week, if they're lucky; wait-lists for nurses and PSWs that are weeks-long; people being sent home from the hospital with no home care set up for them.

The list of concerns continues to grow, but the problem is always the same: lack of nurses and PSWs. It's not the fault of the nurses or the PWSs. They are working as hard as they can and caring for our population with all their hearts—and for what? Less than \$20 an hour for an in-home care worker? A temporary boost in pay that is set to expire in a few months? Another 12-hour shift at the ICU in which two co-workers have called in sick or on a mental health day due to stress and burnout?

To add insult to injury, the announcement that most health care workers are looking at a 1% increase in pay leads many in the profession to question what they are doing in long-term care. With consumer inflation climbing almost daily, essential items costs are up, way up, and a 1% increase in pay to nurses and health care professionals—they're actually facing a downgrade. From my days in the labour movement, I would call this a net loss in inflation. And who really believes inflation will be less than 5% this year? Look at the price of gas.

It appears my time is up, Mr. Speaker. I'll be ready for questions.

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

**Mr. Norman Miller:** Thank you to the other Miller in this place for his comments today. He did talk a bit about the staycation tax credit, and certainly, that's something that's important to my area I represent in Parry Sound–Muskoka that counts on a lot of tourism in it. I believe it certainly is significant in that if you spend \$1,000 as an individual, you get that \$200 credit, and for a family it's up to \$400. When you add it all up, it's a lot of money across the province. I would think it would be a benefit to his area as well—maybe not to the same extent as Parry Sound–Muskoka.

I'm just wondering, he did raise some concerns about that. I believe it applies just to accommodations, but you were making some points with regard to attractions as well. I would think there would be spill-off. If you're staying at a lodge near Bracebridge, you're probably going to still go to Santa's Village. Maybe the member can talk more about that.

**Mr. Paul Miller:** Thank you to the member from Parry Sound–Muskoka. I believe Norm is leaving us too, and he will be sorely missed.

**The Deputy Speaker (Mr. Bill Walker):** I'll remind the Millers to please refer to the riding.

**Mr. Paul Miller:** Sorry.

Your question about the \$200: The \$200, or \$400 per family, as you know, today doesn't go too far. It might be one day out, if you're lucky, to an attraction in Muskoka or in Stoney Creek to the battle or whatever; \$200 goes pretty quick. It's going to put up the businesses maybe 20% in our area in Hamilton East–Stoney Creek, maybe 20% with that benefit. It certainly is not enough. I know it's spread out all over the province and becomes very costly, but the bottom line is that I think the side effect would be much better with the amount of people spending the money in the communities.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Windsor–Tecumseh.

**Mr. Percy Hatfield:** I want to say to my friend and mentor from Hamilton East–Stoney Creek, what a wonderful presentation. I know I join with him in saying to the member from Parry Sound–Muskoka that we will certainly miss you, sir, and all of your contributions to this House, as you have decided not to run again.

My friend from Hamilton East–Stoney Creek started off giving us a history lesson, taking us back to 2016 and a minimum wage of \$11.25. That's when we in the NDP decided, "Let's go to \$15." The Liberals had no interest at the time until the following year. I don't know if it was political opportunism or not. They stole the plank from the NDP platform. They said, "Yes, we'll go to \$15. We'll go to \$14, phase it in." The Conservative government came in, the Liberals went out, and it didn't go up to \$15.

My question now is, with an inflation rate of more than 4%, the highest jump in 18 years, does the member from Hamilton East–Stoney Creek believe that \$15 an hour is going to cut it anymore? How can they—

**The Deputy Speaker (Mr. Bill Walker):** Thank you. I return to the long-standing member from Hamilton East–Stoney Creek.

**Mr. Paul Miller:** Thank you to the member from Windsor–Tecumseh. The problem—you're right; you hit the nail on the head. Basically, back then, the Liberals brought it in just before an election and they were going to increase it to \$15 an hour. They lost the election and the Conservative Party won. They eliminated that quickly.

Now they're telling me, three years later, that at that time, that was too much money. It was going to hurt business, which I don't believe for a minute, because any increases to business are passed on to the consumer, so if a consumer had to pay 10 cents more for a chocolate bar, that would have covered the \$15. So that's a myth.

To bring something back that they cancelled three years ago is hardly an increase. I think it's more of an insult than anything.

**The Deputy Speaker (Mr. Bill Walker):** I look to the member from Mississauga Centre.

**Ms. Natalia Kusendova:** The member spoke eloquently about nurses and PSWs and the burnout that they've experienced throughout this pandemic. That's why I'm proud to be a member of a government that is investing \$342 million and bringing 5,000 new nurses and 16,000 new PSWs into our hospital and long-term care sectors. This is a strong signal that help is on the way.

Can the member commit today on whether he will be voting in favour of this bill to bring this much-needed help into our hospital and long-term care workforce?

**Mr. Paul Miller:** I thank the member for the question, but I've been around here awhile, like I said. The bill certainly has a couple of good things in it and maybe 15 things that they don't like. So probably we won't be supporting that, because the two things are great—they put a little candy into the dish—but the other 13 things are not productive. So we probably and most likely will not.

But in reference to your nursing situation, you can put training in for 10,000 nurses, but you've got to get the nurses to the training. If the nurses who are going to the

training know that they're not going to get a sizable increase and they're stressed out, a lot of young nurses aren't going to last more than one year or two years. They'll be out the door too. So you've got to change the whole atmosphere in the hospitals; you've got to take a look at the whole LHIN system. If you really want to keep these people, if you—

*Interjection.*

**Mr. Paul Miller:** It's my dime. If you want to keep these people employed, then you have to make it livable. That's what you've got to do.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Algoma–Manitoulin.

**Mr. Michael Mantha:** The last question was such a good question, I want to go back to that and give the member from Hamilton East–Stoney Creek more opportunity to talk about nursing, PSWs and front-line workers.

I know in my riding of Algoma–Manitoulin, the constant message that I'm getting from the leadership within our hospitals, from front-line workers, from PSWs, doctor shortages is the fact that people are getting tired. They're getting burnt out. This whole process, this whole COVID pandemic has really put a lot of stress on everyone. The changes to the working hours, the cancellation of vacations, Bill 124: A lot of it has put undue pressure on all of our front-line workers.

What needs to happen? I'm asking the member from Hamilton East–Stoney Creek because that's a northern Ontario perspective. He's from southern Ontario, and I highly respect his views. I'd like to hear from him what's happening in other parts of this province. Are they similar in all corners of this province?

0940

**Mr. Paul Miller:** Thanks to the member from Algoma–Manitoulin—a good question. The problem in the province is that, on top of the burnout, on top of the stress and stress leaves, it's my understanding that, in the last few weeks, emergency departments have closed on weekends, and I can name many cities and towns where that's happened. One of the biggest was London. I have first-hand information because we have family members who are doctors and nurses. The bottom line is this: If it's got to that state where you're closing down emergencies on weekends—obviously, critical care, accidents, people get hurt, killed. What are they going to do, transfer them to a hospital that's open? That's ridiculous.

As far as the north goes, the north has always had a struggle keeping doctors and nurses in the north. This makes it even worse. I would suggest that if they don't bump up the wages and they don't make it more attractive, they won't get those 5,000 or 10,000 people training.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Niagara West.

**Mr. Sam Oosterhoff:** My thanks to the member opposite, a neighbouring member to my riding and someone who is obviously very passionate about Hamilton and the surrounding environs. I just want to ask the member about the doubling of the Ontario Community

Infrastructure Fund, which, as you may have seen in the fall economic statement, is doubling the amount that's going to be allocated to, I believe, over 420 municipalities across the province—a substantial amount of cash for a lot of the smaller municipalities in the province and for various other municipalities. Obviously, there's been increased attention to the pressures that we've seen as a result of COVID. I'm just asking if the member opposite can lay out a little bit about what that doubling of funding means for these communities in being able to provide better service to their towns.

**Mr. Paul Miller:** Thank you for the question from my neighbour next door to Hamilton East–Stoney Creek. True, the money that's given to municipalities for infrastructure improvements and that—roads or whatever it be—is certainly beneficial, but I think you have to get your priorities straight. I think your priorities are health care and education, and those are the two most important things that have to be dealt with, and I think they've been sorely underfunded. I think what's happened is that the movement towards focusing on bridges, roads, infrastructure, pipelines and things like that is certainly important for the economy, but if you don't have the healthy workers and you don't have the people who can go to those jobs to build those infrastructures because of COVID, because of lack of hospitalization and lack of access to doctors and nurses, it's going to be a long time before those things get built.

So I think priorities should be started off. Get this COVID thing under control, get our health care system and our education system in order, and then we can certainly put all our strengths into improving the conditions in the communities.

**The Deputy Speaker (Mr. Bill Walker):** We don't have enough time for another full session.

I beg to inform the House that, pursuant to standing order 101(c), changes have been made to the order of precedence on the ballot list for private members' public business such that Mr. Cuzzetto assumes ballot item number 21 and Mr. Miller, Parry Sound–Muskoka, assumes ballot item number 22.

Further debate?

**Mr. Rudy Cuzzetto:** It's an honour to rise here today to speak in support of our government's plan and, in particular, in support of Bill 43, Build Ontario Act, introduced by the Minister of Finance. I'd like to thank him and his team for their hard work on this bill.

Speaker, with \$51 billion in support available to fight the COVID-19 pandemic and to promote Ontario's economic recovery, our government has ensured that our front-line health care heroes, families, seniors and small businesses have the resources they need. This includes \$1 billion for a vaccination program that has achieved one of the highest rates of vaccination in the world. We have administered almost 23 million doses, including over 2.5 million in Peel region. Ninety per cent of our residents aged 12 and over have received one dose, and over 85% have received two doses.

Starting this afternoon at 1 p.m., the Minister of Health, in partnership with the region of Peel, is opening a new

vaccine clinic in the Sheridan Centre in Mississauga–Lakeshore. This new clinic will be part of our strategy to push toward 100% vaccination coverage. They’re accepting walk-ins for first or second doses, and booster doses will be available for eligible residents, including seniors over 70, health care workers and essential caregivers. They’re open from Tuesday to Saturday, from 1 p.m. to 8 p.m. Again, I want to encourage everyone to get your first, second and third dose as soon as you’re eligible.

At the same time, Speaker, we know the pandemic has revealed many years of neglect in both our health care and long-term care systems. Our plan includes an investment of over \$30 billion to build and upgrade our hospital infrastructure and to address these long-standing issues over the next decade and to ensure our partners have the facilities they need to improve the quality of care for all patients.

Speaker, we’re working closely with Trillium Health Partners on a major reconstruction and expansion of the Mississauga Hospital in Mississauga–Lakeshore. Last Friday, I was proud to join my Mississauga colleagues and the member from Etobicoke–Lakeshore at the Mississauga Hospital to announce an important investment in critical health infrastructure upgrades in both Mississauga and Etobicoke. The president of Trillium Health Partners, Karli Farrow, joined us, and she explained that: “The government’s investment in all three Trillium Health Partners hospital sites will allow us to make critical infrastructure repairs and upgrades to our facilities to ensure a better and safer environment for patients to recover in.”

Upgrades are also needed in our long-term care homes, which were badly unprepared for COVID-19 after many years of mismanagement and neglect under the previous Liberal government. We’re making historic investments of \$6.4 billion to build over 30,000 new long-term-care beds and upgrading 28,000 long-term-care beds to modern design standards. And, Speaker, I’m proud to report that this includes 877 new beds and 275 upgraded beds in my riding alone, for a total of 1,152 new or upgraded beds in Mississauga–Lakeshore, more than any other riding in the province of Ontario.

On Monday, I was proud to join the Minister of Long-Term Care for a tour of the construction site for two new long-term care homes in Sheridan Park. While building a project of this size would normally take three years or more, thanks to an enhanced MZO and our government’s accelerated build pilot program, a total of 632 new, modern long-term-care beds and the first residential hospice in Mississauga will be ready early next year, in 2022. That’s more than the previous Liberal government built for the entire province.

As the number of Ontarians over 75 grew by 75% from 2011 to 2018, the number of long-term-care beds grew by less than 1%. Speaker, in 2018, we inherited a wait-list for long-term care of over 4,500 in the city of Mississauga alone. Many of these seniors and their families have already reached out to my office to help find a place in these new homes. To help ensure they receive the best quality care in Canada, our government is investing almost

\$5 billion over four years to hire over 27,000 new staff, including nurses and PSWs, to increase the average direct daily care to four hours per resident.

Speaker, I recall the opposition was very critical of our government’s decision to appoint a long-term care COVID-19 commission, but we’re now acting on the recommendations of Associate Chief Justice Frank Marrocco and the commission. And, Speaker, I’d like to give just a few examples of what this will mean for long-term care homes in just Mississauga–Lakeshore. This year alone, the Camilla Care Community will receive up to \$506,000 for new staff. By 2024, Camilla Care will receive almost \$4.5 million each year above their current funding. And, as we announced last Tuesday, a new non-profit organization, Partners Community Health, will acquire the operations of the Camilla Care Community from Sienna Senior Living, a for-profit firm.

This year, Chartwell Wenleigh, in Sheridan Homelands, will receive up to \$475,000 more now, and over \$3.5 million more by 2024. Just south, Sheridan Villa, in Park Royal, will receive up to \$506,000 more now and \$3.1 million in 2024. Erin Mills Lodge will receive up to \$270,000 more now, rising up to \$1.7 million by 2024. And just a short walk from my constit office in Port Credit, the Mississauga Long Term Care Facility will receive up to \$167,000 more, rising to over \$1 million each year by 2024. And, Speaker, I could go on. These are historic investments that will help fix our long-term care system and improve the quality of care and the quality of life for our loved ones in these facilities, so they can live with the safety and the dignity they deserve.

#### 0950

The minister’s plan also includes historic investments in public transit, including new subways, GO Transit expansion, the Hurontario LRT, and the Lakeshore BRT in Mississauga–Lakeshore. It also includes \$2.6 billion this year to expand and repair our highways, our bridges, including more than 580 expansion and rehabilitative projects. Work has just begun on the new \$314-million bridge on the QEW at the Credit River, in Mississauga–Lakeshore. When this new twin bridge is completed, we’ll move forward with the repair of the existing heritage bridge. Our plan also includes a commitment to build Highway 413, and it was an honour for me to join the Premier and the Minister of Finance a week ago, in Caledon, to make this announcement.

Speaker, three years ago, after the last election, we met with municipal officials in Peel and asked them about their priorities. I’d like to take this opportunity to read into the record what they told us. They told us that Highway 413 is a “key transportation initiative” that is “critical to the economic well-being of both the region of Peel and the entire province.”

“For several years,” they wrote, “the region of Peel, the city of Brampton and the town of Caledon have advocated for a provincial highway in the GTA west corridor.”

“This project is required,” they wrote, “to support increased connectivity and capacity, which are needed across Peel due to its robust goods movement sector.”

Speaker, that was the Peel region chair, and I agree. Traffic gridlock already costs us \$11 billion each year in the GTA, and we're expected to add one million more people every five years.

Ontario's recovery and our future prosperity depends on getting shovels in the ground today for hospitals, long-term care, housing, transit, and highways as well. This is how we will create the conditions for long-term recovery and growth. Again, I'd like to thank the minister and his team for their work on Bill 43. I look forward to voting in support of this bill.

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

**Mr. Jeff Burch:** Thank you to the member from Mississauga–Lakeshore. The government is spending \$10 billion on two highways, half the highway budget, and there are hospitals and long-term care issues all across the province. There are all kinds of affordability issues that could be addressed. We're talking about a bill called Build Ontario. Does the member really think that \$10 billion is well spent on two highways, and does he agree with Mayor Bonnie Crombie who says that it's a crazy idea?

**The Deputy Speaker (Mr. Bill Walker):** Just before we begin, I want to remind all members, if you have your phones on, please don't have them on your desk because it does interfere with the interpreters and the sound folks.

I return to the member from Mississauga–Lakeshore.

**Mr. Rudy Cuzzetto:** I want to thank the member for that question. I know that we were lobbied on September 18, 2018, when we were first elected, by the municipalities to build this Highway 413, because it was part of their growth plan. With the Golden Horseshoe expanding by about two to 10 million people in the next 20 to 30 years, we need more highways, we need more transit, and we have to move goods. We cannot leave goods stuck in gridlock. We need them to get to our factories so we can produce vehicles.

I come out of Ford Motor Company. Every time that that line would stop because we couldn't get our products into the plant to build those vehicles, it would cost the plant \$52,000 a second. So I agree that we need more highways, more transportation and more public transit.

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

**Mr. Lorne Coe:** My thanks to the member from Mississauga–Lakeshore for an excellent presentation.

Part of the economic statement in Bill 43 is we're investing \$12.4 million over two years to continue rapid access to existing and expanding mental health and addiction supports for health and long-term care workers across the province. I know the member from Mississauga–Lakeshore has done extensive work in his particular area. I'd like him to speak specifically about the impacts of this level of investment in his riding.

**Mr. Rudy Cuzzetto:** I want to thank the member from Whitby for that great question. As you know, in Mississauga–Lakeshore, we're going to have 1,152 long-term-care beds in my riding alone, never mind through the whole province of Ontario. The previous government—

you know how many beds they built in Mississauga alone over their last 15 years? Zero beds in my riding.

As well, we're going to be expanding our Mississauga Hospital. It's going to be the largest hospital in Canadian history. It will be a 32-storey hospital that will be built at the corner of the Queensway and Hurontario.

These are great investments. We're going to continue doing this, moving forward through the whole province of Ontario. I want to thank the member for that excellent question.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Windsor–Tecumseh.

**Mr. Percy Hatfield:** Good morning, Speaker. I may be out of order; I guess I was supposed to have the next question, not this one, but I'm on my feet.

I have great respect for the member from Mississauga–Lakeshore, as I have great respect for the municipal politicians in Mississauga. At one time, I co-signed a bill that proclaimed Hazel McCallion Day. I was one of the co-sponsors of that—February 14. As the former critic of municipal affairs and housing, I met with Mayor Crombie on a number of occasions.

You say you were lobbied in 2018 for the highway. Something has happened since then if Mississauga, under further study, has said, "Hey, this is a crazy idea." What has happened? Why are municipal politicians in Mississauga not in favour of this now? And why are you overruling your own municipal leaders and saying, "We're going ahead with the highway regardless"?

**Mr. Rudy Cuzzetto:** I want to thank the member for that question, but I'm still speaking with a lot of our city councillors regarding this highway. I was with one last night, and they're for this highway.

We need this highway to move goods through the area. With the increase in population, we need the highway as well. We're going to be building more homes, so we need to have people get in and out of their homes.

This highway is a great thing for the region of Peel, for York, for the whole area. As we're developing the Ring of Fire, that 400 will be able to connect with the 413, which will go right into the Ford plant, where we can bring our lithium, our nickel, our cobalt to build the new batteries in the new electric cars that we'll be driving on these highways moving forward.

In 10 years, that 413 will have green vehicles driving through it. I want you to know that that highway will be a very carbon-free highway.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Niagara West.

**Mr. Sam Oosterhoff:** It's fascinating to me when I hear the member describing the benefits of this particular project, which he has waxed eloquent upon, and then hear the members of the opposition say no to building highways. I wonder: I'm assuming if you've said no to this highway and you say no to the Bradford Bypass, you're going to say no to the mid-peninsula corridor, if we ever get there. You would have also said no to the QEW and no to the 400-series highways. You say, "No, no, no: No more

building, no more investments. We don't need access to public transit."

Well, here's a news flash: I'm assuming most of you drove here on a road, on a highway, in fact, that was built. My question to the member opposite is, why does the NDP always insist on saying no?

**Mr. Rudy Cuzzetto:** I thank the member for Niagara for that question. It's funny: When the 404 extension was being built under the Liberals under Steven Del Duca, they weren't saying no to that. But now, because we want to build the 413, they're saying no to the 413.

It's funny. Conservatives—as we're building stuff in the province, they're always saying no. But when the Liberals and the NDP want to build a highway, it's okay for them to build a highway. I can't understand that.

I want to thank you again for that question.

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

**Mr. Paul Miller:** Basically, I'd just like to ask the member—he discussed long-term care facilities very eloquently. Unfortunately, over the many decades, I've watched long-term care homes—the lack of inspections and the lack of proper care for the seniors. The governments of the day would say that they were doing a good job, and the inspector might show up once a year. When the inspector showed up, they put a little paint on the walls to make it look like everything was great, but the families knew better, the patients knew better, and they had, really, no one to complain to, because the inspector would be in there for a couple of hours and that's it.

1000

You said you were going to hire more inspectors. You said you were going to do a better job at providing more beds. That's great, but you have to be able to enforce that. You have to have your inspectors there on a monthly basis and you have to fine these places that don't follow the rules, heavily—not a little slap on the wrist, heavy fines so they keep up the good work.

**Mr. Rudy Cuzzetto:** I want to thank the member for that question. I agree: Yes, we're hiring more inspectors. We're building more long-term care. You know what? I want to thank the previous long-term care minister for all her hard work starting this.

It's funny. Across there, you must remember this. From 2011 to 2014, when you held the balance of power with the Liberals, you never once spoke about long-term care—never once. Never once.

*Interjection.*

**The Deputy Speaker (Mr. Bill Walker):** Order. Through the Chair, please.

*Interjection.*

**The Deputy Speaker (Mr. Bill Walker):** Order. Please channel through the Chair. The member for Hamilton East–Stoney Creek will come to order.

**Mr. Rudy Cuzzetto:** We're going to continue building long-term care, hiring more PSWs and taking care of our seniors.

I want to tell you a story, which my mother always told me. My mother lived until the age of 90 in her own home—

**The Deputy Speaker (Mr. Bill Walker):** Thank you. You'll have to finish that next time.

I look to the member from Mississauga Centre.

**Ms. Natalia Kusendova:** We're so thrilled and so proud that this member's riding will be home to the largest long-term care facility in all of Ontario and perhaps even Canada.

The member and I are working very hard to advocate for and to ask for some designations for our francophone community within this home. We're working to see whether 16 or 32 beds could be designated as francophone. These would be the first such beds in the entire region of Peel.

In line with my linguistically appropriate care motion that I brought forward last month, can the member tell us why it's important that we have linguistically appropriate care in our long-term care sector in Ontario?

**Mr. Rudy Cuzzetto:** I want to thank the member from Mississauga Centre for all her hard work on francophone affairs.

Talking about linguistics is very important, because seniors always revert to the language they were first born in. So it's very important that we do build more long-term care facilities for their backgrounds, like we've done in Mississauga with Villa Forum, the Italian long-term care facility, and the Polish one, Wawel Villa in my riding, which is a great facility. I find that very, very important.

As well—I lost my train of thought here on the question—

**The Deputy Speaker (Mr. Bill Walker):** Answer?

**Mr. Rudy Cuzzetto:** We've got to continue building more—

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

Further debate? I recognize the member from Toronto–Danforth.

**Mr. Peter Tabuns:** Thank you, Speaker. It's the first time you've had a chance to introduce me, and I'm very pleased to have you there in the chair—very good to see you, sir.

I have to cover a few points. I've got 10 minutes here, and I want to say, first off, as I have been talking to constituents in my riding—and not just talking to them; reading their emails, getting their phone messages—I think all of us recognize that life is getting harder for people. The last year and a half, almost two years, have been pretty tough with COVID, with all the restrictions that were imposed on our lives—extraordinarily tough for those who lost jobs and frankly who have a difficult time pulling things together with whatever supports were provided by the federal and provincial governments.

All those things are real, but in fact, on top of that, we're now seeing that people are having a very tough time meeting their bills, getting the groceries that they require, paying their rents, affording a home, covering transportation. They feel squeezed, and they feel squeezed not only for themselves, but for relatives who are in long-term care. They feel squeezed for the situation that their children are facing in schools. I'm not seeing, and I think those who

look at this bill are not seeing, the kind of relief that people need in substantial ways and that they need now.

I want to talk about some of the things that you see here. But what I also want to say is, I've talked to my constituents, and across party spectrum, which was very interesting to me, not just the Liberal or NDP constituents—because people declare pretty directly to me where they're at—but also a lot of Conservative-leaning voters are saying, "I don't think this is a government that is working for us." And I have to say, Highway 413 and a very obvious benefit to friends of the Premier who have bought land cheaply along that route is something that's being generally noticed. People see this as a government looking after itself, or a Premier looking after himself, and not looking after them.

The low-wage policies, Bill 124: I've been talking to nurses in my riding, and I've been talking to people who need the help of nurses in hospitals. They have questions for the Premier: Premier, why is it that you refer to these health care heroes, people on the front-lines who have risked their lives and continue to risk their lives, and yet you have capped their wages and demoralized them?

They don't mind being praised for the work they do. They should be praised. But they also understand that they have to put food on the table. They have to pay mortgages. They deserve decent wage increases. Nurses, other health care professionals, people on the front lines should not have their wages capped. Premier, they say to me, "Premier, what are you going to do to treat us with the respect we deserve and give us the pay that we deserve?" This is no way to treat heroes—no way at all.

I go to other constituents, constituents with young children. Some of those constituents are currently on maternity or paternity leave. Maybe they're working at home. And, God love them, I don't know how they do it, with toddlers and working on Zoom right through the day. But they say to me, "Can you ask the Premier, 'Premier, why are you not moving forward with the negotiations for \$10-a-day child care? Why?'"

We've been listening to the news for the last few days. We've been asking questions here in the Legislature, but you haven't even submitted the negotiating documents so that you can sort things out with the federal government.

You say, Premier, that if you were to go ahead right now, you would only cut the cost of child care in half. Well, I'll tell you right now, people in my riding, Premier, want their child care costs cut in half. They will settle for that on an interim basis on the road to \$10-a-day child care. So, Premier, why aren't you treating this seriously? Why are working mothers and working fathers who need child care that doesn't amount to the same bill as they pay for a mortgage—why aren't you moving heaven and earth to get the \$10 billion from the federal government so that they can have affordable child care? That's what they want you to speak to, Premier. That's what they want you to answer.

Speaker, I was talking to a gentleman just the other day whose daughter teaches in an elementary school in my riding. He said to me, "My daughter has been given a class

with 32 kids." My guess is many of you have done the same as I have; I've been invited into schools to speak to grades 5 and 6 classes about how this place works. Don't worry, folks; I sugar-coat it. They're only seven, eight, nine, 10 years old. You can't be brutal with them. You just tell them as best you can.

But if you put 32 kids in those classrooms, man, they're elbow to elbow. That's the reality in almost all the classrooms I go into; 32 kids is a lot of kids. And so, again, my constituents say to me, "Premier, why aren't you making the investments in the schools so that the kids can be socially distanced, so that we can reduce the chance that they're going to pass COVID to each other?"

**1010**

Premier, you know that in fact the incidence of COVID is going up amongst school-aged children. Why aren't you taking the steps necessary to protect them, to protect the teachers, to protect the other education workers? We're not seeing that in this budget. What we're seeing is roughly a half-billion-dollar cut to base education funding. Well, that makes no sense at all—no sense at all.

Again, my guess is that all of you here in the chamber today have been hearing from your constituents. You've been hearing about the difficulties that the children have been encountering in the last year and a half: about the need for extra support to catch up, extra support to deal with the mental health issues that come from the stress, from the isolation, and the difficulties that they faced. And, again, constituents say to me, "Can you ask the Premier?" Premier, why aren't you increasing spending in education so that children get the catch-up help they need, so they get the mental health supports they need, so that they can succeed? This fall economic statement, Premier, is not doing it.

Premier, when are you going to step up? When are you going to stand up for the children and the parents of this province? That's what they want to know.

When you look ministry by ministry—the Ministry of Health: We're not seeing the increase in support for people with addictions or mental health outside of the schools. And you're all well aware of the increasing impact of the opioid epidemic. You don't go through what we've gone through the last two years without consequences. I think we all recognize that. Even people who are totally healthy psychologically have felt great stress, have been pressed harder.

I don't know about the rest of you, but I find often when we're dealing with constituents, they are stressed when we talk to them and more likely to get cranky because they feel that they are being put under huge pressure. Those are the people who are in good shape. The people who are in rougher shape need more than just a sympathetic ear when they call a constituency office or call a friend. They need mental health supports. And I'm not seeing that in the fall economic statement. I'm not seeing action on that here. That's consequential, Speaker. That is consequential.

We've gone through, and continue to go through, an extraordinary disruption of our lives, with huge stress put on people day after day after day, and it has consequences.

We need the support to deal with people who have addiction problems. We need the support for people to deal with mental health issues. And that's not here.

Speaker, I know I'm running out of time. The one last thing I want to say is that I talk to tenants in my riding who find that they are just hanging on by their fingernails. Their pay hasn't gone up, but their rents are going up. And if they try to move their rents in a new place, it would be dramatically higher. This government has not acted to deal with the rental housing crisis.

**The Deputy Speaker (Mr. Bill Walker):** To the member from Toronto—Danforth, we do not have time now, but you will have time later for questions and responses, and you'll be able to get more on the record.

*Second reading debate deemed adjourned.*

## MEMBERS' STATEMENTS

### OJIBWAY NATIONAL URBAN PARK

**Mr. Percy Hatfield:** I'm calling on the Premier, the Minister of the Environment, Conservation and Parks and the Minister of Natural Resources and Forestry to join the partnership in creating a natural urban park down in our area. The federal government recently came on board. The city of Windsor is all in favour of it. So is the Essex Region Conservation Authority and all of the area's natural heritage and environmental groups.

What we need from the province is no different than what was required when the Rouge National Urban Park was established in Toronto six years ago.

Speaker, Ontario owns and manages the Ojibway Prairie Provincial Nature Reserve. These 230 acres are the largest protected remnant of native prairie in Ontario. At one time, parts of this great province were home to grand stretches of tall grass prairies and savannahs. This nature reserve is needed for a natural patchwork quilt, if you will, connecting other pockets of natural areas close to our new international border crossing at Gordie Howe bridge. When we put them together, we'll have about 900 acres, starting along the Detroit River, connecting Ojibway Shores, the Ojibway Tom Joy Woods, the Spring Garden Natural Area, Black Oak Heritage Park, along with the Ojibway Prairie Provincial Nature Reserve and the Oakwood Bush now linked by a wildlife corridor across Herb Gray Parkway, which connects to the Gordie Howe bridge.

Speaker, this concept has been around for 20 years. Now that the feds are on board, it's really just up to the province. I urge the Premier and the ministers to work out a deal with Ottawa and create the Ojibway National Urban Park.

### HAZEL: 100 YEARS OF MEMORIES

**Mr. Rudy Cuzzetto:** I'm pleased to rise here today to speak about a very special and unique historical exhibition happening now in Mississauga. In a 1,000-square-foot

gallery at the Erin Mills Town Centre, thousands of pictures, documents and artifacts are now on display that showcase the remarkable life and the incredible achievements of my mentor, my adviser, my friend, the legendary mayor of Mississauga, Hazel McCallion.

Curator Madeleine VanDuzer put together an extraordinary collection and educational experience about Hazel's many decades, breaking barriers in business, sports and her leadership from the Mississauga miracle in 1979 to the transformation of Mississauga into a world-class city. Many items are from McCallion's own home, including a picture of the mayor, then 92, reeling in a 16-pound chinook salmon at a fishing derby off Port Credit as Toronto mayor Rob Ford held on, to stop her from falling into Lake Ontario.

One of VanDuzer's favourite items—and mine—is a lawn sign from Hazel's first campaign in 1978. She ran against an incumbent mayor who used the slogan "A Good Mayor." Hazel's slogan was "A Better Mayor," and she was, and she never needed another lawn sign again.

It was an honour for me to attend the grand opening on October 26, along with people from around the province, including the mayors of Brampton, Caledon and Milton. The sponsors included the Art Gallery of Mississauga, LIUNA Local 183 and Lakeview Community Partners.

I encourage everyone to visit Hazel: 100 Years of Memories. The exhibit is open until February 28. It's free to everyone, so I hope you all attend.

### EARLY CHILDHOOD EDUCATION

**Mr. Michael Mantha:** I want to talk about the Superior Children's Centre, particularly Laureen Stefanic, the coordinator out of the Hornepayne EarlyON Child and Family Centre, and I think I better use her words because what they do there is almost a little bit of a miracle. She says, "As a professional registered early childhood educator working in an EarlyON Child and Family Centre, I consider myself to be a mental health care provider ... we fill a critical role in supporting families in their daily struggles to maintain their mental health and well-being...."

"Individuals within our profession have been engaging in numerous strategies to connect with families during stressful times, through music and movement sessions, story times, baby wellness programs, parent/caregiver chats, parenting workshop, discussion groups, community story walks and scavenger hunts"—just to name a few of the things they do.

"We have been creating nurturing relationships with families to meet the needs of being able to connect with others during an extremely difficult time in their lives. We reach out to them on a daily basis and provide programs that are aimed at engaging and encouraging them to interact with their children.... We provide information and connections to specialized services and we connect families to other programs and services by promoting community activities and programs. We are often the lifeline for many families without even realizing it."

I take off my hat to these individuals who are working at these EarlyON centres and the positive impacts they

bring to the families, communities and the mental wellness of us all across northern Ontario.

**The Deputy Speaker (Mr. Bill Walker):** Thank you. I just offer everyone a reminder that members' statements are 90 seconds. If you could please try to adhere to the time.

#### CHRONIC OBSTRUCTIVE PULMONARY DISEASE

**Mr. Logan Kanapathi:** Today, I would like to recognize all those affected by chronic obstructive pulmonary disease, otherwise known as COPD. This chronic disease causes airflow blockage and breathing-related problems. As the fourth-leading cause of death in Canada, COPD affects more than 2.5 million Canadians, and over 900,000 Ontarians.

1020

Mr. Speaker, as many of our loved ones continue to battle respiratory illness throughout this pandemic, it is a critical time to bring awareness to this deadly disease, especially as people with COPD are at a higher risk to become severely ill from COVID-19.

More than half of those living with COPD are unaware they have this disease. That is why, in December 2019, I introduced a private member's bill, Bill 157, to proclaim the third Wednesday of every November as COPD Awareness Day. My aim was to increase public awareness of COPD so that we can promote early detection and treatment and early diagnosis.

After Bill 157 received royal assent this June, I am pleased to recognize today, Wednesday, November 17, as the first COPD Awareness Day in Ontario. I encourage everyone to educate yourself on the risks of COPD and to be proactive in maintaining good lung health.

#### ISLAMOPHOBIA

**Mr. Tom Rakocevic:** Faith is a central part of many peoples' lives, and as part of their faith, they go to a safe place to pray with others, to reflect, to find peace and tranquility. But last week in my community, that tranquility was broken when an individual threw a huge rock through the window of the TARIC mosque while people were praying. Thankfully, no one was injured.

But not all injuries are physical. The Muslim community has been shaken by ongoing acts of Islamophobia and hate. Last June, four members of an entire family were murdered in a targeted attack, while they went out for a walk, simply because of their faith. In September 2020, an elderly man was murdered in another hateful Islamophobic attack as he sat outside the IMO mosque in Rexdale where he was volunteering to help worshippers follow COVID-19 guidelines. Sadly, there have been many more incidents of vandalism and Islamophobic hate that has left Muslims feeling unsafe.

There is no place for Islamophobia or hate in any of its forms here in our province. Last Sunday, I visited the TARIC mosque in solidarity with the Muslim community.

We must stop this hate. It's past time for this government to take action. The National Council of Canadian Muslims have made 61 recommendations to all levels of government to combat Islamophobia in Canada. This government must implement the NCCM's provincial recommendations so we can take real action to stop this hatred. Every Ontarian deserves to feel safe.

#### POLISH COMMUNITY

**Ms. Natalia Kusendova:** It has been an active few weeks for the Polish Canadian community, with many events and initiatives that I have had the privilege of being a part of. First, there was the recent second reading of Bill 18 that will, if passed, declare the month of May as Polish Heritage Month, a month to reflect on the contributions that Polish Canadians have made to Ontario's history, culture and economy. Sponsored by my colleagues the member for Renfrew–Nipissing–Pembroke and the member for Etobicoke–Lakeshore, this bill was met with strong support in the local Polish community. In celebration of this, we welcomed the new consul general of the Republic of Poland, Mrs. Magdalena Pszczolkowska, for a small meet-and-greet.

But the month of November was also a time for sombre reflection. Coinciding with Remembrance Day, the Polish community came together to commemorate Polish Independence Day by paying our respects to Poles who paid the ultimate sacrifice in defending Poland's sovereignty, democracy and freedoms. With the messages of Remembrance Day and Polish Independence Day being so closely related, it reminded many of us that the struggle for freedom and democracy is one that resonates with nations around the world.

Finally, Speaker, beginning this Friday is the 12th annual Toronto Polish Film Festival. Organized by Ekran Polish Film Association, the festival will showcase films with both a Polish and a multicultural focus, all featuring English subtitles for everyone to enjoy. For more information and film listings, I encourage everyone to check out Ekran.ca and go see some incredible Polish filmmaking.

#### CLIMATE CHANGE

**Mr. Peter Tabuns:** Everyone has been following the news. You know what's going on in British Columbia. Climate-driven flood rains are having a huge impact, wreaking havoc in that province. At least one woman was swept to her death by a massive mudslide that buried the highway she was driving on. Towns have been flooded. Thousands of people are being evacuated. This is a taste of the climate crisis, the future, that's wreaking havoc today.

What's extraordinary to me is that this government can ignore that reality. It's plowing ahead with Highway 413. It's plowing ahead with the Bradford Bypass, when we all know that these highways will be adding substantially to the climate crisis. They will accelerate the heating that will put people's homes, their livelihoods and their lives at risk in the years to come.

We've seen in northern Ontario that communities have to be evacuated because of aggressive forest fires. We know what's coming at us. The Premier needs to abandon these projects as soon as possible, and he needs to shift course and take aggressive steps to reduce our emissions, so we can at least slow down the climate crisis—at least slow it down. It is not too late to act, so act now.

#### COVID-19 RESPONSE

**Mr. Roman Baber:** Exactly 20 months later, and in response to rising case numbers, the head of Ontario's science table said Thursday that we need two more weeks to flatten the curve. Apparently lockdowns, school closures, passports, mandates and the erosion of democracy didn't work.

The government subjected Ontarians to the second-longest and harshest lockdown in the world. It caused countless deaths, and many of us will not rest until we get a fair audit, so history can judge lockdowns fairly. The government caused our children irreparable harm with the longest school closure in the world, despite seeking and getting unanimous advice to open the schools.

For 20 months, Ontario's pandemic response leaders denied science by denying natural immunity, while peddling herd immunity. Now the science has caught up and they can no longer deny it. The increase in deaths from overdose alone under age 65 is three times greater than all COVID deaths under age 65. According to a McMaster pediatric surgeon, multiple children died from a late cancer diagnosis. A mental health catastrophe is gripping the province.

The chief medical officer finally admitted that natural immunity is good immunity. The governor of California acknowledged that it's seasonality that accounts for the rise in COVID cases. Finally, the CDC abandoned any plans for herd immunity, because you cannot obtain herd immunity with a leaky vaccine. For 20 months, the science deniers told us to listen to the science; 20 months later, they want two more weeks to flatten the curve.

#### DEERHURST RESORT

**Mr. Norman Miller:** I rise today to celebrate a milestone in my riding. Deerhurst Resort in Huntsville celebrated its 125th anniversary this summer and is one of Ontario's oldest resorts and greatest hospitality success stories. Deerhurst has grown from a family-run seasonal hotel, with just two guests during its initial season in 1896, to a year-round operation that can accommodate more than a thousand guests at a time.

Today, Deerhurst boasts exceptional recreational amenities, including two golf courses, a treetop trekking park, many water sports in the summer, and cross-country skiing, snowmobiling and snowshoeing in the winter. Deerhurst boasts one of the biggest conference facilities north of Toronto, a facility that hosted the 36th G8 summit, and country music fans may know Deerhurst as the place where Shania Twain got her start as a professional singer.

Through it all, Muskoka's beautiful lakeside surroundings and the congeniality of the Deerhurst staff remain its biggest assets. Speaking of Deerhurst staff, I want to congratulate executive chef Rory Golden on receiving the Tourism Industry Association of Ontario lifetime achievement award. With more than 30 years of experience at Deerhurst, Mr. Golden's passion has helped put Muskoka on the provincial, national and international culinary map, and his dedication to using the local ingredients has supported many other local businesses.

Deerhurst is a huge driver of the tourism industry in Muskoka, normally attracting visitors from around the world. As we rebound from COVID-19, I hope that our government's staycation tax credit will inspire more Ontarians to visit Deerhurst next year.

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

#### VISITORS

**The Speaker (Hon. Ted Arnott):** I'm very pleased to inform the House that page Nathaniel Gardner, from the riding of Whitby, is today's page captain, and we have with us today at Queen's Park his mother, Julie Bisson. Welcome to the Legislative Assembly of Ontario. We're delighted to have you here. I'm not sure who she's with, but—oh, I recognize the member.

1030

#### QUESTION PERIOD

##### COVID-19 RESPONSE

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

Speaker, yesterday the Premier announced that pharmacies will start testing people with COVID symptoms, as well as close contacts of people who are COVID-positive. While this announcement might be great for Shoppers and for corporate bottom lines, everyday Ontarians are worried.

Pharmacies need to be safe for seniors, immunocompromised people and parents of unvaccinated kids, who all deserve to get their prescriptions and their flu shots without fear of being exposed to COVID. Sending symptomatic people who may have COVID into a pharmacy is a bad idea.

Speaker, will the Premier admit that this is the wrong move and pause this new program?

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

**Hon. Christine Elliott:** Thank you to the member opposite for the question. I can assure the member and the people of Ontario that pharmacies will continue to be safe. We are expanding testing for both symptomatic and asymptomatic individuals in our pharmacies. This has been recommended by Dr. Moore, our Chief Medical Officer of Health, and his medical experts at Public Health Ontario. I can assure the member that the pharmacies—as

they always have—will be following strict infection prevention and control measures.

But we need to make sure that we have testing venues open for people, especially with the holidays approaching, as we're opening up more of Ontario. There may be more people who need to be tested. Pharmacies have been trusted partners in this, and I am sure they will do this with their usual level of precaution and safety to make sure that everyone who enters the pharmacy is safe.

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

**Ms. Peggy Sattler:** I can tell the minister that not all medical experts agree that this is a good decision. The Premier said that he would never go ahead with COVID measures that weren't in people's best health interests. That has clearly, however, not been the case in this pandemic. The Premier promised to build an iron ring around long-term care, but those protections were never put in place. He closed playgrounds for children last spring. He has constantly delayed taking decisive action, so much so that ICUs have filled up and thousands of surgeries were postponed.

Speaker, can the Premier tell Ontarians why we are shifting gears now to COVID testing in pharmacies and how he can justify this decision?

**Hon. Christine Elliott:** I can assure the member opposite that all participating pharmacies are expected to implement and follow strict infection prevention and control measures to protect staff, patients and other customers, of course, against COVID-19. It's important, especially with the holidays approaching, because not everyone has an assessment facility or another facility to go to for testing. We need to make sure that there are going to be convenient places to go and that all of the important infection measures will be followed.

We know that in rural Ontario—northern Ontario, especially—this is a problem for assessment facilities, but not for pharmacies. Most organizations and most towns have pharmacies available. But it's important to remember that the infection prevention and control measures that we're always following, like a dedicated space to perform specimen collection, physical distancing, time between appointments to allow for cleaning and to avoid lineups and wearing masks inside pharmacies—all of these precautions will be taken to make sure that everyone is healthy and safe.

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

**Ms. Peggy Sattler:** We all know where this Premier normally gets his advice: from big corporate lobbyists and Conservative Party insiders—always. These are the Premier's buddies who gave him, for example, the advice to put big box stores ahead of small businesses. They also wanted him to pave over wetlands for even more warehouses.

Speaker, Ontarians deserve to have safe pharmacies, and people with COVID symptoms deserve to get tested in facilities that are purposefully designed, with proper infection prevention and control protections. Will the

Premier tell us which of his buddies asked him to change the rules in ways that could jeopardize the health of Ontarians?

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

**Hon. Christine Elliott:** Our chief measure since the beginning of this pandemic has been to protect the health and safety of all Ontarians. That continues to be the case. The only buddy that we have received information from is our Chief Medical Officer of Health, Dr. Kieran Moore. That's who we follow—and the people at Public Health Ontario. They're epidemiologists. They know what's safe and they have indicated that this is going to be safe.

There are going to be strict measures, which I have already indicated. They're also going to require signage outside the pharmacy and an online listing of participating pharmacies. This will be safe. This needs to be something that is open for everyone in Ontario who feels that they have some symptoms, they need to be tested, and it will be done with the usual precautions and safety that pharmacies have always used throughout this. They have been major partners with us in terms of testing, in terms of vaccination, in terms of flu vaccinations that are coming forward. They have been great partners in the work that we're doing. But the only advice that we receive on what we should be doing comes from Dr. Moore and the doctors who are advising him.

#### CHILD CARE

**Ms. Jessica Bell:** My question is to the Premier. Now Ontarians know exactly why families and children do not have a child care deal: The Premier himself is involved. It's no wonder we are the last province without affordable child care for families, because this government doesn't want to make a deal to lower child care fees. This government doesn't want to make a deal to provide more high-quality and affordable child care spaces, it doesn't want to make a deal to ensure better wages and training for staff, and it doesn't want to make a deal to ensure women can keep working and grow our economy.

So my question is to the Premier: What about the federal child care offer is the Premier saying no to?

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

**Hon. Stephen Lecce:** We want a fair deal for Ontario families. What we oppose, what we say no to, is a program that never gets to \$10 a day, which is the commitment the federal Liberals made to the people of this province. And we insist, as Progressive Conservatives, that they deliver on their commitment for \$10 for all families in this province. In the absence of getting to \$10, it is not a deal that we believe is in the interest of families, because they're short-changing our province. We know that, because at best—at best—at maturity, in year five, the program gets to \$21.

How is it that the NDP and the Liberals are comfortable with Ontarians paying more than every province east and west of us? We want to get that deal. We support affordable child care. It's why this government announced a plan

to reduce child care costs, opposed by the NDP and opposed by the Liberals. We're going to continue to work with the federal government to land a deal that reduces prices, that ensures flexibility and that is sustainable for decades to come.

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

**Ms. Jessica Bell:** Back to the Premier: What is very clear is that Ontario families today pay the highest child care fees in the country east and west of us right now. That's the no-deal situation we have right now.

One of the biggest barriers to child care is how unaffordable it is. For many families, it's even more expensive than a mortgage. Building affordable, \$10-a-day child care would make a huge difference for families. If we had affordable child care now, families could afford better housing and food instead of maxing out their credit card every month.

Parents in other provinces have said it's been life-changing. BC and Alberta's fees will fall next year, and Quebec knows the program pays for itself with a great return on every dollar invested. My question to the Premier is, when will this government give us affordable \$10-a-day high-quality non-profit and public child care?

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

**Hon. Stephen Lecce:** Thank you to the member opposite for the question. We do agree: Child care is too expensive in this province. It was an inherited legacy of the former Liberal government, where under the Del Duca-Wynne Liberals, child care rose 40% above the national average—unacceptable. It's why in the first budget of this government we introduced a child care tax credit. It's why the Minister of Finance and the Premier enriched it in the last budget.

But we know there is more to do. The feds contribute 2.5%. Obviously, they should be doing much, much more. We're working with the federal government to make the case, like Quebec, which the member opposite cited, which had a program in place and was fully supported and subsidized accordingly, with no strings attached. We want the same type of deal for Ontario's program for four- and five-year-olds, for a quarter of a million children that have the best quality care in schools, led by a teacher and an ECE.

We want that recognized. We don't want to be penalized in this province for doing more than the rest of the federation. We want that recognized. We want a fair program and we want something that's going to endure the test of time, a program that reduces fees for decades to come.

1040

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

**Ms. Jessica Bell:** Back to the Premier: It is important to also recognize that under this Ontario government's three-year tenure, child care fees have gone up, not down. Yesterday, Carolyn Ferns from the Ontario Coalition for Better Child Care said it extremely clearly. She said that parents don't want to hear any more excuses from this

Premier or from this Minister of Education, because it is very clear that kindergarten is not child care. The money the federal government has put on the table was never meant to pay for kindergarten; it's meant to pay for Ontario families to get more help for child care.

All we have been hearing from this government are delays and distractions from what is really a very important and critical question: Will this Premier stop negotiating in the media and get Ontario families \$10-a-day child care now?

**Hon. Stephen Lecce:** We agree that child care is too expensive. It rose by 40% under the former Liberal government, and there's much to do in this respect. It's why we've been working with the federal government to get a deal, a good deal, a fair deal for the people of this province. As provincial legislators, our duty is to stand up to the national government for Ontario families, for children, and suggest that the program they put in place is insufficient, is not flexible, and ultimately, under no scenario, in year one nor year five, gets us to \$10 a day.

That's why we are standing up with the intent of landing a deal that is better, and we would hope every member of this House would agree that we should be able to extract a better deal for the people of this province. In fact, you mentioned a quote from one stakeholder. I want to note to the member that the executive director of the Association of Day Care Operators of Ontario said, "The wrong deal for Ontario could leave families with fewer licensed child care spaces and paying much, much more for them."

We're going to stay at the table, get a good deal that reduces costs, and ensure child care is sustainable for decades to come.

#### COVID-19 IMMUNIZATION

**Ms. Marit Stiles:** This question is for the Premier. We're just weeks away now from an approval for the COVID-19 vaccine for five- to 11-year-olds. Parents, meanwhile, are still waiting to see a plan. The science table said we need a clear information campaign, school-based clinics and an equity-based strategy to reach those at-risk communities, but we haven't seen any of this from this government—nothing; nothing. Meanwhile, provincial data show that vaccination rates for the 12- to 17-year-old group is lagging behind.

We cannot afford to get this wrong. When will the minister stop asking parents to just trust her and show people an actual plan to get kids the protection of a vaccine?

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

**Hon. Christine Elliott:** I thank the member very much for the question. In fact, a great deal of work has already been done on the vaccination of children aged five to 11, because we anticipate that there will be approval very soon from Health Canada. The vaccines are all ready to go, and we are ready to provide them. Dr. Moore and his team have been working with 34 local medical officers of health for the delivery of vaccines within their communities. This information will be available very shortly to parents,

because I do understand that parents want to know what's going to be happening in their local geographic area.

We do know that parents of young children who are five to approximately seven years of age would like their children to be vaccinated either by their family physician or pediatrician, whereas for older children, the parents are happier if they could be vaccinated perhaps at pharmacies or at larger vaccination clinics or perhaps pop-up clinics.

There is a detailed plan in place for each geographic area. That is going to be forthcoming very soon to answer parents' questions.

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

**Ms. Marit Stiles:** Speaker, I'll send this back to the minister. The minister says they're ready to deliver this vaccine plan. Well, tell that to the parents who don't know where to register their kids yet.

Public health units are doing great work, but the government is dithering and dithering and delaying, and anti-vax activists are filling that silence. We're risking losing people to misinformation.

Families in British Columbia, on the other hand, have been able to pre-register their kids since early October, giving them incredible peace of mind and early information to prepare themselves and their children. As of last week, over 70,000 children in British Columbia had pre-registered for the shot. Where are we?

Speaker, why won't the government take this simple step and get things moving so we can all get out of this pandemic sooner?

**Hon. Christine Elliott:** In fact, we are ready to go. We are in a very good state of readiness. We have had detailed discussions with the local medical officers of health and with Dr. Moore over the last several months to be prepared, because this isn't just a simple matter. We want to make sure that we can prioritize the five- to 11-year-olds. We also need to make sure that we're able to do the third shots for people who are over 70, immunocompromised people and the rest of it.

All of this is organized. All of this is going to be communicated by the 34 local public health units very shortly so that parents can start pre-registering their children, making appointments with their family doctors, because the plan is going to be different in each of those units depending on where they are, whether a school is going to be the most convenient location to vaccinate children—not during school hours but when their parents can be with them.

We have a plan. It is going to be communicated very shortly and is going to be provided in due course for parents to be able to make their own arrangements that they see appropriate for their own child. But we are ready to move immediately on this.

#### INFRASTRUCTURE FUNDING

**Ms. Natalia Kusendova:** My question today is to the Honourable Minister of Infrastructure. For far too long, Ontario's small and larger rural and northern communities

have been struggling to address their critical infrastructure needs that would provide residents with safe, modernized and accessible services. The Liberals knew about these struggles and concerns for 15 years and did absolutely nothing to address them. The most these communities ever got from the past government was an acknowledgement that an infrastructure backlog existed and some proposed additional funding as a last-minute attempt to gain traction in the last provincial election. Ontarians deserve a government that listens to these communities, and now more than ever, they need a government that says yes instead of the chorus of no.

So to the minister, through you, Speaker: What is the government's plan to support Ontario's small, rural and northern communities to address these critical infrastructure backlogs?

**Hon. Kinga Surma:** Thank you to the member for raising this very important issue. I know that everyone in this chamber can agree that communities are the heartbeat of this province. Our government recognizes this. That's why we're working with our municipal partners to address their infrastructure backlog.

The member is absolutely correct in saying our government is committed to building Ontario. This commitment is emphasized in our recent fall economic statement, where we announced an additional \$1 billion over the next five years for our 424 small, rural and northern communities. That's an additional \$200 million per year, which will go a long way in supporting these communities to repair and rebuild roads, bridges and water and wastewater treatment plants.

Our government is saying yes to new, improved hospitals; yes to new, improved long-term care facilities; yes to building highways and public transit; and yes to helping our municipal partners address their infrastructure needs.

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

**Ms. Natalia Kusendova:** Thank you, Minister, for your response. I couldn't agree more. I know this funding will go a long way for the residents of Mississauga and communities across the province.

Even the Ontario Chamber of Commerce called on the previous Liberal government in 2016, nearly two years before the 2018 provincial election, asking them to step up and start investing in vital infrastructure projects to support building and repairing transit, roads and bridges throughout the province. The Liberal government either didn't hear these calls or just didn't care enough to support the crucial infrastructure that the people of Ontario needed and deserved.

Speaker, through you to the Minister of Infrastructure: What is our government doing to support communities like Mississauga and address our critical infrastructure needs?

**Hon. Kinga Surma:** I want to thank the very hard-working member from Mississauga for her question. I can assure the people of Ontario that our government is taking action to support communities across the province. From

Kenora to Sarnia and from Sault Ste. Marie to Ottawa, we are prioritizing investments in vital infrastructure. Through increased OCIF funding beginning in 2022, eligible communities will see their minimum annual funding go from \$50,000 to \$100,000.

On top of this, Mr. Speaker, our government continues to support critical infrastructure investments in urban settings, such as building hospitals in Brampton and in Ottawa; building long-term care homes faster than ever before in Ajax, in Toronto and in Mississauga, where the demand is the greatest; building subways in the city of Toronto and in York region; and building new schools in Oshawa and in Pickering. Collectively, we are spending over \$145 billion over the next decade to ensure Ontarians are healthy and strong and our province is more resilient in the future.

1050

#### HEALTH CARE FUNDING

**Ms. Sandy Shaw:** My question is to the Premier. The Premier's low-wage policies and lack of action to tackle the affordability crisis are making things harder for every Ontarian. But that's not all that this government is doing to make things worse. A new article by the Canadian Centre for Policy Alternatives reports that for the next two years cuts in the form of spending shortfalls will take a bite out of health care. The CCPA projects that, compared to what is actually needed just to maintain current health care services—which we all know are already lacking—the health care sector will be short \$3 billion.

After all our province has gone through in this pandemic, why is this government shortchanging our health care system by \$3 billion?

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

**Hon. Christine Elliott:** Thank you to the member for the question. In fact, what's happened is we have put massive amounts of money into our health care system, hundreds of millions of dollars in order to make sure that we can, first of all, keep the lights on; secondly, that we can deal with the effects of COVID—with the testing, with the vaccinations, with keeping assessment centres open, all of the rest.

We have put over half a billion dollars into making sure that we can keep going with the surgeries that had to be postponed during COVID when we had vast numbers of people in intensive care. We've created 3,000 more hospital beds as a result. This happens because we are investing in our health care system. We know we need to be ready for people for COVID, and after COVID, because we are facing a huge mental health need across the province as well.

So rather than lessening our investitures in health care, we're increasing them significantly.

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

**Ms. Sandy Shaw:** Speaker, from the Minister of Health saying that their goal is just to keep the lights on in hospitals is not very reassuring at all, because people's

experiences are so much worse. Thousands of patients are still waiting for surgery and diagnostic services. But with projected shortcomings, Ontarians will face even longer waits and more delays for the health care procedures that they need and that they deserve.

This government would rather cut corners and short-change our health care system than get people the knee surgeries, the cancer screenings that they need to live a healthy life. The CCPA says this poor health care planning will result in real cuts to public services at the level of individuals and families, and people are feeling those cuts already.

Why would this Premier introduce a fall economic statement with painful cuts to health care, especially after a global pandemic?

**Hon. Christine Elliott:** Speaker, through you, there are two things I would like to clarify. First, what I said was that hospitals need to have these increases to keep the lights on and to do the work they need to do—not just to keep the lights on. There is a big difference there. Secondly, it also needs to be noted that we have increased our funding by hundreds of millions of dollars into health care, particularly dealing with the issue that the member just mentioned, in order to continue with the surgeries and procedures that were postponed during COVID. We've put over half a billion dollars into our hospitals to allow them to do that. We've also launched a Surgical Innovation Fund of over \$30 million to allow individual hospitals to make some small changes to what they're doing so that they can increase those surgeries, increase those procedures.

We want to make sure that we take care of the health and welfare of everyone in Ontario, not—I shouldn't say not just the people with COVID; that's very important, but with everyone else too, because I know that many people are waiting for hip and knee replacements. It's costly. It's very painful for them. They have been waiting long enough.

We are there to protect the health and safety of all Ontarians.

#### MUNICIPAL GOVERNMENT

**Mr. Stephen Blais:** My question is for the Minister of Municipal Affairs. November is Woman Abuse Prevention Month in Ontario. About a year ago, I stood in this chamber to call attention to the disturbing actions of a member of Ottawa city council towards women he worked with for many years and harassed for many years. The city of Ottawa's integrity commissioner found that the councillor had committed inappropriate and sexually charged behaviour in the workplace. He stated, "These are incomprehensible incidents of harassment."

The city took the strongest measures possible, which was to suspend his pay for 450 days. He just started getting paid again last weekend, Mr. Speaker, but during that time, he continued to build his pension, and he will receive a severance if he chooses not to run next fall or loses his re-election. Any other Ontario resident would have lost their

job for what this member of city council did in the workplace.

My bill, Bill 10, the Stopping Harassment and Abuse by Local Leaders Act, is on the order paper right now and would provide a solution to this problem. We're running out of time to get the legislation passed.

Will the government commit to supporting Bill 10?

**Hon. Steve Clark:** Speaker, through you to the honourable member: Our government has been absolutely clear that we will not tolerate workplace harassment or discrimination of any type. Heads of council and members of council need to carry out their duties in an ethical and responsible manner.

I want to thank the honourable member for his advice and feedback, as part of our consultation. I want to also thank the member for Niagara Centre. And I want to acknowledge the work that Minister Dunlop and Minister McKenna have done as part of the consultation.

AMO has given us very valuable feedback on this file. We take this file very seriously as we move forward. I'll have more to say in the coming weeks on the matter.

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

**Mr. Stephen Blais:** Unfortunately, this egregious behaviour isn't limited to Ottawa. There are similar cases in Brampton and in Barrie today, as we speak, and undoubtedly throughout history there have been many, many more.

As I understand it, AMO supports stronger integrity measures, including measures that would allow for the removal of an elected municipal official from office for such behaviours. Municipalities facing these circumstances have exhausted the tools at their disposal. They can withdraw pay; that's it.

The women in Ottawa who have come forward have shown great courage and resilience to share their stories and help shed light on this issue.

As I mentioned before, Mr. Speaker, we are running out of time to get legislation passed. If the government won't support Bill 10, when will they introduce their own legislation so we can finally address this issue?

**Hon. Steve Clark:** I want to thank the member for the question.

I concur; the women who have come forward have been very brave and very courageous. We take their comments about what happened very, very seriously.

The member opposite also talked about the Association of Municipalities of Ontario. Again, I want to thank them. They've recommended increased financial penalties, suspension of members for certain violations, removal from office in certain circumstances, and better training and standards for integrity commissioners. I think those recommendations are very, very valuable.

We appreciate all of the feedback that the ministers heard during the consultation.

I want to make the House very clear on our approach going forward: We will ensure that our municipal partners have the resources and the tools they need to foster safe and respectful workplaces.

## VETERANS' HOUSING

**Mr. Lorne Coe:** My question is for the Minister of Municipal Affairs and Housing.

Speaker, like all members of this House, I took the time this past Remembrance Day to reflect upon the sacrifices made by the brave men and women who served our country.

Recently, I heard a shocking statistic. It's estimated that there could be as many as 5,000 military veterans in Canada experiencing homelessness. This is far too many. Veterans not only deserve our respect, but they also deserve the support of our government.

Speaker, can the minister please tell this House what the government is doing to address this issue and honour our veterans?

**Hon. Steve Clark:** I want to thank the member for his tireless work and advocacy for our veterans.

Veterans who stepped up to serve our country deserve a place to call home. That's why I was so pleased to be in Kingston last week with Kingston mayor Bryan Paterson and Homes for Heroes as we announced that our government will be providing up to \$2 million to help build up to 25 tiny homes as part of a veterans' village for military veterans experiencing homelessness. The province is working, as I said, in partnership with the city of Kingston and with the Homes for Heroes Foundation to convert a portion of the Kingston Provincial Campus into that veterans' village.

Each veterans' village will be constructed from a pre-fabricated modular housing system. Every tiny home is going to have transitional housing programs for one veteran. It's a self-contained unit that includes a kitchen, a living room, a bathroom and a sleeping area.

Speaker, this is an exciting project as we support our veterans.

I'll have more to say in the supplementary.

1100

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

**Mr. Lorne Coe:** Thank you to the minister for his response.

Ontario owes a debt of gratitude to our veterans, Speaker, and our government believes that everyone, especially those whose lives have been in the service of others, should have a place to call home. As the minister mentioned, he made a minister's zoning order on this site. Could the minister please tell us more about how he is able to use this tool to help move this project forward?

**Hon. Steve Clark:** I certainly want to echo the words of the member for Whitby. These men and women were there when we needed them and now it's our turn to provide the support that they need. To speed up the process—the member is correct—I issued a minister's zoning order on November 10 to help move this project forward. The MZO will allow for residential and complementary uses such as the use of a community hall on the site which is going to serve as a resource centre and be available for the veteran tenants for social gatherings and very important peer-to-peer support.

Without this MZO, Speaker, it would take years for this site to be rezoned through the zoning bylaw amendment process and for the construction of the veterans' village to begin. The CEO commented that in all the projects he's worked on, this project in Kingston has moved forward the fastest. Our government is getting shovels in the ground to help these veterans have a better and brighter future and to provide this wonderful project for them. Thank you again for the question.

#### SOCIAL ASSISTANCE

**Ms. Suze Morrison:** My question is for the Premier. People in downtown Toronto who live on social assistance feel forgotten by this government. I recently heard from a constituent named Cally, who lives on ODSP and has been struggling with food insecurity for years. Cally is pre-diabetic and requires a special diet, but ODSP's special diet allowance isn't keeping pace with the skyrocketing price of food in our community. She doesn't understand why this government refuses to increase social assistance rates to keep pace with the cost of living in Ontario. Premier, why is your government refusing to help people like Cally in my community who are struggling to afford the bare necessities like food and rent?

**The Speaker (Hon. Ted Arnott):** Minister of Children, Community and Social Services.

**Hon. Merrilee Fullerton:** Thank you to the member for that important question. In fact, our government has increased the funding for OW and ODSP. We have added \$1 billion for social services relief funding during a very, very difficult time. We understand the challenges related to that. This service program has had challenges, and we acknowledge that. We are, really, the first government to address this, not only during a 100-year pandemic with COVID-19 supports, but also ongoing supports. We know that food security is a very important issue and we've added funding for that, and more services for that.

This is an ongoing issue. We are really putting at the centre of everything we do the vulnerable populations that we serve to get them the vital social services that they need. We are putting people at the centre of our transformation, and this is something we will continue to do: put the dollars where they need to be to support our vulnerable populations.

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

**Ms. Suze Morrison:** Speaker, respectfully back to the minister: \$100 a month that was a temporary increase to ODSP and OW during COVID—a temporary increase—is not a permanent increase to social assistance rates that is going to allow people to afford long-term the cost of food in our community. It's not news that social assistance rates have been criminally low in this province for decades. Let's not forget it was a former Conservative Premier, Mike Harris, who slashed social assistance rates in half in the mid-1990s.

Speaker, my family lived on social assistance in the mid-1990s. I remember those cuts. It was devastating. I

knew hunger as a child because of the former Conservative government, and things have not gotten better for constituents like Cally in my community, because in the 15 years that the Liberals had after them, they did nothing. They sat on their hands. They did not raise the rates and they let constituents like Cally continue to suffer.

My question back to the Premier is: Yes or no, will you permanently increase the rates of OW and ODSP today so that constituents like Cally can afford to eat?

**Hon. Merrilee Fullerton:** Again, this is such an important area and that's why our government is supporting our most vulnerable populations. In fact, if we look at not only the billion dollars with the SSRF but the increase when we first started, we have looked at the food security issue—the food bank support, \$750 million which we upped to \$1 billion. We acknowledge that the previous government didn't do what it needed to do, and that's why this government is: \$8 million in funding for Feed Ontario, distributing prepackaged hampers to support the really important work that our food banks do and the volunteers there. I really want to thank them as well. The student nutrition programs across the province have seen increased funding so that they can continue to deliver critical services for children.

We are responding to the pandemic. We are responding to the neglect by the previous government over many years, as you have mentioned, and we will continue to get the vital social services to our most vulnerable populations, as we have been doing. We will continue to do that.

#### COVID-19 RESPONSE

**Mr. Roman Baber:** My question is to the Minister of Health.

Almost 20 months ago to this day, the Premier told us that we need two weeks to flatten the curve. Ontarians have endured a horrific 20-month period with lockdowns and school closures. They are now subjected to passports, segregation, and an atmosphere where ordinary Canadians are subjected to hate because of this government's fearmongering. Almost 90% of us are vaccinated, but last Thursday Dr. Jüni, head of the Ontario science table, appeared on CTV and said that we need two weeks to flatten the curve.

My question to the Minister of Health: Does she agree with the science table that we need two weeks to flatten the curve, and what does the science table's position tell us about the policy of destruction caused by this government over the last 20 months?

**Hon. Christine Elliott:** First, I would say that we have had to take the steps that we have taken in order to protect the health and safety of the people of Ontario. This is a pandemic. This is something that happens, hopefully, only once every 100 years. We've taken a very cautious approach to easing back, to opening up our economy. That's why we've issued our recovery plan that takes a very cautious, incremental approach to make sure that we don't have to go back again. The people of Ontario cannot deal with another lockdown, both in terms of their social sense

but also our economy can't deal with another lockdown. That's why we're being very cautious and doing things in a very careful manner. It takes two weeks to understand the effect of a change you make, and so that is why we have to cautiously approach this. Every change that we make, we make sure that we allow that two weeks to take place so that we can adjust if we need to.

But the last thing we want is another lockdown. We want to keep moving Ontario forward. That's what the people of—

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

**Mr. Roman Baber:** Speaker, visiting a loved one at a hospital to give them comfort and support, to call a nurse or doctor when the patient is in need or pray by their bedside when they're about to pass is a sacred right. But now, several Ontario hospitals deny family members visitation because of their medical status, because they did not take medication that the government wants everyone to take.

Speaker, this is cruel and inhumane. It's a new low in the never-ending series of lows and evil imposed on Ontarians "for their safety." On behalf of these patients and these families, I ask the Minister of Health, will she put an end to this inhumane cruelty and prohibit hospitals from denying visitation to families and loved ones?

**Hon. Christine Elliott:** First, let me say to the member opposite that hospitals are able to make their own policies. They are run by their own independent board of directors. That's not something that the Ministry of Health directs. In some cases, that's necessary, particularly, I would say, pediatric hospitals, where most of the children thus far have not been able to be vaccinated. We hope that will change soon and we're awaiting Health Canada's response that five- to 11-year-olds can receive the vaccine.

But in terms of taking medication that people don't want to take, that's to save people's lives. I don't understand why the member doesn't understand that, Speaker. This is important to protect people, to save their lives. While we still know that people who have been doubly vaccinated can still contract COVID, it's very unlikely that they will be hospitalized and even more unlikely that they will be in intensive care, and even more unlikely that they will die.

We want to save peoples' lives in Ontario. That is my responsibility as Minister of Health, and one that I'm going to continue working on. We're continuing with our last mile strategy to get every single person in Ontario that can be vaccinated, vaccinated.

#### ANTI-RACISM ACTIVITIES

**Mr. Deepak Anand:** Mr. Speaker, Ontario benefits from having a diverse population. It provides us a unique advantage, and it is truly one of our province's greatest strengths. As you know, diversity has shown to increase innovation, reduce risk, and open many new opportunities for economic development and growth.

**1110**

Speaker, just look around. We have, and I am proud to be part of, the most diverse caucus in this province's history. And I'm proud to say that our government continues to stand up for everyone across Ontario, no matter what their background is.

At the same time, many of my constituents have expressed their concern and the need for the government to take strong actions to combat racism and hate-motivated violence in Ontario. They want a government that defends the right of everyone in Ontario to worship, practise their faith, and live their lives free of fear, intimidation, and violence.

My question is to the Minister of Citizenship and Multiculturalism. Please tell our House what this ministry is doing to address these concerns, not just for Mississauga–Malton, but for all of Ontario.

**Hon. Parm Gill:** I want to thank the member for that important question and also for his tremendous work on behalf of his constituents, both here at Queen's Park and in his riding. Our government believes that everyone in the province should have an opportunity to succeed in life, free of any form of hate or racism, regardless of their background, regardless of where they might have come from. This is a serious issue, and we know that more work needs to be done.

Our government is taking action by investing in programs and working with organizations right across our province to promote diversity and inclusion. That's why, in the recent economic fall statement, our government is committing to investing over \$8 million in additional new funding to combat anti-Semitism, Islamophobia and all other forms of hate in our communities right across our great province.

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

**Mr. Deepak Anand:** Thank you, Minister, for that answer. It is imperative that we all take these issues seriously and work with community partners to put an end to racism and hate in our communities. With prosperity on the rise, more opportunities building in our province and over 291,000 jobs going unfilled, we need our diverse population serving and thriving all across Ontario.

While I do appreciate the minister's answer, I'm sure you will agree that more needs to be done. So, Speaker, through you to the minister: What specific supports can constituents in my riding take advantage of, and what has our government done to bring grassroots solutions to combating racism and hate?

**Hon. Parm Gill:** I want to thank my colleague for that question once again. It allows me an opportunity to highlight some of the resources, available to each and every Ontarian, that are focused on rooting out hate and racism in our neighbourhood in our communities.

Through the fall economic statement, we on this side of the House are saying yes to doubling the Anti-Racism and Anti-Hate Grant from \$1.6 million to \$3.2 million. We're saying yes to building fully inclusive workplaces with a fully funded \$1.5-million business resources hub to help

employers, and we're saying yes to launching a \$5-million RAISE grant to help racialized and Indigenous entrepreneurs with seed funding.

We will continue to work with our community partners to eliminate racism and hate in our province. We on this side of the House will continue to say yes to building an inclusive Ontario.

#### GOVERNMENT ACCOUNTABILITY

**Mr. Joel Harden:** My question is for the Premier. Yesterday I rose in this House to ask if this government would commit to a public inquiry into Ottawa's LRT and ask Ontario's Auditor General to investigate a system that has been plagued with problems since it started. Speaker, the LRT has derailed six times, the latest being two months ago. The LRT has now resumed partial service, but residents at home are telling me they don't feel safe, and they want answers and they want accountability now.

But the P3 model that built our LRT has offered no accountability for municipal leaders in Ottawa Centre. A story today by Joanne Chianello from CBC Ottawa accounts for the fact that John Manconi, our city's former transit manager, knew that the LRT wasn't ready before it actually opened on September 14, 2019.

My question to the government this morning is very simple: Did the province know that senior municipal transit officials in Ottawa believed our LRT system was not fit for service a month before it opened?

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

**Hon. Kinga Surma:** Thank you very much for the question. To the member opposite, I think your question would be better directed to the MPP of Orléans, who was actually the chair of the transit commission at the time.

But in terms of the P3 model, of the 74 projects that have reached substantial completion, 95% were completed on budget and 81% completed within three months of substantial completion.

The P3 model has been successful. It is actually admired by many places in the world. They look to Ontario for leadership, for innovative solutions and for appropriate risk transfer. We have \$60 billion worth in contract value for building hospitals, building transit in the province of Ontario, and we will continue with this successful option.

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

**Mr. Joel Harden:** For the people watching at home, the answer to my question was no. No, the government of Ontario didn't know that Ottawa's senior transit official told the Rideau transit commission—the private consortium, the P3 consortium the government is promoting even today—that the system wasn't fit for service. That is shocking, Speaker.

This is what Mr. Manconi said in an email that Joanne Chianello released today:

"We can all agree," he writes, "things are not going well...."

"The reliability of the fleet is not where it needs to be to provide dependable service."

My goodness, Speaker. This was written a month before the system opened. So if the government didn't know about this, my question to them, honestly, through you, is: Are you concerned about that, the fact that you didn't know? Are you concerned about the fact that the proprietary nature of these P3 arrangements doesn't allow you the right to know despite being a major funder of the system?

Speaker, again, I've been calling for it for a year; I'm going to call for it this morning. I hope to hear a yes to this question: Is the government going to mandate a provincial inquiry into this? Is the government going to ask the Ontario Auditor General to investigate this mess after today's disturbing revelations? It's a simple question: Yes or no?

**The Speaker (Hon. Ted Arnott):** The Minister of Transportation to respond.

**Hon. Caroline Mulroney:** I thank the member opposite for the question. Clearly, he, just like so many Ottawa transit riders, is incredibly frustrated by the challenges that have been plaguing stage 1 of the Ottawa LRT.

We have become, as I've said, increasingly concerned in the city's ability to deliver on this project. That's why we're looking at all options to increase the province's oversight and ensure better value for taxpayer dollars. We're looking at all options, including a public inquiry and a review by Ontario's Auditor General. Mr. Speaker, we take this very seriously, and we'll report back to the House with more when we have some more information.

#### GARDE D'ENFANTS

##### CHILD CARE

**M<sup>lle</sup> Amanda Simard:** Maintenant, plusieurs mois après que le gouvernement fédéral nous a offert des services de garde d'enfants à 10 \$ par jour, l'Ontario n'a toujours pas signé d'entente. Pourquoi? Bien, à écouter le ministre et le premier ministre, on n'a toujours pas d'explication logique.

Le premier ministre conservateur a dit : « I want the same deal that Alberta and Quebec have. » Who's going to tell him? Alberta and Quebec don't even have the same deal. Ça, c'est comment déconnecté que le premier ministre ontarien est de ladite « deal » et du dossier.

Ce gouvernement conservateur—le même gouvernement qui a réduit d'un demi-milliard le budget de l'éducation de l'Ontario—ne comprend pas pourquoi il ne reçoit pas plus d'argent que tout le monde pour l'éducation? Ouf, où est la « fair deal » pour les Ontariens dans son énoncé économique? Nulle part.

Monsieur le Président, c'est vraiment rendu du n'importe quoi. Quand ce gouvernement va-t-il faire la bonne chose et finalement conclure une entente avec le gouvernement fédéral?

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

**Hon. Stephen Lecce:** What is, I think, indeed, complete nonsense is the 40% increase that happened under the provincial Liberal watch, under Kathleen Wynne and

Steven Del Duca—indefensible by any measurement. The member opposite should not be defending the second-most-expensive child care in the nation under the Liberal watch. We agree that's unacceptable. We know we can do better. The leaders in expensive child care are the New Democrats of BC. Both parties fail in this respect.

This Premier is getting the job done by getting a deal in place that stands up for our interests, that increases investment, that is more flexible to support every mom and dad in this province. Not some but all parents deserve that support. We're standing up for Ontario, and I'd ask the provincial Liberals to do the same for the people we represent.

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

**M<sup>lle</sup> Amanda Simard:** Monsieur le Président, le pire, c'est le ministre de l'Éducation et, justement, son argument que l'Ontario n'a pas son « fair share ». En fait, comme la ministre fédérale responsable l'a souligné multiples fois, après avoir déduit du total les fonds dédiés aux communautés autochtones et partagé le reste aux provinces selon leur population, les chiffres de l'offre à l'Ontario arrivent au « fair share » que l'Ontario devrait avoir. En d'autres mots, le ministre et son gouvernement ne regardent même pas les bons chiffres. Assez honteux, mais il a toujours l'option d'admettre son erreur et de conclure l'entente.

1120

Et son argument relatif au jardin? On le sait tous très bien que le jardin n'est pas un service de garde. Encore une fois, ce gouvernement conservateur veut que le fédéral paie pour leurs responsabilités, leurs programmes provinciaux.

Monsieur le Président, quand ce gouvernement va-t-il arrêter de tataouiner et conclure une entente avec le gouvernement fédéral?

**Hon. Stephen Lecce:** As I've said, our government wants a fair deal, a good deal for the people of Ontario. We want the federal government to not penalize this province because we happen to have a far more superior program for four-year-olds and five-year-olds that's based within our school system, led by a teacher and an ECE, which virtually no province in Canada has.

We're not asking for anything more than recognition, like in Quebec, which has an existing system and yet the federal government opted to provide the maximum investment with few strings attached. We want a similar program that does not penalize us for being the gold standard when it comes to care for children. We want an investment that is proportionate to our population, and we want a long-term commitment that ensures child care prices are affordable, yes, for year one through five and well beyond.

#### GOVERNMENT ACCOUNTABILITY

**Mr. Jeff Burch:** Speaker, through you to the Minister of Municipal Affairs and Housing: About a year ago, the minister issued a minister's zoning order to bypass due process and public consultations and fast-track the

development of block 41 in Vaughan, an area that includes greenbelt farmland. Most of the block 41 landowners have strong political and donor ties to the Premier and the PC Party. One of these well-connected landowners, TACC Construction, is seeking a regional official plan amendment that would allow the destruction of greenbelt farmland as part of the block 41 development enabled by the MZO.

The minister is the final approval authority. Will he protect the greenbelt and reject this amendment, or will he protect the profits of the Premier's developer friends and donors?

**Hon. Steve Clark:** I was asked this question on Monday by the Toronto Star, and at that time we had not received the documentation from York region regarding their request. We just received it yesterday. We are reviewing it. As the member knows, I have 120 days to make a decision. We will give it our due diligence. We'll make sure that it's a complete application and we'll provide a response.

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

**Mr. Jeff Burch:** Speaker, this government has justified its overuse and abuse of minister's zoning orders based on a secret Deloitte report no one can find and that may not even exist. Most of the MZOs issued by this government have benefited friends and donors of the Premier, like Michael DeGasperis, who runs TACC Construction when he is not busy with Vaughan Working Families—currently under RCMP investigation.

The MZO for block 41 led directly to TACC Construction's request for a regional official plan amendment that would allow the destruction of greenbelt farmland. Vaughan and York staff, the Toronto conservation authority and the Greenbelt Foundation all opposed this amendment.

The minister must choose: Will he protect the greenbelt and reject this amendment, or will he protect the profits of the Premier's developer friends and donors?

**Hon. Steve Clark:** Again, Speaker, I can't let that question go by without correcting the record regarding minister's zoning orders. I've been very clear as minister. All of the MZOs that have been requested on non-provincial land have come at the request of a municipality. The municipality works with the applicant and then makes the decision to request the minister's zoning order.

I have to tell you, Speaker—I'll just take one aspect of minister's zoning orders. In 15 years, the Liberal government, aided 99% of the time by New Democrats, only built 611 long-term-care beds. MZOs that I've signed at the request of municipalities—we've already committed to 3,700 beds. Plus, this is a government that consistently has said yes, and we're going to get shovels in the ground and build long-term-care spaces.

#### COVID-19 RESPONSE

**Mr. Rick Nicholls:** My question is to the Minister of Health. As we head into the winter season, most Ontario

colleges and universities are unprepared to keep students and faculty safe in the event of a surge in COVID infection cases. By that time, vaccination immunity is projected to wane, foreseeably exposing students and faculty to mass outbreaks in crowded, in-person classes. In some cases, colleges and universities, if they were to put something in place—now, ahead of time—online options for these students and faculty who wish to avoid the risk of infection this winter from in-person attendance, I would think it would be prudent that preparations for remote learning and instruction would be good policy to keep everyone safe.

What I would like to know is your thoughts on this issue.

**The Speaker (Hon. Ted Arnott):** The Minister of Colleges and Universities to respond.

**Hon. Jill Dunlop:** Thank you to the member for that question. As you know, having post-secondary institutions open is critical to the economic recovery of this province. In fact, we are training the professionals that we need on the front lines right now: the PSWs, the nurses. In-person training is important. As well, we've seen the need for mental health. So it's really important to have students back in the classroom.

I'm actually very proud of our sector. In fact, 94% of students have been double-vaxxed, as well as 93.3% of staff and faculty, so we are above the provincial average. These young people are protected. It's important that they are back in the classroom.

I worked with the Chief Medical Officer of Health to ensure that colleges and universities are following the protocol to get students back in the classroom, and will continue to work with the sector to make sure that students are able to return to the classroom safely.

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

**Mr. Rick Nicholls:** Back to the minister: To be very clear, my question was about compelling students and faculty, whether vaccinated or unvaccinated, to attend in-person classes this coming semester at a time when the pandemic emergency still remains a live concern.

Minister, what if some students and faculty catch COVID next semester? What if others wish to avoid the risk of infection by learning remotely? From a health perspective, do you agree that it would be smart policy for Ontario colleges and universities to have in place remote learning and instruction options for all in-person classes in order to keep students and faculty safe? Ontario students, faculty and parents are looking to this minister for a straight answer.

**Hon. Jill Dunlop:** Thank you to the member for that question. In fact, we provided the COVID supports for students and for institutions to protect the students. We also thank the sector for switching to virtual learning as quickly as they did to ensure the safety of the staff and the students in place. We have a partnership with eCampus Ontario that worked on digital learning and the supports to colleges and universities at that time. We also launched our Virtual Learning Strategy to improve the quality and learning experience for post-secondary students.

If you look at this sector, as I said, we're above the provincial average. There is a vaccine policy in place at institutions across the province to ensure that faculty, staff and students are kept safe. I thank the sector for this work and the work that we've been doing with the Chief Medical Officer of Health.

As I said before, this is a crucial sector. We need to ensure that we are providing the front-line workers with the education they need—the nurses, the doctors, the PSWs—to ensure the health of all Ontarians.

## MENTAL HEALTH AND ADDICTION SERVICES

**Ms. Judith Monteith-Farrell:** My question is for the Premier. Right now the opioid-related morbidity and mortality rates in Thunder Bay District Health Unit are 10 times higher than anywhere else in the province. The St. Joseph's health care group runs the Balmoral treatment centre that provides withdrawal management services, the first step in getting people help. There have been approximately 3,000 admissions every year since 2017, but another 3,000 admissions are denied every year because every bed is in use. Our community desperately needs the province to step up.

Premier, will this government commit to funding a community-based crisis centre in Thunder Bay?

**The Speaker (Hon. Ted Arnott):** The response, the Associate Minister of Mental Health and Addictions.

**Hon. Michael A. Tibollo:** Thank you to the member opposite for that question. No matter where you live in the province of Ontario, it has always been our mission that all Ontarians have access to high-quality mental health and addictions supports when and where they need them. From the very beginning, our government has taken decisive action to address the mental health and addictions needs across the province, including in northern, rural and remote communities. This is a problem that is facing all of the province of Ontario.

Since the release of the Roadmap to Wellness, we've made unprecedented investments totalling over \$40 million in new, ongoing, annualized funding specifically to address the needs of those living with mental health and addictions challenges in northern Ontario. These investments include new funding for in-patient mental health beds; mobile crisis services; both in-home and mobile detox services and opioid addiction services in Timmins; child and youth mental health supports and residential detox services in Thunder Bay; peer support, mobile crisis teams and safe beds for mobile crisis services—

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

**Ms. Judith Monteith-Farrell:** My question, then, is to the minister. Thunder Bay needs a community-based crisis centre. Over 30 health care and non-profit community partners have come together in Thunder Bay to support one, including our police. Our residents deserve a facility that is local and provides a one-stop shop of care.

We're not doing enough. The opioid crisis demands a better response from this government. Minister, when can Thunder Bay expect this government to provide the new crisis centre for our community?

**Hon. Michael A. Tibollo:** Mr. Speaker, as the member opposite should know, we have invested over \$525 million now and will continue investing \$525 million to build a system throughout the province of Ontario.

But, Mr. Speaker, what I'd like to point out to the party opposite is to not forget the fact that when the NDP were in charge, they voted no to more mental health beds. In fact, they closed 13% of Ontario's mental health beds and closed 9,645 hospital beds throughout the entire province. They said no to more acute care mental health care, and cut \$53 million from several of Ontario's psychiatric hospitals. In addition to that, they voted no and cut health care funding across the board in their last budget when they reduced hospital funding by 1%.

Mr. Speaker, it's our government that is building the system in the province of Ontario and cleaning up the mess that was made by the NDP and continued under the Liberal government. Throughout—

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

#### PRIVATE MEMBERS' PUBLIC BUSINESS

**The Speaker (Hon. Ted Arnott):** I beg to inform the House that pursuant to standing order 101(c), changes have been made to the order of precedence on the ballot list for private members' public business such that Ms. Bell assumes ballot item number 14 and Mr. Glover assumes ballot item number 66.

There being no further business this morning, this House stands in recess until 3 p.m.

*The House recessed from 1133 to 1500.*

#### REPORTS BY COMMITTEES

##### STANDING COMMITTEE ON REGULATIONS AND PRIVATE BILLS

**Mr. Aris Babikian:** I beg leave to present a report from the Standing Committee on Regulations and Private Bills and move its adoption. I will give it to page Isabella.

**The Clerk-at-the-Table (Mr. Peter Sibenik):** Your committee begs to report the following bills without amendment:

Bill Pr51, An Act to revive Adventure Learning Experiences Inc.

Bill Pr52, An Act to revive 1921628 Ontario Inc.

Bill Pr55, An Act to revive New Edinburgh Property Management Service Ltd.

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

*Report adopted.*

#### INTRODUCTION OF BILLS

##### HUNGARIAN HERITAGE MONTH ACT, 2021

##### LOI DE 2021 SUR LE MOIS DU PATRIMOINE HONGROIS

Mr. Cuzzetto moved first reading of the following bill:  
Bill 50, An Act to proclaim Hungarian Heritage Month / Projet de loi 50, Loi proclamant le Mois du patrimoine hongrois.

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

*First reading agreed to.*

**The Speaker (Hon. Ted Arnott):** Would the member like to give a brief explanation of his bill.

**Mr. Rudy Cuzzetto:** This bill proclaims the month of October in each year as Hungarian Heritage Month. For over a century, Hungarian Canadians have made invaluable contributions to every sphere of our life in Ontario. With this proclamation, the province recognizes their contributions and their important role in our economy, culture, politics and identity of Ontario. It also recognizes the importance of the acceptance of Hungarian refugees in 1956 as a turning point which has helped to shape our open and welcome immigration policy and our respect for diversity, inclusion and multiculturalism.

#### PETITIONS

##### OPTOMETRY SERVICES

**Mr. Paul Miller:** This is a 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 agree with this. I'll sign my name to it, and page Alfie will deliver it.

## ECONOMIC RECOVERY

**Mr. Dave Smith:** I want to thank Patrick for this petition as well. He has done a great deal of work on it for me.

“To the Legislative Assembly of Ontario:

“Whereas Ontarians have been working relentlessly to adhere to physical distancing guidelines, limiting themselves to necessary travel and protecting their loved ones; and

“Whereas our health care professionals are working long hours in our long-term-care homes, doctors’ offices, community care, and hospitals; and

“Whereas other essential workers such as grocery store clerks, farmers, meat and produce processors and transport workers keep our shelves stocked and food on the table; and

“Whereas the province has made significant progress in the fight against COVID-19 with decreasing infection and hospitalization rates, domestic production of personal protective equipment, and crucial financial investments in health and social services;

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

“That the government continues its methodical, cautious approach to reopen the economy so that people can get back to work, businesses can recover and people can regain a hopeful optimism for the future of this great province.”

I agree with this petition. I will sign it and give it to page Hayden.

## OPTOMETRY SERVICES

**Ms. Sandy Shaw:** Once again, I rise to read into the record a petition entitled “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.”

Again, Mr. Speaker, I support my local constituents and I will add my name to theirs.

## PERSONAL PROTECTIVE EQUIPMENT

**Mr. Dave Smith:** I’d like to thank Mr. Kelly for doing his work on this petition for me as well.

“To the Legislative Assembly of Ontario:

“Whereas the global competition to secure critical personal protective equipment and medical supplies is fierce; and

“Whereas in the face of a global shortage of medical equipment, Ontario-based companies have stepped up in a big way to produce these items in order to ensure our front-line workers are protected against COVID-19; and

“Whereas Ontario is making considerable progress in procuring critical supplies and equipment, while the global supply chain remains constrained; and

“Whereas nothing is more important than protecting the health and safety of patients and the workers caring for them, as well as our first responders;

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

“Proceed as expeditiously as possible to continue to ensure that patients, front-line health care workers and first responders have the critical equipment and supplies they need to protect themselves during ... COVID-19, so that:

“(1) Ontario continues to procure vital supplies and personal protective equipment through its traditional suppliers and donations, as well as working in collaboration with the federal government, other provinces, and Ontario’s manufacturers;

“(2) Maintaining Ontario’s same-day deliveries to hospitals, long-term-care and retirement homes and other facilities to support essential workers in all settings and ensuring supplies and equipment are expedited to those most in need;

“(3) The province continues to collectively explore how to overcome supply chain challenges, including through domestic production opportunities and the safe reprocessing of supplies.”

I agree with this petition. I will sign it and give it to page Serena to take to the table.

1510

## AFFORDABLE HOUSING

**Ms. Jennifer K. French:** I’m pleased to present this petition on behalf of folks across my community. It is entitled “Affordable housing.

“To the Legislative Assembly of Ontario:

“Whereas for families throughout much of Ontario, owning a home they can afford remains a dream, while renting is painfully expensive;

“Whereas consecutive Conservative and Liberal governments have sat idle, while housing costs spiralled out of control, speculators made fortunes, and too many families had to put their hopes on hold;

“Whereas every Ontarian should have access to safe, affordable housing. Whether a family wants to rent or own, live in a house, an apartment, a condominium or a co-op, they should have affordable options;

“We, the undersigned, petition the Legislative Assembly of Ontario to immediately prioritize the repair of Ontario’s social housing stock, commit to building new affordable homes, crack down on housing speculators, and make rentals more affordable through rent controls and updated legislation.”

Of course, I support this petition. I will affix my signature, and I will send it with page Ella.

#### LAND USE PLANNING

**Ms. Marit Stiles:** I’m pleased to present this following petition on behalf of my constituents. It reads:

“Stop the Bradford Bypass

“To the Legislative Assembly of Ontario:

“Whereas the proposed Bradford Bypass is a \$2.2-billion, taxpayer-funded, 16.2-km, four-to-six-lane highway through the greenbelt between Highways 400 and the 404;

“Whereas according to a Toronto Star/National Observer investigation, the main beneficiaries of this project are land speculators with political and donor ties to the Premier and the PC Party of Ontario, and together own nearly 3,000 acres of land along the proposed highway corridor;

“Whereas the highway would threaten the Holland Marsh and the Lake Simcoe watershed, cutting through 27 waterways, damaging prime farmland, wetlands, woodlands, and significant wildlife habitat;

“Whereas the most recent EA for the project is nearly 25 years old, and this PC government has exempted it from the Environmental Assessment Act;

“Whereas due to this exemption, the government is now free to ignore impacts on agriculture, fish and fish habitat, property, human health, air quality, greenhouse gas emissions, and other impacts that would have otherwise required an updated assessment under the act;

“Whereas the highway will also destroy one of Canada’s most significant archaeological/historical sites, the Lower Landing;

Whereas this highway was conceived in the last century, before the Lake Simcoe Protection Plan, the Greenbelt Plan, the Clean Water Act, the Endangered Species Act and the growth plan were enacted, and prior to global agreements to fight climate change;

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

“To cancel the politically driven, wasteful and destructive plan for the Bradford Bypass, and redirect all funding for the Bradford Bypass into investments that better serve the regional transportation and mobility needs, including evidence-based plans for transit and regional road improvements, and other investments in the public interest.”

I strongly support this petition. I’m happy to affix my signature and pass it along to page Felicia to table with the Clerks.

#### OPTOMETRY SERVICES

**Mr. Joel Harden:** It’s an honour this afternoon to table this petition. It’s entitled “Petition to Save Eye Care in Ontario.” I want to thank Kathi Kerr and others who brought this to our office’s attention.

“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.”

Speaker, it will be an honour to sign this petition and send it with page Nathaniel to the Clerks’ table.

#### TENANT PROTECTION

**Mr. Paul Miller:** “To the Legislative Assembly of Ontario:

“Whereas renters across Ontario are currently being forced out of their rental apartments by landlords looking to increase rents after “renovating” older, rent-controlled units, thereby forcing legacy tenants into the open ... market and dramatically increased market rent prices;

“Whereas rent across Ontario is already too high and many families are barely managing to live month to month; shelters in communities across Ontario are full and with homelessness already a crisis;

“Whereas the rights of tenants are already limited, and the Ontario Landlord and Tenant Board is expediting eviction hearings without consideration to the public health consequence of pushing tenants out of their homes in the middle of pandemic;

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

“(1) To immediately stop unfair “renovictions” and bad-faith “landlord’s own-use” evictions;

“(2) Repair the Landlord and Tenant Board by filling the many vacancies at the LTB in order to properly hear cases and clear the backlog of pending cases;

“(3) Establish a law in which landlords who must vacate apartments for extensive repairs or renovations are required to arrange temporary living arrangements at the same price and quality, in the same area, for each affected unit and/or pay the difference in extra costs associated with temporary living arrangements tenants are expected

to bear; i.e., higher rent and moving costs related to the temporary living arrangements as well as costs associated with moving back into the previous unit once repairs and renovations are completed.”

I wholly agree with this and will affix my name to it. It will be brought down by Alfie.

### COMMUNITY PLANNING

**Ms. Jessica Bell:** This petition reads, “Give Communities a Say on Cannabis Retail Licensing.

“To the Legislative Assembly of Ontario:

“Whereas cannabis is a legal, regulated product and should be available in a way that meets community needs; and

“Whereas the Ford government’s licensing approach has led to communities with no retail stores at all while other neighbourhoods are seeing increasing concentrations of them at the expense of other shops and services; and ...

“Whereas the COVID-19 pandemic has forced too many local businesses to be evicted or closed, further impacting the services available to local communities;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to pass Bill 235, the Cannabis Licence Amendment Act, to:

—align the process for new cannabis retail licences with that used for liquor licences;

—give municipalities and, through them, the local community, a greater say in the licensing process;

—ensure access to legal cannabis is maintained without pushing out diverse businesses that make our local economies thrive.”

I support this petition. It’s developed by the friends of Kensington community. I’ll be giving it to page Rishi.

### SCHOOL FACILITIES

**Ms. Marit Stiles:** I have a petition here to present on behalf of my constituents which is entitled “Fund Our Schools.” It reads as follows:

“To the Legislative Assembly of Ontario:

“Whereas too many children are going to school in buildings without proper heating or cooling, with leaky roofs or stairways overdue for repair;

“Whereas after years of Conservative and Liberal governments neglecting schools, the backlog of needed repairs has reached \$16 billion”—it’s more than that now;

“Whereas during the 2018 election, numerous members of the Conservative Party, including the current Minister of Education, pledged to provide adequate, stable funding for Ontario’s schools;

“Whereas less than three weeks into the legislative session, Doug Ford and the Conservative government have already cut \$100 million in much-needed school repairs, leaving our children and educators to suffer in classrooms that are unsafe and unhealthy;

“We, the undersigned, petition the Legislative Assembly of Ontario to direct the Minister of Education to

immediately reverse the decision to cut \$100 million in school repair funding, and invest the \$16 billion needed to tackle the repair backlog in Ontario’s schools.”

I will be supporting this petition. I’m happy to affix my signature, and I’ll pass it along to page Ellie to table with the Clerks.

### OPTOMETRY SERVICES

**Mr. Michael Mantha:** On behalf of the good people of Algoma–Manitoulin, I’ve got a couple of hundred signatures here.

“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.”

### 1520

I wholeheartedly agree with this petition. I’ll affix my name and present it to Joel to bring down to the Clerk’s table.

**The Deputy Speaker (Mr. Bill Walker):** I remind all members that you can use the abridged versions when we’re short on time in future. Thank you so much.

Orders of the day? I recognize the member for Aurora–Oak Ridges–Richmond Hill.

**Mr. Michael Parsa:** I just want to inform the House that there will be no night sitting tonight.

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

**Mr. Joel Harden:** I feel a responsibility rising this morning, talking about this, because I think that of anything we've learned in this pandemic, how we look after our elders and how we look after people with disabilities in 24/7 assisted living has to be at the top of all of our lists, regardless of what political party you're part of. That has to be number one.

We know, sadly, from the medical journal the Lancet that our province, inside the country in which we live, Canada, fared the worst of all major developed nations in fatalities and serious health consequences for seniors. That is not a record I want Ontario to win. We need to be asking ourselves, how do we get off that list? How do we get back to a time in which seniors and people with disabilities can live in assisted care facilities with safety and with the support they need?

Speaker, when I come into this place, believe it or not, I'm actually always trying to understand where people who don't think exactly like me are coming from. So I want to begin with a quotation taken recently from the Minister of Long-Term Care. This is what he said, assessing what we were putting forward, as the official opposition, as a better way forward, to get us off that list where we win the sad and awful record of people who died in long-term care. The minister said, "We want to make sure that we are spending billions of dollars on building these new beds and care. That's where the money should be spent, not paying off private shareholders." On that quotation, I entirely agree. But I would implore this government to understand that the context for this is wrong. Minister Phillips was responding to the proposal we've put forward here, as the official opposition, as the Ontario NDP, to, over a period of eight years, bring all long-term care and home care services in the province of Ontario out of for-profit agencies and into non-profit and public support. He framed that initiative as a means of paying off private shareholders. I want to suggest to my friends in government that that is a mistaken criticism, because that is, in fact, what we have done in the pandemic.

Not only have we had our seniors, 4,000 of them, and people with disabilities lose their lives in publicly funded long-term-care homes, but we saw the big companies that now play such a huge role in this sector make out like bandits. The three largest companies in the long-term-care sector have issued out \$171 million in dividends so far during this pandemic. Those same companies raked in \$138 million in pandemic funding from governments.

So if the minister is actually interested in making sure that public funds go into care for residents and salaries for staff, he needs to take a cold, hard look at the system we've got, the leaky bucket we've got.

What I see in the bill we're debating this afternoon is an initiative to move to four hours of hands-on care, which has been something debated in this House for a long time—an attempt to pour water into a bucket which is leaking, Speaker. It's leaking water. We have huge holes in our bucket of looking after seniors and people with disabilities because we say we need to work with for-profit companies, who issue \$171 million in dividends to shareholders.

We have to ask the question: Do we want to make sure that every single dollar raised by Ontario public taxpayers goes into the services they want, or should it be putting Mercedes and BMWs in driveways? Should it be buying yachts? Should it be buying a second holiday home or a well-fitted \$10,000 suit for executives in this industry?

The answer is pretty clear for me, Speaker. If my friend the minister responsible wants to make sure that all public funding does not go to paying off private shareholders, we've got to fix that leaky bucket.

The minister will say we can't afford it. The minister will call our plan expropriation. The minister will say that it is unviable for us to go back to the era when there was an NDP government in this province and home care, in particular, was almost entirely non-profit and public. The dominant actor was the Victorian Order of Nurses—great organization. He says it's impossible.

I will say, through you, Speaker, to my friends in government here that what should be impossible is us continuing to pour water in this leaky bucket, watching it slop out and watching people get hurt in the process. That, actually, should be impossible.

We should ask ourselves the cold, hard question, when we look in the mirror as MPPs who come to this place, go back home and listen to people's heartfelt stories: Can we defend a system that makes people rich on the public dime while seniors are suffering and while workers who are working with them are also suffering? I can't.

I am absolutely prepared as a more affluent person in this province—my partner and I are certainly in the 1% when you look at what we make. Please, we are happy to contribute more in income taxes if it means we can bring home care and long-term care into non-profit and public hands. My parents are worth that much. My neighbours with disabilities who need assisted living are worth that much. Ontario is worth that much. What we can't afford any longer, frankly, is to throw money at an industry which is shown to fail, that put Canada on a horrifying list.

Speaker, I want to again try to implore my friends in government to change direction.

What has it meant in Ottawa? The plan I hear folks talking about all the time, beds—we're going to bring 30,000 beds. Well, in Ottawa, the people they've contracted to work with are Carlingview Manor, which is a for-profit home run by Revera that saw 60 people die in the heart of the pandemic and hundreds of people infected. They've contracted to work with the Schlegel family. I know Mr. Schlegel sits on the Premier's task force on working conditions in this industry. Mr. Schlegel is going to get 246 rooms in a campus that used to be the Riverside

Campus of the Ottawa Hospital. I have talked to folks who work for Mr. Schlegel in Windsor who are crying in the parking lot before they go into those facilities. Why? Because they're working short.

*Interjection.*

**Mr. Joel Harden:** The member finds it funny. I don't find it funny.

They're working short. They're dealing with 20 residents, 25 residents, 30 residents between one or two of them through the night, and they can barely get into a Schlegel building because of the stress they carry into their work. They want to do right by those folks, but they know they're just barely making it. Those people deserve full-time hours, full pensions and benefits, sick days and great compensation, and that is what they will get under an NDP government. They had it at one point.

What I want to say to you, Speaker, is that next June there's a very clear fork in the road here. If the minister wants to come and join us in this caucus, he's welcome any time. He can become a New Democrat—if you actually want to stop paying off private shareholders. That's my own personal opinion. Sorry. I'll get in trouble with my colleagues here. If what you actually want to do is take private shareholders out of home care and long-term care, I absolutely want to work with you; I don't care what party you're from. But let's be clear, that is absolutely not what we're doing.

We're making Mr. Schlegel rich. We're making former Premier Harris rich, who plays a role as the chair of Chartwell. We're making the CEO of Bayshore rich, Mr. Stuart Cottrelle, who refuses to release his financial reports to the public. That's who we're making rich under this plan. That's a huge problem.

In the time I have left, I want to also mention retirement homes. One of the reasons why we tabled a private member's motion in this place, which we call Voula's Law, which I was happy to get unanimous agreement on, is that I actually don't think we need substantial legal reform in this area. The tools the government has under the Long-Term Care Homes Act and others give it plenty of power. But what we haven't seen yet is one perp walk by one CEO in this industry responsible for the deaths of so many people—we haven't seen one, and they're proposing the increase of penalties.

I have been asking my friend the Honourable Raymond Cho, the minister for whom I'm a critic—I've been asking him, "How are we going to improve on Voula's Law? How are we going to make sure family caregivers can't be separated from their loved ones in these care facilities?" We had a great moment there a while back, Speaker, but we have not seen any action since.

**1530**

What I'm going to remind this government about this bill, and about the rules governing retirement homes in particular—which seems to be where the industry is shifting; the for-profit industry always wants to shift to the place with less onerous obligations. I want to tell them, through you, that they need to remember that residents of homes have rights. In my opinion, and in many lawyers'

opinions, they have rights under the Residential Tenancies Act, so people can't separate them from their family caregivers. They can't separate them from the people who are trying to visit them. That is against the law. We agreed on that in this place. So what I would like to see in the oversight rules around long-term-care facilities is that clarified. I'd like to see it clarified in group homes and retirement homes. That's what I will be happy to talk about back home, if we can come to an agreement on that and make changes to this legislation to do right by our elders, people with disabilities and the staff in this sector.

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

**Mr. Logan Kanapathi:** Thank you to the member for your presentation.

Our government puts the safety and security of our seniors in long-term care first. That is why we are legislating four hours of daily direct care for seniors in long-term care.

Mr. Speaker, I could talk about my mother's experience. She has been dying with dementia for three years. I could talk for hours and hours about how we need these four hours of daily direct care.

Here is what Candace Rennick, secretary-treasurer of CUPE Ontario, had to say about our four-hour commitment: "We are encouraged to learn that this government is finally taking the necessary step of enshrining the four hours of hands-on care commitment into legislation."

Mr. Speaker, if union leaders like Candace Rennick—

**The Deputy Speaker (Mr. Bill Walker):** Thank you. Back to the member from Ottawa Centre.

**Mr. Joel Harden:** I know the member cares about this sector, and Candace is a friend of mine. I came up through CUPE. CUPE is one of the reasons I got to go to university and got to experience so many different parts of this province, meeting public sector workers, the people CUPE organizes.

What Candace is saying and what my friend is quoting here is the fact that this sector has been so neglected that they welcome any and all improvement. The four hours per resident of care per day is certainly a welcome goal; I'll agree with him on that.

But what I would challenge him and others who are going to ask me questions to consider is: Why would we be pouring more resources into this sector when we know we are leaking out so much, when these companies are parcelling off dividends to shareholders, excessive management compensation and excessive administration costs?

Speaker, I'm talking to people right now at home, seniors and people with disabilities, who don't get their home care visit attendants showing up. That's how serious the community care situation is. We've got to fix it, and profit has to be taken out.

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

**Ms. Sandy Shaw:** I want to thank the member for Ottawa Centre for saying it like it is and revealing what's truly happening here; revealing the impact of profiteering

in our long-term care, profiting off the backs of our seniors.

This bill is nothing but a diversion strategy—it's kind of like the Wizard of Oz: "Pay no attention to the man behind the curtain"—because they don't want us to see what's really going on. But you've revealed what's going on behind the curtain, who these actors are—the bad actors, the powerful players.

My question is: Do you think that the people of Ontario will forget what happened and will be convinced that this will actually bring them the justice they deserve?

**Mr. Joel Harden:** No, I don't think they will. The one that really hammered the epitaph in for my friends over here is Bill 218, where we actually passed legal liability help for the owners of these for-profit homes, to insulate them from lawsuits—not fully, but to insulate them further.

I'm going to tell folks over there—because I'm assuming the thought process is, "Hey Joel, we can't imagine a situation in which public and non-profit care can happen on a reasonable timeline. That's why we're going to work with these for-profit companies. It's the only reasonable thing to do." I can see that argument; I don't agree with it.

What I cannot accept is preventing people from getting their day of justice in court when their loved one passed away or when someone was hurt in the workplace. You are going to pay a price for that in the next provincial election. I will personally make sure in Ottawa Centre that you pay a price for that.

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

**Mr. Jeremy Roberts:** Thank you to my honourable colleague, my next-door neighbour in Ottawa, for his remarks. I know this is an issue he cares passionately about, as do I.

Speaker, I had the chance two weeks ago to visit all of the long-term-care facilities in my riding. We have eight of them in Ottawa West–Nepean, and I had the chance to share the news with them of the funding increases of almost an average of \$4 million per year extra going to those facilities that can only be spent on staffing. It is a dedicated stream for staffing. The PSWs at some of these facilities cheered. They were so pleased to see this investment.

I want to know if the member opposite is going to support this legislation that is enshrining that increase in staffing funding to four hours of direct care per day.

**Mr. Joel Harden:** To be honest with my friend, no, it won't. The reason it won't—I'm glad you actually got into the homes and talked to the workers. That's admirable. We all should be doing that.

What those PSWs and care workers need to understand, because their lives—most of them work on part-time shifts for relatively modest wages, even despite the boost now. They are running from pillar to post in their work lives. What we should be telling them straight up is that when we are pouring more public money into this industry, we are leaking out in home care, according to the Auditor General, at least 30% to 35% in excess costs because of

dividends to shareholders, ridiculous administration and inefficiencies relative to a public and non-profit approach. My friend, we should be telling those PSWs that, because we could pay them better. We could give them full-time hours. We could cover their travel if they do travel between places. We could go a lot further if we took the public and non-profit approach.

I'm glad you're getting out and talking to them. But that's our approach over here.

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

**Ms. Jennifer K. French:** I'm glad to be able to ask my colleague a question. You talked about the leaky bucket—the public dollars that go in and then the quality of care that doesn't come out in private facilities.

When I stood opposite what had been the Minister of Long-Term Care at estimates committee a year ago, in October, she said, "The homes receive envelopes of funding, so if you start fining, then you're actually taking dollars away from residents."

When I raised this again with the Attorney General not too long ago, talking about contract law, he said, "It's a myth ... that if one of the operators gets a fine, they're going to stop buying food or something like that." He also talked about having been a small business owner. He used to turn a key in the door and said, "I also stood last in line to get paid, and that's how it works, and that's how it will continue to work in the long-term-care industry."

I would love to know your thoughts on whether or not they really are the last to get paid in the private care industry.

**Mr. Joel Harden:** No, they're not. That's very clear when you look at the research. These are profitable companies that want to continue making profits in this sector. They've crept in like parasites in recent decades, and now my friends in government are saying we can't get rid of them. I disagree.

We're serving notice that if we are elected in June, over a period of eight years, if you want to work in this sector, you're working on a non-profit or a public basis or you're out of here—and don't let the door hit you on the way out.

We are going to make sure that our seniors, staff and residents get the care they need and that we use every single dollar. We will not apologize for it, and we're not going to be intimidated from making that a big part of our election as government next June.

**The Deputy Speaker (Mr. Bill Walker):** Questions and responses? I recognize the member from Niagara West.

**Mr. Sam Oosterhoff:** My thanks to the member opposite for his passionate speech this afternoon, and my thanks to you, Speaker, for allowing me to question the member.

Here in Ontario, we're seeing leadership when it comes to building additional capital expenditures, moving towards four hours of care, hiring more PSWs, bringing a lot more spaces to this province. I think that's an important thing. I know, in my community, it's something that people are eagerly anticipating.

But I've heard a lot of complaining from you. I've heard a lot of concerns that you're raising, many that I don't agree with.

I'm just wondering if perhaps you can speak to other jurisdictions, then, if you feel there are places in this country that have done it so fantastically. I would love to hear what your opinion would be of all of those various places. I think it's always good to have a cross-jurisdictional scan when we're looking at improving legislation.

**Mr. Joel Harden:** I appreciate that. I wish you could have commented on the differences, though; I want to know where we disagree. That's part of what I try to learn in this place.

I will give a shout-out to two people, and I'll actually send the member some of these research leads. Dr. Pat Armstrong, one of Canada's experts in the sector, has a massive research consortium in this country that points to other places in the world that don't treat seniors and people with disabilities the way we do in assisted living facilities.

1540

We warehouse people and institutionalize people, and in the disability rights movement, we turned the page from that decades ago. We said that we don't want to forget about people with disabilities and put them somewhere in town where they can be forgotten about and institutionalize them. We want them to be part of the community. We believe in community care. We made that turn decades ago with disability rights. But we have stuck there for elder rights and for some people with disabilities.

Pat's research points to Scandinavia, it points to England, and it points to other parts of our country, including the province of Quebec, frankly, which is starting to make these shifts.

I'll send those research leads to the member.

My point is, whether one is in favour of saving money from a conservative perspective or doing right by residents from my perspective as a socialist, the result is the same: Make every dollar go to care and pay staff. We should be agreeing on that. That's not where we're going with this legislation.

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

**Mr. Mike Schreiner:** It's an honour to rise to speak on Bill 37. Before I begin speaking about this bill, I just want to say that given the tragedy we saw in long-term care during the pandemic, my heart goes out to the families and the staff who went through that horrific experience. If there was ever a moment in time when we needed to stand up and say we're going to provide the dignity and care our elders deserve, it is in the wake of the COVID-19 pandemic.

Mr. Speaker, I was hopeful when I heard that this bill was going to be proposed, and then when I read it, I was deeply disappointed, because there are hardly any changes, actually, from the existing way in which long-term care is regulated and the oversight provided to it, the same way that led to the tragedy we saw during COVID-19.

One of the big changes, however, is that four hours of care, which many of us have been advocating for for years, is finally in the bill—but it doesn't happen for four years, and it's a target, not a legislated mandate. I believe our elders need four hours of care now, not four years from now. We need to ensure that we have the proper ratios, that we have registered nurses who are at a higher level in that care than what is in this bill. I know in the past the previous minister said that you can't snap your fingers and hire more staff overnight, and that is true. That is exactly why you have to pay staff a living wage. You have to ensure that they have good working conditions, that they're guaranteed full-time work with benefits. That's the only way we're going to be able to recruit and retain staff in our long-term-care homes. And this doesn't do that.

Speaker, the government is bringing back comprehensive inspections. I don't know why they failed to do them in the first place. But the bottom line is, if you're going to do those inspections and you're going to bring in increased fines but then you're not going to actually lay any charges down, even after we saw the horrific conditions that have been documented by the military and others—is that a mirage, or is it actually going to happen? And has the government provided the staffing for long-term-care homes to actually continue to provide care and deal with the administrative burden of those inspections?

At the end of the day, we need to prioritize care over profits. This bill fails to do that.

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

**Mr. Lorne Coe:** Speaker, I'm on long-term-care wait-lists, and in particular, what the Liberal government did—and ballooned to 38,000 spaces—

*Interjections.*

**Mr. Lorne Coe:** Yes. I don't see the humour in that at all.

Speaker, our government is acting quickly and investing unprecedented funds to ensure that we tackle the wait-list. We're investing \$6.4 billion to ensure that we meet our goal to build 30,000 net new beds by 2028. All of our funding is going to go into building new bed capacity.

Will the member opposite support our commitment to put money into actual care and end the wait-list?

**Mr. Mike Schreiner:** Speaker, all I have to say is, the previous Liberal government absolutely failed Ontarians when it came to expanding the number of beds in our long-term-care system; there is no doubt about that.

What I would urge my colleagues on the other side of the aisle to do is to expand the number of beds in the non-profit and municipal-owned sector, because we absolutely have to prioritize care over profits when it comes to long-term care.

I would also encourage my colleagues on the opposite benches to invest more in home care and to invest in new models of care, like the butterfly model, or to look at places like the Netherlands that ensure that they're not warehousing their elders and are actually providing things like co-housing for them. There are many ways in which

we can provide additional beds for our elders and prioritize care at the same time.

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

**Mr. Paul Miller:** It was a good presentation by my colleague from Guelph.

I've had some very big concerns, over the last few decades, about inspections and the amount of inspections that are done. Some of the homes have reported to me that they would get maybe one or two a year. We know of some of the things that have happened in these homes that are unacceptable, and on a regular basis. Mostly, it happens not in the public homes; it's in the private sector.

My question to you is this: Do you really feel that the government is going to put enough meat into this bill, that they're actually going to fine substantial fines to these for-profit caregivers and also make sure that they follow up with the amount of inspections and detailed information from the inspections that we never had access to in the past?

**Mr. Mike Schreiner:** I appreciate the question.

It almost isn't what I think; it's what some folks like—Dr. Sinha, the director of geriatrics at the University Health Network and Sinai Health System, said, "If nothing that we've seen so far in countless cases of elder abuse have been reasons to lay any fines, I don't know what will.... Why bother doubling something that you're probably not even willing to use?"

And Jane Meadus, who is at the Advocacy Centre for the Elderly, stated: "If they're not actually laying charges, does it matter what the fine is?"

That is at the heart of the matter. If you're going to increase fines, if you're going to increase inspections, but you're not actually going to use that power in a way to improve care for elders, does it matter? And most importantly, does it make a difference in our elders' lives?

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Ottawa West–Nepean.

**Mr. Jeremy Roberts:** I appreciate the comments from the member for Guelph.

Before COVID-19 started, I had the chance to go and work for a day as a PSW in one of the long-term-care homes in my riding. At that long-term-care home, they talked to me about the staffing shortage and about how we needed to train more PSWs and give them more funding to be able to get them. What I'm seeing in this legislation and in the actions of this government is tackling that specific problem. We see enshrined in legislation four hours of care. We see 27,000 more nurses and PSWs being trained, and we see funding going to allow them to hire them.

I'm wondering, Speaker, if the member opposite will join me in supporting this legislation.

**Mr. Mike Schreiner:** I appreciate the member's question.

I know I'm almost out of time, so I would ask the member to join me in advocating for four hours of care now, not four years from now. Let's do it now.

I also would ask the member to join me in the heartbreaking meetings I've had with so many PSWs who are struggling with low pay and poor working conditions.

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

**Ms. Judith Monteith-Farrell:** I'm honoured to stand up in this House to represent the people of Thunder Bay–Atikokan and to talk about this very important matter.

I really want to extend my sincere gratitude to the people who work and advocate for the residents who live in long-term care.

Before the pandemic, even from the first week that I was elected, and before that, I heard from families, residents, workers, and they were raising the alarm bells about the state of things in long-term care—workers who couldn't go on working in the field because they couldn't stand to watch and participate in the neglect, because there were too few people to do the work; workers who had to leave the field because they were paid too little. Their hours were sporadic. They had no benefits. They could easily work at Walmart and make more money, and so they left the field, even though they loved it.

**1550**

Then there were the families. The families were at their wits' end—and this was all before COVID-19. They spoke of unspeakable neglect of their loved ones, how they were fighting to get the care that their loved ones needed. They talked about their family members only being allowed four changes a day; about bedsores; about lack of food, no one there to feed them; about how bedding wasn't changed, how it was dirty. What they described was horrific, and they often ended up in tears. Many places only give people a bath once a week. The standard of care was supposed to be maintained at some sort of level, but that standard wasn't ever achieved in most of these homes—and we were aware. There were studies. There were exposés. There were magazine articles. There were newspaper articles. There were videos. There were murders and outbreaks of disease in long-term care.

The neglect of 15 years under the Liberals was very evident, and people were and are desperate for change.

The urgency of the action plan went far beyond long wait times. That was a problem, but that the care was so inadequate was really the urgent matter.

There was an increase in that time, as well, in the privatization of homes. Things that were public went private. Now we're looking at 57% of long-term-care homes being for-profit models. Money that is supposed to be going to care of loved ones is going to profits.

When I speak to families, they all agree that we need more staffing and we need a decent job to be there in long-term care, but we also need the privatization out of it, because they want their long-term-care homes to be accountable. They want them to be accountable just like they want their hospitals to be accountable.

Then the pandemic hit, and the situation became a nightmare. The already broken system crumbled, and the residents and the families paid the price. There were only nine inspections out of the 626 homes in 2019. That is

incredible. During a time when things were so dire, we were neglecting to ensure that our long-term care was being taken care of. What kind of a society are we if we stand by and actually think that that is okay? We all, in our society, bear the burden of that, that we neglected our elders and vulnerable people such that they were—in the descriptions from the people I spoke to in my riding, a mother who died of dehydration; a person who had no one come into their room for 24 hours—because she had a camera in there, and she wasn't allowed to come in. Families were denied to see or even get reports on their loved ones in long-term care during the pandemic in our areas, in private care.

It was the workers who weren't sick, who didn't get ill because of lack of PPE, lack of proper infection control and lack of training who were left with calls to me, crying and saying, "I don't know if I can go on, yet I don't want to abandon these people." I will never forget those calls, and none of us should ever forget that time. We all want things to carry on; we want to forget about it. We want to think, "Oh, this is great. We're going to do this, and we're going to set a piece of legislation forward."

I would welcome legislation that would, in fact, look like it is going to a better place, but if we're just setting targets rather than hard and fast abilities for people to actually keep those promises at four hours—because when there was a standard of two hours of hands-on care, that wasn't being maintained. What's to be said that when we have a standard of four hours of hands-on care—if we don't have the people who are actually going to enforce that, it means nothing. It's meaningless.

We should never forget what happened. We should always remember.

I know we come at things differently, but I think the model is broken. Warehousing people doesn't work.

I had a meeting with the ambassador of Finland, and I said, "I've heard you have a great model of care for your elderly." He said the key is to keep people in their homes as long as possible, to provide the supports, and to keep them in home-like settings even when they are in the stages of dementia, so that they are kept in the centre.

I had a neighbour who lived across the street, Kerrtu. When her husband passed away she moved back to Finland. I kept in touch with her. Kerrtu was elderly, and she moved into assisted living townhouses that were in a row. Originally, when she moved in there, she could drive, she could cook, she could do everything that an active senior could do. Slowly, she started to deteriorate and she had to have things done differently. But they assured her that she could stay in that place, have her food, have her family visit. She would go for walks. There was entertainment. She wasn't stuck in a room.

Those of you who have attended long-term care, you see it—you see people strapped into their wheelchair by the nursing station with no entertainment, no kind of reaction. You see them in their rooms by themselves, staring at the wall, or, maybe, if they're lucky, they have a television. This isn't a model that we need. We don't need to build more of those kinds of beds. We need to be

looking outside the box when we talk about long-term care.

Finally, when I talk to families who have lost their loved ones in long-term care, what they say to me is, "Why isn't anyone being held accountable?" They're grieving, they're angry, and they have nowhere to put that.

Natalie Mehra from the Ontario Health Coalition said, "The government has for three years done nothing to hold any of the terrible operators to account despite already having powers"—you already have the power to fine them, to have provincial offences charged, suspend licences or revoke licences, and you haven't done that.

I believe that what we did in some of those homes, the worst of the worst, was criminal. It wasn't just something that should be fined; they should actually be investigated as criminal offences, because it was incredibly inhumane. And we all need to do better.

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

**Mr. Rudy Cuzzetto:** I agree with the member across: Long-term care has been neglected for decades in this province. My mother used to always say to me, "A mother can watch five children, but five children cannot watch a mother." That's why I got into politics: to help fix long-term care. That's one of the issues, and I'm so proud of our government investing \$6.4 billion to build 30 new long-term-care beds and rebuilding 28,000. These are historic numbers here in this province of Ontario—as well as hiring 27,000 PSWs and increasing the care to four hours for our seniors. Does the member agree with Smokey Thompson that it's great to see that Ontario's government finally is doing something to improve long-term-care residents and their family?

1600

**Ms. Judith Monteith-Farrell:** I probably don't agree about a lot of things that Smokey Thompson says—

**Interjection:** Who's that?

**Ms. Judith Monteith-Farrell:** Yes, who's that?

I really appreciate that you got into politics to fix this, and I think many people want this fixed. What we have to understand, though, is that we cannot fix this without proper support and without a vision for a better way. If we just continue to do the same thing that we've been doing, we know that it's going to have a bad result.

The other very important thing that we need to see is a good job. PSWs used to be good jobs. People had those jobs. They retired from those jobs with pensions. I know those women, and they loved their work. So I would say that I want a new system.

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

**Ms. Jessica Bell:** Thank you to the member for Thunder Bay–Atikokan for your speech. One thing that really concerned me is the government's decision to limit liability so big, for-profit corporations were kind of protected from family members that were wanting to take them to court for abuses. What do you think of the government's decision to limit liability?

**Ms. Judith Monteith-Farrell:** I think we're very disappointed to see limiting liability, because in lots of big

corporations, it's the cost of doing business. They're fined for things and that's the way it is, and they know how much and they'll balance that against the harm that they do.

I also believe that no amount of money, really, can actually satisfy a family member. They're trying to get justice. I know most family members just want to see things better. I know people who have lost people, who have people in long-term care, and they're saying, "I'm here for my mother, but there are others there that aren't, and the system is broken." And so I believe that we need to do better.

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

**Mr. Will Bouma:** Mr. Speaker, through you to the member from Thunder Bay–Atikokan, I was just looking here, and it appears that your riding is getting 96 new beds this year alone. There's over \$2.6 million in additional staffing that's being provided by the provincial government, and it's going to go up to over \$16 million in 2024-25. I was just wondering if you're supportive of that in your riding.

**Ms. Judith Monteith-Farrell:** We can announce a lot of dollars being spent, but if you can't find the people to do the work so that it can be spent—we see a lot of announcements, but we don't see a lot of follow-through.

The other thing is that Southbridge—and that's where we had one of the major outbreaks in Thunder Bay. That's who's building those new beds. So I hope they do better, but like I said, I don't believe that that's the model that needs to be carried forward. There are many people who want to stay in their own homes, and we don't have the support and the decent jobs that are required to keep people in their own homes.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Ottawa Centre.

**Mr. Joel Harden:** I always like listening to my friend, my corner office mate up here for a lot of this session, from Thunder Bay–Atikokan. I'm wondering if you could help us understand something from a northern perspective. I was really intrigued when you were talking about your relationship with the ambassador to Finland, if I'm remembering that correctly. Earlier, I pointed people in debate to the work of Pat Armstrong. One of the things that comes out of her work, borrowing from Finland and I believe it was also Germany, is that too much of our long-term-care system is about putting years into life. We're trying to prolong people's life through medication, putting them into homes—institutionalization—when what we should be doing is thinking about how to put life into years: making homes smaller, making homes more rooted in the community, giving people joy in this moment. I've always understood the Scandinavian perspective that way. If I'm wrong, please tell me. I was wondering if you could just elaborate on that.

**Ms. Judith Monteith-Farrell:** It's a different mindset, that we have that need to have our elders as part of our community, not warehoused away in an institution that looks like a hospital; that they have a community, that they

are connected to the community, is a different mindset. It's almost like we don't want to see people aging in our society. We don't want to embrace them. We don't want them around. We want to put them away, out of sight, out of mind. It's a flawed model.

I know Fort William First Nation is looking at providing a long-term-care community centre for their people to live their years out in Fort William First Nation, which is adjacent to Thunder Bay. They want those elders to be part of the community, to actually participate in fires and nature. I wish we would see at least a move in that direction in this legislation.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Brantford–Brant.

**Mr. Will Bouma:** Thank you, Speaker. Through you: I appreciate the opportunity just to have a conversation back and forth like this.

In my riding, we were one of the pilot projects from the previous government for the community paramedicine program that's being expanded now across the province in order to be able to keep people at home longer, and the incredible work that our paramedics are doing—Russ King, I'm sure you're not hearing this. Hats off to our community paramedics, and to our Minister of Long-Term Care, who rolled this program out.

I was wondering if you're supportive of that part because that seems to be hitting off what you're saying—that we need to be taking care of people at home. Are you supportive of community paramedicine?

**Ms. Judith Monteith-Farrell:** I too applaud the work of the paramedics, especially during the pandemic. Many of them went door to door giving tests to babies and providing some home care and checking in on folks. That is a step in the right direction.

But many of our seniors are living in poverty. They need supports. They need someone to clean their house. They need someone to maintain their facilities. And they don't have the money. The supports that government gives often is a rebate program. Well, they don't have the money up front to actually get those renovations to get those aides—because if you don't have the money to spend, you can't spend it. So that's where I see the flaw. So I would encourage any programs that are going to assist people staying at home, but we need to do it in a safe way.

**The Deputy Speaker (Mr. Bill Walker):** We have time for about half a question and half an answer. The member from Algoma–Manitoulin.

**Mr. Michael Mantha:** The member talked about change. The member talked about doing the same thing, where we keep doing the same thing over and expecting the same result. I'll use an example: "I'll put the red block. Oh, I'll change; I'll put the blue block. I'll change and put the red block; now the blue block." We'll have that opportunity to change something on June 2 of next year, and hopefully we'll really see a change.

My question to the member: Coming from northern Ontario, we need to change things; we need to change the model. Smaller homes for smaller communities, but providing the same level of care, would be a huge benefit to a

lot of northern communities. Would it be beneficial to people in your area as well?

**Ms. Judith Monteith-Farrell:** Thank you for that question. There was something that just came to light with the—Atikokan General Hospital has a program, and they are part of the LCAP beds, which is a program that was started in 1982 for small northern hospitals so that they can incorporate their homes for the aged, actually, and their long-term-care beds with their small hospitals. Interestingly enough, they haven't been assured that they're going to get the funding under this legislation, and they're asking for it and have not received the answers.

So thank you for that question because I wanted to bring that into my presentation and now I've got a chance to.

**The Deputy Speaker (Mr. Bill Walker):** I beg to inform the House that pursuant to standing order 101(c), changes have been made to the order of precedence on the ballot list for private members' public business such that Mr. Glover assumes ballot item number 17 and Mr. Burch assumes ballot item number 66.

Further debate? I recognize the member from Hamilton West—Ancaster—Dundas.

**Ms. Sandy Shaw:** Before I begin, I just want to take the time to acknowledge all the folks living in my riding—the folks in Westdale, on the West Mountain, Ancaster and Dundas—and to acknowledge the tremendous grief and suffering that we all experienced through this pandemic. I specifically would like to acknowledge the loss of Lainie's mom. I want to acknowledge Susan, who fought so valiantly for her brother, and Patricia Mary, who lost her husband during this time.

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I also want to express my deep gratitude and the community's gratitude for all of the staff who worked so hard during these unbelievable, unthinkable conditions to do the best they could for our seniors. We feel deep gratitude for what you have done, putting your lives at risk, and so thank you from the bottom of my heart.

The state of long-term care—and home care, for that matter—has been well understood. Successive Liberal and Conservative governments continue to cut, underfund and understaff. We saw more and more privatization, and what was the result? We know: wait-lists that just ballooned; we saw overworked staff, understaffed homes, seniors just not getting the care that they deserve. Families and care workers have been ringing the alarm bells for years, and they went unheeded.

Then COVID hit, and the pandemic revealed how truly disastrous the circumstances were in our long-term-care homes. We could not turn away from how badly neglected our residents were during that time. I mean, people were being hospitalized for dehydration and malnourishment. We heard of residents being left in their beds for so long that they developed bedsores and of families who were desperate, just frantic, because they were shut out, not able to look after their loved ones at that time, never mind being informed as to what was going on. It was a nightmare all of us lived through. We know that nearly 4,000 seniors died alone.

We know so much of this because the military was called to respond to this disastrous circumstance. When the military's report came out, these horrors were—it was so difficult for any of us to read what they experienced. In fact, Speaker, I was at a Remembrance Day celebration recently, and I spoke to a CAF member who was part of that response. That person could hardly speak about it. Truly, what they experienced was traumatizing.

But one of the things that we learned that we need to focus on, that the long-term-care commission revealed—the most important fact from our lessons—is that people who were living in for-profit homes paid the biggest price. According to this government's own science table, for-profit long-term-care homes had twice as many COVID infections and 78% more deaths than not-for-profit homes. That's remarkable. That's what we should be acting on. These companies clearly failed to provide the basics that our seniors deserve in long-term care.

What did this government do during this time? Well, we know they cut the comprehensive inspections to nine out of 626 homes. We know they were cutting millions of dollars from long-term-care homes before the pandemic, and we saw this government block a full public inquiry into long-term-care homes after we knew what was happening. It's unbelievable.

Then, infamously, we had the Premier promise an iron ring around seniors, but we know that that iron ring only existed if you were part of a for-profit corporate company. They passed legislation to protect for-profit long-term-care companies from any kind of accountability or justice for families of people who suffered there. That's what this government chose to do.

Incredibly—it has been said before—not a single provider, not any of those that were outlined in the military reports, was held accountable. Not one. And now, what do we see? We've got the Premier rewarding some of these actors, the worst players in the long-term-care system, with lucrative new contracts—30-year contracts. These are some of the companies behind the deadliest homes, and they are being given an opportunity to profit even more. We had an opportunity to deny bad actors these licences, but instead they're literally being handed 30-year contracts, which means billions of dollars in taxpayer dollars. In fact, the FAO said \$6 billion of taxpayers' money will go to these corporate companies.

Three of the largest corporations during this time paid \$171 million in dividends during just nine months of COVID, and the same three companies made \$138 million in pandemic funding from this government. So while they were handing out dividends to shareholders, they were using public dollars at the same time, and now these very same corporations that failed our loved ones are getting more beds, more licences to profit. Instead of changing the system, the government is really sealing our fate because we're going to have 30 years to deal with this before we can make substantial change. This government does what it always does. They protect their political fortunes and their political buddies above our seniors.

Here on this side of the House, we fought for seniors. We stood up for them. We introduced eight times I think

the Time to Care Act—it's coming again—which would have instantly, immediately enacted four hours of hands-on care. We proposed a seniors' advocate bill, Till Death Do Us Part, that would make sure seniors weren't separated in long-term care. The More Than a Visitor Act was so important during this time when they said families were frantic to be able to help their seniors.

As has been said before, we have a long-term-care and home care plan called Aging Ontarians Deserve the Best, and don't they? Aging Ontarians Deserve the Best—not what this government is serving up—and that includes concrete plans that will make all long-term care public, including home care, and not-for-profit. We will stop all of this greedy profit-making at the expense of our seniors and at the expense of quality care.

We'll also make sure we have full-time, well-paid, well-trained staff, instead of staff who are run off their feet, who go home in tears because of how desperate they're feeling with their inability to provide for the people they care for—but they just aren't able to do it.

We'll clear the waiting list that continues to grow under this government.

Most importantly, I would say that we will guarantee new and stronger protections for seniors, and we'll use those protections, not like this government. Instead of using the protections that already exist in this province, they turned a blind eye. They turned their backs on seniors. They didn't prosecute one of these bad actors. We would make sure that these people would be held to account.

What I want to say is, don't be seduced by this government's political theatre around their concern for our seniors in long-term care. All of their spin on this—they can try and brand this as a new long-term-care act, but it's not, because almost all of the provisions in this bill already exist in the act. But I will say that it's pretty telling that this government is signalling to us that their intention is to expand for-profit long-term-care homes, because they've removed in the bill a previously stated commitment to non-profit organizations that was in the preamble to the bill. That's gone now. Now it's replaced with this notion of “mission-driven,” and my guess is mission-driven may be profit-driven, but that's just my sense of the direction that this government always seems to go.

So, let's be clear: This bill will not make life better for someone living in long-term care today, not tomorrow and not even a year from now. Seniors who suffered through the pandemic in long-term care will continue to suffer. This bill is really just a lot of bluster and a lot of distraction from this government that knows they will be held to account when it comes to the ballot box. People will not forget how you turned away from the suffering of seniors.

I'd just like to end by saying that with all of the grief and all of the loss that we suffered, it should have been so easy for this government to come forward and do the right thing. It should have been so easy for them to bring justice to families and to the ones we've lost. It should have been so easy for them to acknowledge with real actions the work of the people who are in long-term-care homes—to recognize with meaningful, concrete actions and permanent pay that they are actually truly valued. We could have

ensured, really, that all of their suffering—that this loss was not in vain.

We had an opportunity that the people across this province were waiting for: residents, elders, their families, workers, the next generation of people who are waiting in line for long-term care or are on the waiting list. We could have made sure that we made the system better, but this government has chosen to turn away.

It's unfortunate this is the government we have, but you can rest assured that we, in the official opposition, won't turn away. We will continue as we always have to stand up for what is right, and we will always put the care of our seniors before profiteering in this province.

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

**Mr. Norman Miller:** Thank you to the member from Hamilton West for the comments on this bill. I noted that the member is looking for action as quickly as possible on the long-term-care-home file. One of the things I've noted about this bill is that we're more than doubling the number of inspectors by fall 2022, going from 156 inspectors and adding 193 inspectors, I believe.

And I note that Smokey Thomas has said, “Comprehensive and unannounced annual inspections are the only way to ensure” these homes are operating “to the highest standards of resident care. It's what our union has demanded for years, and I'm pleased to see that this government is listening and responding to the good work our union has done.”

I wonder if the member supports this aspect of the bill that will increase inspections.

**Ms. Sandy Shaw:** I would return to the member and say, it would be great to know more about these inspections, exactly what is the depth and scope of these inspections. Because it already exists on the books, that there are resident quality inspections, and penalties already existed on the books, but your government chose not to use any of those.

So my question is: Is this going to be the same level of resident quality inspections that we had before? Is this going to be a watered down version of what already existed that this government chose not to use? And what is going to be the criteria that we will use to measure how operators are assessed during these proposed inspections? People deserve, at the very least, to know details on what those inspections will entail and how they will be enforced, not just more political promises.

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

**Mr. Paul Miller:** A good presentation from my colleague from Hamilton. I just have to ask a question. In Hamilton, as you know, there were lots of problems: too many people in a room in these facilities, and they weren't separated. There were people going from home to home as PSW workers to help who had not been vaccinated, carrying it with them. We had all kinds of nightmares. So do you think if the government had moved quickly at the beginning to isolate these situations and put the clamp

down quickly and not allow people that were unvaccinated to go from facility to facility and spread it and allow visitors at times they shouldn't have been there, that spread it to the whole population as well—this was very poorly handled. Do you think that it had a negative impact on the city?

**Ms. Sandy Shaw:** Thank you to my neighbouring MPP from Hamilton East–Stoney Creek. Yes, I think that the warning signs were there all along, and this government just sat on their hands. They didn't act. People were ringing the alarm bells about what was happening with COVID, and this government just dithered. They didn't act. They were slow at the gate, and we saw the consequences.

In Hamilton, we had a home with a congregate care setting, Rosslyn, where they had to evacuate every single resident from the home, and 12 people died. This is a for-profit operator, the same operator that had years and years of orders against them that were not enforced. So not only did this government not heed the warnings that anybody could have figured out, didn't listen to the workers that were ringing the bell; they continued to allow for-profit operators to get away with those kinds of failures without enforcing the orders that already exist.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Aurora–Oak Ridges–Richmond Hill.

**Mr. Michael Parsa:** I want to thank my colleague for her presentation.

Speaker, I know that my colleague would agree with me on this: I know that they have already, in their policy documents, stated that eliminating the wait-list is absolutely critical. That's because we know, under the previous government, that the wait-list ballooned to about 38,000. Our government acted very quickly by investing unprecedented funds to ensure that we tackled this wait-list. We're investing \$6.4 billion to ensure that we meet the goal to build 30,000 new beds.

Given that in my colleague's riding, between 2011 to 2018, there were zero beds added in her riding, but under our proposal, under our initiative, there will be 140 new beds, 60 redeveloped beds, I'm wondering, after this proposal, would my colleague support this?

**Ms. Sandy Shaw:** Absolutely, we need to make sure that we are providing for our seniors, because the wait-list continues to balloon. But what we need to understand is that you can just announce beds, beds, beds, but they need to be staffed, and you have absolutely no strategy, you have no human resource strategy, to staff these beds.

You have a nursing shortage problem. You have long-term-care workers that are leaving in droves because of the horrible conditions that they're in. You have frozen nurses' wages—nurses that we need to be in the sector. So, you know, yes, we don't just need beds, we need staff to look after our residents and we need to make sure that—we could increase more of the beds that you're talking about if we took the motive out of profit, if, rather than a whole part of the funding going to profit, every dollar of taxpayer dollars goes to care, not to profits.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from University–Rosedale.

**Ms. Jessica Bell:** Thank you, member. The question that I have is around the issue of profits within the long-term-care home sector. I was shocked to learn that, during the first nine months of COVID, the three largest long-term-care home operators were paid \$171 million in dividends—\$171 million in dividends. What's your response to this?

**Ms. Sandy Shaw:** Well, it's reprehensible. I mean, that's the only thing that you can call it. People were lining their pockets while our seniors were dying in these horrible conditions. There's nothing else to call it. It is completely predatory and it shouldn't have happened, and it happened under this government's watch.

I also want to bring up the issue of retirement homes. This government—there's a Retirement Homes Regulatory Authority that has a board that is comprised of the same players, the same big players, in long-term care—the same people that are profiting. You know, there's a member on that board who represents one of the homes, Schlegel homes, where we saw an instance where the handles were taken off the doors.

These are the people that continue to be in place and that will continue to profit, and it's my feeling that this government hopes that we won't understand that, or that the people of Ontario will just forget.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Niagara West.

**Mr. Sam Oosterhoff:** My thanks to the member for Hamilton West–Ancaster–Dundas. I was actually at Dundas Peak with my wife and son last week, and you have a very, very beautiful riding. I know you're very passionate to speak on behalf of the issues that your constituents sent you here to advocate for.

I do have a quick question. I understand, obviously, that the role of the opposition is to raise concerns with legislation that comes forward and to share critiques, and the member opposite has done so passionately and eloquently today. I'm just wondering if, perhaps, there is anything in this legislation at all that, from her perspective, she would consider to be a positive. I've heard a lot of negativity and I've heard a lot of concern, but I'm wondering if there is anything positive at all that she'd be willing to perhaps lay before the chamber, as part of this legislation.

**Ms. Sandy Shaw:** Well, thank you to the member, and thank you for visiting my riding. You could have always come by and knocked on my office. There's a picture of Dundas Peak in the front of my office. Thank you for joining us there.

I want to say that it is our role to make sure that this government understands that they can make things so much better. But it's the government's role—they should be the ones that are making things better, not relying on us.

So what I have to say is, this bill—everything you needed to improve the lives of seniors already existed. You didn't need to go through all of this bluster and political theatre. You could have just enforced what was already in the act. It's already there. And if you really were

truly committed to the idea of four hours of hands-on care, it would be legislated. It wouldn't be just a stretch goal or a target goal, or, again, just some political words. You would have actually enshrined those targets in legislation.

Thank you for the question.

**The Deputy Speaker (Mr. Bill Walker):** We have time for a very quick question, if the member from Algoma-Manitoulin wishes.

**Mr. Michael Mantha:** How important is it to remove profits from long-term-care homes?

**Ms. Sandy Shaw:** I'm surprised I haven't made that clear enough yet. It's critical. I mean, that's the piece that's missing. We can tinker around the edges, we can shuffle the decks on the Titanic, we can replace one Minister of Long-Term Care with another Minister of Long-Term Care, but the elephant in the room, the thing that nobody wants to acknowledge, is profits. And nobody wants to acknowledge that this is a political decision. This is about the political fortunes of this government. The same people who are profiting in long-term care are the same people who are donating to the PC government, and that is the problem.

1630

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

**Mr. Paul Miller:** As a serving member of this House since 2007, I can remember back to the heady days of my first election campaign. I remember the campaign trail well. As the new kid on the block, I was quickly learning about the issues faced by the people of this province and the people of my community. There was a high point in my campaign when the leader of the party stopped by Hamilton and invited me to stand with him on the stage. In front of him were health care workers and the people of Hamilton who were concerned about one thing, and one thing only: long-term care.

Fourteen years is a long time to talk about the same issue facing this province, and it's an extremely long time to stand by and watch government after government say that they are going to fix the system or build new beds, while watching little to nothing actually improving.

From the hundreds of calls and emails I have received in my constituency office related to this matter, I am surprised that the government believes what it's saying about long-term care. We have lived in a province with a two-tier public and for-profit system and have had to endure the likes of Elizabeth Wettlaufer; deadly outbreaks of Legionnaires' disease, H1N1 and SARS; and unending reports of patients left to languish for hours or days without care. The system was so bad it required military intervention to uncover many of the dark truths behind the veil of secrets.

My office received a response from the LHIN just this week that stated that their "staffing resources in the community are at a critical level." This inquiry was in regard to a patient who often goes 13 to 14 hours per day without a PSW to come and turn her over. She is developing bedsores and now a wound nurse is scheduled to come in and take care of the problem created by a lack of care in the first place.

The math on this one situation does not make sense. If the shortage of PSWs and nurses is so critical that we can't offer the patient a few extra hours a week, then what can be said when a second nurse is needed to repair the damage that was the result of the lack of care in the first place? A few more hours of care was all that was needed to prevent the needless pain, discomfort and family anxiety that has resulted with this example.

If more help is not available, then who knows what is next for this patient? A trip to the hospital? A two-week recovery? Or maybe a trip to the funeral home? Who knows what the outcome will be? What I do know is that if a proper level of care was available from the start, this patient and her family would not be thinking of these drastic and terrifying outcomes. This is not an issue that has only been a problem for the past year and a half. Sure, COVID has made things much worse, but these were phone calls and emails I was receiving as far back as 2008, 2012 and 2016. These were campaign issues, as I mentioned earlier, from prior to the 2008 financial crisis. This went way back.

I've always looked at the long-term-care component of the health care system as three tiers: in-home care, long-term care and primary care. All three tiers are now failing and have been in trouble for decades.

The first tier is in-home care. This is the least expensive form of care and provides families with many options to ensure the safe and comfortable lives of their loved ones. Morning wake-up and routines can be managed; prescriptions and exercise can be ensured. Meals and light duties keep the patient from harming themselves, and there's always the role of companion and friend that can come along with a well-treated, well-compensated, and well-trained in-home support worker.

Without a properly funded in-home care system, people living with health problems at home often wind up moving to the second and third levels of our health care system. This is where it gets tricky and extremely expensive. A slip and a fall while getting out of bed or out of the bathtub is one of the most common ways in which seniors can end up in the hospital. Reaching for something on the top cabinet or carrying the laundry basket the wrong way can result in terrifying mishaps. Seniors who live alone and do not have the luxury of a family member to pop in every once in a while can often find themselves injured on the floor and unable to reach a phone to call for help. Oftentimes, if they do have a PSW, it is that in-home care worker who discovers the poor victim; in some cases, it's too late.

When the ambulance is called and the paramedics arrive, you are now in a scenario that will begin to cost the taxpayers more and more money. Once the patient is transferred to hospital, they are now in an emergency room where they will need to be assessed and wait for care. As we should all know at this point, admission to the hospital may come after hours of agony, and even then a room may be replaced with a night on a gurney in a hallway.

Depending on the region, the bills have begun to rack up. The paramedics will have to be paid by OHIP or the

patient themselves. Now we have to pay the triage nurse, then the attending nurse, then the imaging specialist, then the attending physician, and all the while the family has received a call that their parent is in the hospital and they should come as soon as possible to check on them.

Once admitted, thousands of dollars a day are being charged to OHIP for all the treatments and accommodations made for the patient. A bed has now been taken up by the patient and they are being informed about how soon they will be discharged. If the situation does not look good for full or partial recovery, then the conversation turns to long-term care, the second tier of our health care.

While waiting for a publicly funded long-term-care bed, the patient may be transferred to a for-profit home as their LTC choices are narrowed down. Their stay at the retirement home is difficult because they are rarely staffed with health care professionals that can properly attend to the many medical concerns of this new patient. The family is also spending time bringing food and company to their parent, who is trying to adjust to their new room, new food and new environment.

When the word finally comes through that the long-term-care home is available, the patient is transferred again to a new facility and has to adjust to a new lifestyle even again. Even now, the cost to the taxpayer is high. While expected to pay what is possible, the patient does not fully subsidize the care costs associated with their accommodations. The cost is always in the thousands of dollars per month. There are trips to the doctor and sometimes out of the community, but often there is not much to do but to speak with some of the other residents and wait for the visit from their family. The visits do not come often enough—in some cases, not at all.

The patient has been through the gauntlet of the health care system and is on the other end with little to show but a stable and sterile life. While the patient thinks back to where this multi-month journey started, they can't remember the cause, but they do remember the home care worker who called 911 while they laid on the floor in agony. If only the PSW was there an hour earlier. If only the PSW was there for a longer hour. If only the PSW was able to offer a little bit more help, then maybe this all could have been avoided. Maybe the patient looking out the window at the tree outside could still be in her home watching their television, waiting for a neighbour to come for a chat. Now they are in a poorly funded long-term home with worries that another wave of pandemic will sweep through the ward or if the overworked nurse will finally come by with lunch as late as 2:30 or 3 o'clock in the afternoon, and the hunger is intolerable.

No system is ever perfect, Speaker, but there are some that are better than others. There are also systems that are less expensive than others. The PSW that was overworked and underpaid costs a fraction to the health care system of what a trip to the hospital would cost or a new life in a long-term-care home. There is also the dignity and familiarity of staying in a family home and in the community you live in and love.

After everything that this province has been through since March 2020, the seniors and many younger

Ontarians are voicing their growing concern and hesitation about having to one day move into an assisted living facility. Many polls show that people would prefer to stay in their homes, but this preference relies on whether or not they're able to receive the appropriate amount of assistance from the government. If the right amount of investment is made into the long-term-care system and if in-home care providers are given the supports and respect they deserve, many of the terrible and costly incidents of living alone will be avoided.

All levels of our health system are being tested to their limits, and it's no time for half measures. The appropriate level of funding is needed for all health operations, but there are circumstances where public funding can also be saved if the right preventive measures are taken. This is an issue that many in the province do not think about until it's their parent on the waiting list or it's their grandparent who has had two cancellations from the overworked, stressed-out PSW.

Ontario does not need a few more nurses and PSWs; it needs thousands. Ontario does not need a few more long-term-care beds; it needs thousands. There are people in this room who know this, and there are people on this side of the aisle who are proposing the creation of 50,000 new long-term-care beds and the recruitment of tens of thousands of new front-line workers who are well trained, well supported, properly compensated for their incredible work. All of the new funding being invested right now and in the future needs to go to the nurses, PSWs and working staff in long-term care. It does not and should not be an excuse for many of the companies running these facilities to hire more managers, consultants and buddies. There should be an audit of all funding spent at each and every long-term-care home and for-profit retirement home in this province to determine how many front-line workers have been hired versus how many middle managers and upper brass have been hired.

Our population is aging, and this is not a secret to anyone. I campaigned on these issues in 2007, and I'm still here championing change now. Something has gone wrong over these many years, and it's time to listen to the people and the professionals who have been asking for change for decades. If 2020 and 2021 weren't the wake-up call for change, I'm not sure what alarm bells are needed to wake up the people who are in charge.

1640

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

**Mr. Will Bouma:** It's always good to have a chat with my friend from Hamilton East–Stoney Creek. I was curious. What I've been hearing this afternoon, I wouldn't go so far as to say it's declaring war, but I would just say that the NDP is fully committed to eliminating for-profit long-term-care homes if they win the election next summer. They have a fully costed election plan that will do that, which I'm intrigued by, because there's somewhere like 627 long-term-care homes and only 16% are publicly owned and 57% are for-profit. Can the member get me the information on what it will cost the people of

Ontario to buy those 500 long-term-care homes and bring them into the public sector?

**Mr. Paul Miller:** Thank you to my colleague from Brant. We're not going to buy them, we're simply taking the profit out of it. We're going to operate them as public. That's where the mistake is. We are going to replace it with public workers under the public bill.

As far as costs go, I don't put a price on health care. There should be no limit on health care because we need it. It's obvious what's going on, and I think to put long-term care as for-profit only is a huge mistake and has been. You've seen this through the whole pandemic. Where are most of the problems? In for-profit places. It's quite obvious.

You can twist the words, but it's not going to fly with this party.

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

**Ms. Jennifer K. French:** I appreciate having the opportunity to visit with my former seatmate, although we're spread a little thin today.

His comments about the need to build new beds but to ensure that they are appropriately staffed and resourced has been a big part of what's missing from the discussions with the other side. They count the beds, but they are not talking about the appropriately funded or well-trained resources, whether they be human resources, care resources. The reminder of the military intervention is still fresh for folks in my community across the Durham region. We are all still feeling it. I look forward to my comments later and reading letters from families.

I guess as we're standing here trying to remind the government of the hurt and the turmoil, could you share what it was like for families in your community?

**Mr. Paul Miller:** Thank you to the member from Oshawa. Certainly I miss my seatmate way over here. It's been a while.

The impact has been all over the province. We've had horror stories from all over the province, and Hamilton and Stoney Creek are no different. We had large outbreaks in some of the facilities in Hamilton. In fact, we were one of the first ones in the province too. On the Mountain, we had a couple of residents who got COVID. We've been there from day one, so I've seen this develop into the situation it has. It was certainly not dealt with quickly, fast enough or accurately. It could have been pinpointed and done with, and it wasn't. They were sitting back and they allowed it to get carried away, get off the mark and didn't move quickly enough, and they could have. They could have shut it down quickly.

It's just something we look back on now. Hopefully we've learned from our mistakes, the government and everyone else, that we don't let these things go as long as they did because we look at the result. We lost over 4,000 seniors.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Niagara West.

**Mr. Sam Oosterhoff:** Thanks to the member for Hamilton East–Stoney Creek for providing commentary

and also again for being a strong advocate for his community and a neighbour to my community. I am very thankful to have good constituency mates such as he is, who are willing to raise strong voices here at Queen's Park.

I guess one of my questions is just to understand a bit better where the NDP is coming from. There are 627 homes—building off the question from my colleague earlier—and they want to, is it expropriate them or confiscate them? How exactly would that play out? I'm just trying to follow the process. And would that only apply to for-profit homes or would it also apply to private homes which are not-for-profit? For example, those which are demographically based—Polish homes or Ukrainian homes or Dutch homes—could you walk through that process for me?

**Mr. Paul Miller:** Well, obviously, the member is trying to box me into a corner here with this, "What are we going to do about the 627 homes?"

What we're going to do is negotiate, find out what homes are—some of the homes aren't functioning properly. They're not making profit. They'll be more than happy to transition.

What those costs are? I can't put a number on it. You can't put a number on it at this point, and all you're trying to do is make this side of the House look like we're going to just spend all this money and to help people. Can you imagine that? We're going to help people.

We certainly want to transition to the public system.

I know in Hamilton, where I grew up, some of the facilities that were publicly run were the safest, best run and had less COVID-19 cases in all of them, compared to the private sector.

If you want to continue to invest in the private sector and make the thing worse and make the diseases worse, by all means, move in that direction. We're moving away from that.

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

**Mr. Michael Mantha:** It's funny how the opposition party stays stuck on one particular issue. But I'm happy that they're actually looking at our plan, because it is a substantial plan that we're providing: overhauling home care to help people to stay in their homes longer; making long-term care public and not-for-profit, as we've been talking about for most of the afternoon; building small, modular and more modern homes to help families to stay there longer; staffing up; aggressively looking at providing caregivers the training that they need; providing the staff; creating culturally responsible, inclusive and affirming care; clearing the wait-lists; guaranteeing new and stronger protections. There's a vast number of them.

How do we pay for all of those? When you look at the record profits that these for-profit model companies are making, \$171 million, do you think a few of those bucks could go towards developing those long-term-care homes?

**Mr. Paul Miller:** I'm glad you went down that road, member from Algoma–Manitoulin.

The member forgot to mention the billions of dollars they want to spend on unnecessary highways, which they

think are highways. Some of that money, the billions of dollars, could go into the transition for the private homes—\$11 billion, I think it is. But no, we'd rather put some road and tarmac down rather than save the lives of our seniors and the people who are our loved ones in this province.

If you want to pave roads, I want to save lives.

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

**Mr. Will Bouma:** This is getting interesting now. If I could just ask the member to repeat for any owner of a long-term-care home—not-for-profit or for-profit—that the NDP plan will take you over but not compensate you for that expropriation. I was hoping he could repeat that for anyone listening today.

**Mr. Paul Miller:** I think the government is trying to deflect what they're doing and trying to get us to put a number on something they can't even put a number on. I would say to the member that that's a repetitious question that you've done again. Both of you—in fact, the one member went over to talk to the other member, to go down this road.

I'm telling you right now, the member from Algoma made it quite clear how we're going to do it.

We don't want to pave roads. We want to save lives.

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

**Ms. Jessica Bell:** My question is to the member.

I was shocked to learn that during the COVID-19 pandemic, when over 4,000 people died and over 15,000 were infected with COVID-19 in long-term-care homes, the Ontario government, the ministry, did not issue a single fine to operators who violated the rules in the Long-Term Care Homes Act—not a single fine during the entire pandemic. And then afterwards, this government moved forward with limiting liability so residents and their loved ones couldn't take action and go to the courts after.

What's your opinion on that?

**Mr. Paul Miller:** Thank you to the member for the question.

Basically, I think I reiterated this earlier today. I said that inspections and the lack of fines for the people who are committing these atrocities, I would like to say, and are not taking care of the elderly—some of the stuff that the military reported was beyond belief.

1650

The profits that you mentioned that go to some of these shareholders—\$150 million here, \$120 million here—even when I worked for the Steel Company of Canada, the whole idea of Stelco was to make sure the shareholders got their money—

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

Further debate? I recognize the member for Davenport.

**Ms. Marit Stiles:** It really is a pleasure to speak today in the debate on Bill 37, the government's so-called Providing More Care, Protecting Seniors, and Building More Beds Act.

I want to start, as others have already, by offering my sincere condolences to all of those who lost loved ones

during the pandemic, and those who continue to lose loved ones or who continue to suffer from the long-term effects of COVID-19 and the impact on their families—folks like the caregivers who couldn't be there with their loved ones during the darkest of times, which is just unimaginable. I also want to offer my thanks and respect to those workers in our health and long-term-care sector who became ill, and those who suffered the long-term mental health impacts of being on the front line.

We don't have to look far back to remember that it was a delay in the implementing of the vaccine mandate that impacted so many residents in our long-term-care facilities, and that delay cost lives. So we need to ground ourselves in that, in the loss and the suffering and the mistakes, and the desire to never repeat those mistakes again—to learn from them in our debate of this bill.

I'm sorry to say that this bill is not only an inadequate response to perhaps the greatest challenge our province has seen in generations; worse, it is a desperate attempt for this government to look like they are doing something on this issue, when they very clearly are not.

Speaker, there were many days when I was fielding calls during this pandemic from desperate family members who wanted this government to resign en masse. I'm not exaggerating; I had many calls like that. They wanted them to resign en masse for their negligence. But even the minister responsible faced no consequences. Their entire response, in fact, has been to blame it on the former government, even though this Conservative government has been in power for over three years.

That's not to say that the former government doesn't deserve to be held responsible. Under the Liberals, privatization of long-term care was expanded, wages for workers in the sector stagnated, and there weren't enough beds to meet growing demand. Inspections were cut. We've seen it over and over again. That party's leader, Steven Del Duca, was there at the cabinet table. He knew the issues, he knew the pressures, and he chose to do nothing.

The Liberals even blocked NDP attempts to hold a public inquiry into long-term care. They blocked the Time to Care Act. At least their interim leader, the member for Ottawa South, admitted they didn't do enough, and I respect that. But I cannot respect the fact that they wasted 15 years and many majority governments without building a sustainable, public, not-for-profit and senior-focused long-term-care system. It is time to change that.

Speaker, I'm often asked: How did we get to this place? Well, the answer, sadly, is that the rot in the system goes very deep. At its core, as my colleagues have said already today, it's about who profits when inspections are cut, when corners are cut. It's not the patients; I can tell you that. It's not the workers, who are underpaid and overworked.

Let me share a story with you. When this Conservative government was elected in 2018, they made a decision to cut inspections even further, to a disgraceful nine out of 626 homes in 2019. While Ontario's seniors were languishing in this substandard care in those 617 homes

that never saw an inspector, a steady flow of former PC government staffers and ministerial assistants left government to take up positions lobbying for the very same private companies responsible for that neglect. Those companies then cut more corners, so they could increase profits, and in just nine months of the pandemic, the three largest private, for-profit long-term-care providers paid \$171 million in dividends to shareholders. At the same time, they brought in \$138 million in public funding.

**Ms. Sandy Shaw:** Terrible.

**Ms. Marit Stiles:** That is terrible. They put profit ahead of care, and people died, Speaker.

These private homes saw twice as many infections and many more deaths than public and non-profit homes. Ontarians remember all too well the Canadian Armed Forces being brought in at the height of the crisis to assist in many of those homes, and they remember all too well the report that came out as a result of that because it sent shock waves across the country—around the world, in fact, with its stories of neglect and failure to provide even the most basic care. It was absolutely heartbreaking and shameful. I felt ashamed. I hope the members opposite felt ashamed. No one should have to live like that.

But do you know how many of those homes were fined, Mr. Speaker? Not one. Not one was fined under existing legislation. So when this bill talks about increasing fines, it's really important to take that fact into consideration. At no time did this government exercise its own authority, the ability it already had, to rein in those companies. It's absolutely shameful.

So when I look at what this legislation includes, it gives me no confidence that this government is going to turn around and actually enforce those regulations. This bill does nothing to get the profit out of long-term care.

Earlier, one of my colleagues, the member from Ottawa Centre, mentioned Hugh and Pat Armstrong. They are two of Canada's foremost experts on long-term care and health care. They live in my community, I'm proud to say. They're my constituents. They have been raising alarms about the danger of putting profit ahead of patient care for decades. There is absolutely no excuse. There is no excuse for this government, the previous Liberal government or the Conservative government before that to have cut inspections over and over again. They failed to fine the bad actors. Did the Liberal government listen to folks like Pat and Hugh Armstrong? No, they did not. Did the Conservative governments listen? No, they did not; not on your life. But the NDP, let me tell you, have been listening. We will not allow those companies to continue to put patient lives at risk so their shareholders can just get rich faster. It is going to end.

Speaker, back to the bill: There is a lot missing in this bill, and one of the things I find most perplexing is the lack of any reference to or support for culturally responsive care.

I want to tell you about Magellan Community Charities in my riding. It was set up by the Portuguese community in the GTA to establish a long-term-care facility for the Portuguese-speaking community. In case folks here don't

know, there is no nursing home in the province, and I think in Canada, that can provide that care in Portuguese. They have worked very hard. Right before the election, the previous government decided to finally approve them—right before the election—and they have a lease worked out with the city of Toronto to locate the facility on some previously owned TTC lands at Lansdowne. They are approved for 256 beds, but to get that, they have to raise at least \$10 million. So we have a not-for-profit organization meeting a community need that has simply not been met previously. They have enormous community support. They have land. They have the permission to go ahead. And I cannot for the life of me understand why this government just doesn't help them get this moving. I don't understand why they're so quick to do that—to hand out cheques to long-term-care for-profit companies to get those beds built, but not to the not-for-profits like this one that are there, that are culturally responsive. This government and this bill do nothing. I don't know what they're waiting for.

This government blocked a public inquiry into those deaths in nursing homes. They cut millions from long-term care before the pandemic. Their former leader and so many of their friends are on the boards of the for-profit homes right now. It's so many homes, it's really impossible to keep track. And we are supposed to trust these folks to crack down on for-profit providers. It's putting the fox in charge of the henhouse.

What should this bill include? It should be putting a moratorium on new and renewed licences for for-profit long-term-care providers. We should not be rewarding companies while the families they hurt are still grieving. We should clear the waiting list. We should make family caregivers real partners. We should staff up with well-paid, respected, full-time, trained caregivers. Nothing in this bill accomplishes that. We need to overhaul home care. None of this needs to be this way, Speaker. We could do so much more.

This bill is not just disappointing, but it's really an abdication of responsibility by this government, under whom so many seniors, so many vulnerable people lost their lives in this pandemic.

We need to put patients ahead of profit. We need to give them a better quality of life.

**1700**

**The Deputy Speaker (Mr. Bill Walker):** It is now time for questions and responses.

**Mr. Sam Oosterhoff:** My thanks to the member for Davenport for participating in the debate this afternoon and for speaking to this legislation—legislation that I believe does a great deal to ensure that seniors are protected, that we have meaningful inspections, that we have expanded protections in place for our seniors in long-term care.

She raised a really interesting and important point. She mentioned that the Liberals, over the space of 15 years, failed to build a sustainable long-term-care sector. I believe that's an area where we can agree.

So my question for the member is: Why did the Liberals prop them up when they were in a minority position instead of demanding, on pain of losing their government, a sustainable long-term-care sector—why didn't they demand it when they propped up the Liberals in their minority government?

**Ms. Marit Stiles:** My goodness. The member opposite needs to do poli-sci 101 to understand minority governments and negotiations. Please.

Mr. Speaker, I used to do health policy research under the Mike Harris years here. I spent hours—in fact, I spent weeks, in the end—on the floor of the legislative library here going through inspection reports of nursing homes, where we found that annual inspections had been cut to almost nothing under previous Conservative governments, from the NDP days, when we were really working hard at that. So I will not take that from this government. I went through weeks and weeks going through those reports to show—and I'll tell you, Frances Lankin, now Senator Frances Lankin, pummeled this government on that. And thank goodness they brought those inspections back. But then, again, they cut them.

You just cannot trust this government. It's as simple as that.

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

**Ms. Sandy Shaw:** To the MPP for Davenport: Let's continue in that vein.

Seniors living in long-term care have slim to no protection, and the only thing they can rely on is that they have a government that protects them, that takes their responsibility seriously.

So now we have a government that has sat on their hands, turned a blind eye to not only no inspections but to orders in inspection reports that said they were coming up short—the same people they're rewarding with 30-year contracts.

Do you have any confidence—what do you think has happened with the inspection reports and the orders that already exist? We get no details on these new inspections and whether they're going to be watered down or also will be swept under the carpet like everything else is done with this government.

**Ms. Marit Stiles:** Thank you very much for that question, and thank you for the work you do for your community, by the way. It's tremendous.

I want to reflect on something that Dr. Vivian Stamatopoulos said. She's a wonderful long-term-care advocate who has been on the front line advocating for patients throughout the pandemic. She said, "The problem has never been that there aren't enough" rules. The problem has always been that they do not prevail "and that we consistently allow bad actors to repeatedly break the law with impunity." That is the basic question. And I think that answers the question to a great extent.

The problem isn't that there aren't enough rules; the problem is enforcement—it always is enforcement, and it has been under Liberal governments and Conservative governments over and over and over again. Every time

they get out there, we pummel them with this and say, "Be responsible, be accountable." They bring back inspections, and then they disappear again. Why? Because it helps their friends who run the for-profit long-term-care corporations.

**The Deputy Speaker (Mr. Bill Walker):** Questions and responses. I recognize the member from Brantford–Brant.

**Mr. Will Bouma:** Thank you, Speaker. Through you to the member from Davenport: I miss our exchanges on government agencies, and so it's nice to have you in the House this afternoon.

Going back from 2011 to 2018, when the NDP was supporting the former government, I looked back and they got exactly zero new beds over that seven-year period.

Looking forward now, new pipeline beds that are coming through, through the work of our government, is 256 new beds. So to the people of Davenport who might be watching this afternoon, I would like you to know that this Conservative government is giving you 256 new long-term-care beds down the road.

My question to the member from Davenport is: Is she supportive of those 256 new beds going into her riding?

**Ms. Marit Stiles:** Thank you to the member from Brantford–Brant. I actually just mentioned that in my speech, so I suppose the member missed that or wasn't paying attention, perhaps.

Yes, 256 beds were approved in the dying days of the Liberal government. They approved 256 beds for Magellan long-term care. Your government has not actually done anything to help that get built. I raised that in my comments, because I would like that to happen. I would like to work with you to make that happen—unfortunately, so far, bubkes, nada, nothing. So, please, let's talk more about it. Let's get that home built. Right now, it's an empty lot. This wonderful charitable organization is doing their best to raise millions and millions of dollars. They're a not-for-profit. We could have that happening now. Portuguese community seniors could actually have care in their own language. Let's get it done.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Thunder Bay–Atikokan.

**Ms. Judith Monteith-Farrell:** Thank you to the member from Davenport. I always enjoy listening to you.

You mentioned in your speech the role of family and the support of family, which is such an important piece that we can all agree on. Family members should be consulted. In this legislation, I see that there may be family councils. It isn't mandated that there be family councils, and there's also no detail on what role they would play. A mandate, I would think, should be there with regard to the role of family and the importance that they play in the care of their loved ones. I was wondering if you have a comment on that.

**Ms. Marit Stiles:** Thank you to the member from Thunder Bay–Atikokan. I have to say, she is such an incredible champion for her community here in this Legislature. They're very fortunate to have her, and we are too.

During this pandemic, I think it's fair to say that it was family councils that were raising the alarms in many, many cases.

I have very few long-term-care homes in my riding, actually, and one of them had a terrible outbreak. Many of the patients in there are actually patients who have been homeless, who come out of addiction, mental health issues and end up in this nursing home. There is no family council. They have, really, no family. I think it would do really great things if we could actually mandate family councils so that those for-profit providers in particular can't hide behind excuses like that and can work actively and proactively to ensure that families and those who care for these folks are involved in advocating for them.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Niagara West.

**Mr. Sam Oosterhoff:** My question goes back to the member for Davenport.

As I mentioned earlier, an area that we can agree on is with regard to the failure of the former Liberal government to build a sustainable system. We've seen even just in Mississauga—I believe in Oakville, as well—homes are being built, more homes than were built in many, many years under the Liberal government.

But my question to the member opposite still remains. She responded that it's due to negotiations that they weren't able to ensure that the Liberals built a sustainable long-term-care sector. I know, of course, that the member wasn't here at that time, but many of her colleagues were. So could she walk me through that negotiation? I don't find that a very satisfactory response. I'm wondering if she could clarify why you supported the Liberal government that didn't build a sustainable long-term-care system if it's so important to you.

**Ms. Marit Stiles:** With respect to the member from Niagara West, I think he maybe misunderstood what I was saying, and I'm sorry I didn't satisfy him.

Look, you hear it in this House every five minutes from these folks across the way, the Conservative government—"Well, you were propping up the Liberal government for so many years." What a load of poppycock that is. Honestly, anybody who has been watching Ontario politics for the last 30 years knows we ain't no friends of the Liberals or the Conservatives. In fact, as I was pointing out earlier, I've spent many years, when the previous Conservative government and Mike Harris—I was working on the side of health care policy looking at nursing home inspections. So I know the long history here, and I don't forgive any of them for it.

Actually, I think we all have a responsibility, and that's why—

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

A very short question from the member from Algoma-Manitoulin.

**Mr. Michael Mantha:** I want to remind the members, just give them a point of information, to the member from Niagara West and the member from Brantford-Brant—I see you guys are playing tag team; it's really enjoyable—I was here during those years of 2011 to 2018. Here, let

me educate you on something: The government supported the Liberal government 50% of the time.

Are you surprised about that?

1710

**Ms. Marit Stiles:** To the member from Algoma-Manitoulin—

*Interjections.*

**The Deputy Speaker (Mr. Bill Walker):** Order.

**Ms. Marit Stiles:** This is the problem with that kind of back-and-forth, though, that we don't go anywhere. It's an absurdity that they would say those things—

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

**Ms. Jessica Bell:** I'm proud to rise today to speak on Bill 37, the Providing More Care, Protecting Seniors, and Building More Beds Act, 2021. This bill is being introduced within a tragic context where 4,000 people died during the COVID-19 pandemic—which continues to this day—and 15,000 people who live in long-term-care homes were infected. That rate of death in long-term-care homes, 4,000 people, is one of the worst in the Western world. It's certainly the worst in Canada.

I have three long-term-care homes in my riding that were significantly impacted by the pandemic: Vermont Square, St. George, and Mon Sheong Home for the Aged. My communications with the family councils, the staff, the regulators, the hospitals that were supporting them, the management, the workers—it was very clearly a crisis on so many levels. Words like "disorganized," "chaotic," "late," "understaffed," "no transparency," "people dying alone with their loved ones watching them on an iPad"—it was awful.

What is so concerning is that now that the pandemic in long-term-care homes has subsided somewhat, you would think that this would be—they should have done it a long time ago, but you would think that this government would have learned from that crisis and the decades of chronic underfunding that has existed within the long-term-care sector and finally taken action.

Stakeholders are telling us very clearly that this bill falls short. It is essentially the same act as the current Long-Term Care Homes Act. There is some reference and some enthusiasm for increased enforcement, but it remains to be seen whether that will happen. And there are some guidelines, some aspirational standards, to move forward with increasing the number of hours of care that residents get from personal support workers and RNs and RPNs. But where is the funding to ensure that that's actually going to happen?

When I go into this, I want to talk in more detail about what this could actually mean for the long-term-care homes in my riding.

But before I do that, I want to thank the stakeholders, the family members and the organizations that have been advocating for fundamental reform to our long-term-care sector and an adequate response to COVID-19 so that long-term-care-home residents and loved ones can survive. I want to thank the people who have led that fight, from SEIU to the Ontario Health Coalition, to ACE—the

legal clinic that works with seniors to ensure they have rights—to ONA, to the OMA, to staff, personal support workers in long-term-care homes, to people who live in long-term-care homes, and to family councils and loved ones who have contacted our office and worked with our office over the last 18 months. Thank you.

I want to move to how this bill will affect the long-term-care homes in my riding. The first one I want to speak about is St. George. St. George Care Community is in my riding. It's on St. George Street. It is a place similar to what my colleague the member for Davenport referenced—a home that caters to people who were formerly homeless, who have suffered from addiction, who often don't have family members caring for them anymore. These people are really struggling. They're typically a younger kind of person than you'd expect to see in a long-term-care home. Some of these folks are in their thirties, forties and fifties.

I visited St. George before the pandemic. It's a very sparse place. The staff are poorly paid. I've spoken to a few of them. I've worked with them. The staff are also overworked. There's little entertainment. I would describe the facilities as aging, boring, sparse and grim.

These concerns were also raised by Carol Anne O'Brien. She is a constituent of mine who volunteered at St. George for six years, and she had similar things to say about the conditions within St. George.

When the COVID-19 pandemic hit, things got a lot worse. St. George had one of the largest outbreaks in Ontario for a time, when 91 residents and 46 staff had COVID-19. We organized media events, protests and interviews with workers. We spoke to regulators calling for improvements. It was a very hard time.

It's important to note that St. George is run by Sienna. Sienna is a for-profit long-term-care-home company that is traded on the Canadian stock exchange. Sienna is a company that chose to give its shareholders \$43.6 million instead of reinvesting that money into staff and residents during the worst periods of the pandemic, when there was one PSW per floor per night looking after residents. I actually spoke to that personal support worker after she got COVID-19 and was bedridden for weeks. She had a hard story to tell. She was very unhappy.

What is so disturbing—this government loves to talk about saving money—is that Sienna is the very same company that received over \$50 million from the Ontario government to help them with their pandemic response.

So just to clarify here, the Ontario government gave Sienna \$50 million, and then, in the exact same period, Sienna pumped out \$43.6 million—most of that money—to give to shareholders. When I go on the Sienna website—I regularly check how they're doing—they're still giving out dividends to their shareholders, to this very day, and the conditions within St. George have really not improved.

The reason why I bring up that story is because this is a trend. This is what this government has done with the long-term-care-home sector, and we have the three very largest corporations operating in Ontario paying out \$171

million in dividends during just the last nine months. These are the very same companies that raked in \$138 million in pandemic funding during that very same time. These are the very same companies that are getting 30-year for-profit long-term-care-home contracts from this very same government. These are the very same long-term-care-home operators that are not being properly enforced or fined, or having their licences revoked by this very same government, which is a tragedy, and it is a tragedy that I believe has got to change.

I also want to speak about this inspection piece a little bit, and I'm going to use the example of St. George again. The reason why I do that is because this government is talking about how they're going to increase enforcement and everything is going to look rosy again. I remember going through the St. George incident reports to look at what has actually gone wrong in St. George, and I'll tell you, it was pretty disturbing. There have been reports of failure to provide personal care; specifically, showers. Residents weren't being showered for a week or more. There were concerns about a failure to respect personal care, oral care, skin, wound care. What that means is that people are losing teeth. They are getting sores on their bodies, because they're not being frequently moved. We are also hearing that in February 2020—this is the one instance where there was a critical incident report, and this is what happened. I believe it was at lunchtime, when a resident, due to understaffing, choked on their food and died. They died.

That is what is happening in a for-profit home in my riding right now, by a company that is continuing to give a record amount of profits to shareholders and continuing to underpay workers who work in my riding, who work to serve people.

This is the very same model of long-term care that this government is looking at perpetuating under Bill 37, Providing More Care, Protecting Seniors, and Building More Beds Act, and I think that is a shame.

#### 1720

We are committed to moving forward with a different kind of long-term care, and the reason we want to do that is because long-term care is health care. It should be delivered by competent, experienced people who earn a decent wage, a living wage. It should be non-profit, and it should be public. It should be culturally appropriate when it's needed. There should be a proper inspection process and enforcement. There should be a seniors' advocate. And we should be building more beds so that people who need a long-term-care-home place can find it—or if people want to stay at home and have care provided in their home, they can get that too. I believe it's our responsibility as legislators to make that happen.

**The Deputy Speaker (Mr. Bill Walker):** It's now time for questions and responses.

**Mr. Norman Miller:** Thank you to the member from University–Rosedale for her comments on this long-term-care bill.

I'm more familiar with my own riding, and in my riding I've got Fairvern in Huntsville, The Pines in Bracebridge,

Belvedere Heights in Parry Sound, Lakeland Long Term Care in Parry Sound, Muskoka Shores in Gravenhurst. I'm very pleased to say that through the COVID-19 pandemic we had no fatalities in any of the long-term-care homes. I'm really, really happy about that.

What I see being done in this bill is, of course, increasing funding to move to four hours of care per day. I've seen the numbers for these long-term-care homes, and there are huge increases—many millions of dollars per year over the four-year period as staffing is increased. I see building more units and doubling inspectors. It all seems to be some fairly substantive changes to try to improve a long-term-care home.

I'm wondering if the member supports those changes.

**Ms. Jessica Bell:** Thank you very much for the question.

The NDP is in support of increasing the number of hours that residents receive from personal support workers, RPNs and RNs. We have been advocating for that for many years, and I am proud of that work.

What concerns me is that this bill has aspirational standards that will eventually be introduced and maybe implemented by 2025. That's a long time to wait.

What people in long-term care really need is hard targets that are met, a fully funded mandate, and measures that actually address why we have shortages in the first place, and that includes an increase of personal support workers' wages that is not temporary but that is permanent.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member for Davenport.

**Ms. Marit Stiles:** Thank you very much to the member for University–Rosedale for those amazing comments.

I want to say that I really found it interesting, too—the example you gave of breaking down the funding that Sienna St. George received versus what they were actually sending out to shareholders. It's a stark and important example. It encourages us all to do the math.

I did want to ask the member—I remember there was a large outbreak at Mon Sheong home in her riding, and I wondered if she might be able to reflect on that and provide us with a little bit of an update on how things are going there.

**Ms. Jessica Bell:** Thank you very much to the member from Davenport for that question.

Mon Sheong Home for the Aged is a long-term-care home in University–Rosedale that provides homes for the Chinese community, and what is tragic is that a third of the residents in Mon Sheong died during COVID-19.

I recently met with Agnes, the chair of the family council there. She gave me a petition of family members. Most of the family members had residents still living in Mon Sheong. She was very clear on what she wanted this government to do with Bill 37. She wanted four hours a day of care for every resident. She wanted culturally appropriate care, and in this case she wanted long-term-care homes that provided Chinese language, Chinese food and more to residents.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Brantford–Brant.

**Mr. Will Bouma:** Speaker, through you, I'd like to just continue the conversation that we've been having this afternoon with the member from University–Rosedale.

We've been told this afternoon that there's a fully costed NDP plan that will be moving through that will nationalize all long-term care in the province of Ontario, but there's no idea how much that will cost—because it's just worth doing. I suppose the St. George facility that the member was speaking about in her community—Sienna probably has the lawyers, that they can figure that out with the province of Ontario.

But I'm wondering what she would say to the Portuguese people who are trying to fundraise for their own long-term-care home in Davenport about the province taking over, without compensation, their long-term-care home that they're hoping to build.

**Ms. Jessica Bell:** Thank you for that question.

It feels a bit rich to have questions about funding come from a government that is spending \$11 billion on highways when that funding could be invested into public transit, into active transportation, into health care and into education.

This government is cutting \$467 million from public school education at a time when women and kids and parents have just struggled through a pandemic and have lost more time in school than any other education system in the Western world.

That is this Ontario government's legacy when it comes to its priorities and what it's spending its money on.

The NDP has a fully costed platform to address the issue of how we're going to transition our long-term-care-home system from one that is for-profit to one that truly respects that it is health care, that is run by a non-profit and a publicly delivered model.

**The Deputy Speaker (Mr. Bill Walker):** Question and response?

**Mr. Joel Harden:** As I listen to the debate, I'm struck by something, and I'm wondering if my friend from University–Rosedale could comment on this: What members of the government are never asking is why it's a good use of public money to pour a whole lot of dollars into a system where we're losing money on dividends for shareholders.

We're, frankly, putting staff through a meat grinder. The turnover rate for PSWs in the city of Ottawa right now is 60%—people coming into the profession, people leaving. Why? Because they're working short, they're not respected, they can't get full-time shifts.

What I'm asking the member from University–Rosedale to comment on is, why is it that the government seems determined to pour more resources into a broken system than actually making a system that could work and offer respect for everybody?

**Ms. Jessica Bell:** Thank you for that question, member for Ottawa Centre.

It really does astonish me that this government wants to move forward with a for-profit long-term-care model. I do

suspect that there is a relationship between the long-term-care home for-profit providers and government members. It is a concern, and it's a concern because I believe legislators should prioritize not themselves; they should prioritize the public interest first. And it is very clear that the public interest will benefit from a non-profit and public model for the delivery of long-term-home care.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Markham–Unionville.

**Mr. Billy Pang:** Talking about culturally sensitive long-term care, I just witnessed two long-term-care homes in my riding and also next to my riding—one in Markham–Stouffville, one in my riding; also Mon Sheong. All of them are very, very culturally sensitive long-term care. We are working closely with lots of great partners in the community from whatever sector.

The key is, under the previous government, the wait-list ballooned to 38,000 spaces. Now we are investing \$6.4 billion to ensure that we meet our goal to build 30,000 net new beds by 2028.

Will the member of the opposition support our commitments to put money into actual care and end the wait-list?

**Ms. Jessica Bell:** Thank you very much to the member for Markham–Unionville for your question.

I was aware that Mon Sheong Home for the Aged had two additional long-term-care-home facilities, so we should definitely connect afterwards. Maybe I could connect you with Agnes, the chair of the family council at the Mon Sheong Home for the Aged in my riding, so that she can explain to you the value in funding long-term care so that there are four hours a day of care for every resident, and so that RPNs and RNs are also adequately funded so that they can provide additional care. I'd be happy to facilitate that relationship and that connection with you.

**The Deputy Speaker (Mr. Bill Walker):** We have time for one short question and answer.

1730

**Ms. Sandy Shaw:** I want to focus on what's missing in this legislation, which is any protection for workers in these homes. We see workers who are on the brink of exhaustion—not physical exhaustion, but they're mentally exhausted from watching the people they have taken care of for years suffer and die, and not being able to save them.

What do you say to a government that has capped nurses' wages and has done nothing to make sure that these will be full-time, full-paid jobs for the people who look after our loved ones?

**Ms. Jessica Bell:** Thank you for bringing up that issue.

Once again, I do think about the workers in the St. George Care Community home. I did work with some of those personal support workers. They were unionized with SEIU, but even though they had the protection of a union and 20 years' experience, they were so frightened about losing their jobs and facing repercussions from their management that they couldn't speak publicly. They couldn't speak to the media. That is a problem—

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

**Mr. Michael Parsa:** I want to thank all my colleagues who participated in this bill, from all sides.

I also want to thank the current Minister of Long-Term Care and the previous Minister of Long-Term Care for all the work that they have done for the people of this province.

Mr. Speaker, after many, many dark years in this province from the previous government—we have heard the number: 611 beds being created for our seniors who have done so much for us in this province, who have paved the way for our current generation, for me, for all of us. It really is shameful.

I do want to thank our government for the work that they are doing for our seniors. Mr. Speaker, 30,000 net new beds will be created in the next 10 years. We're legislating four hours of average daily care per resident; increasing fines and enforcements for those who commit provincial offences; and training 27,000 new nurses and PSWs over the years, to increase care for our seniors, who deserve nothing but the best and will get nothing but the best from this government. That has all been as a result of the leadership that has been provided by our Premier and our government.

It's honestly an honour to represent the great people of Aurora–Oak Ridges–Richmond Hill every day here, to fight on behalf of all my colleagues on this side of the House—and the same on the opposition, I'm sure. At times we disagree, but the one thing that we all share and have in common is that we want the very best for the people of Ontario.

With that, Mr. Speaker, I move that the question now be put.

**The Deputy Speaker (Mr. Bill Walker):** The member for Aurora–Oak Ridges–Richmond Hill has moved that the question now be put. There having been over nine hours of debate and 20 members having participated in the debate, I am satisfied that there has been sufficient debate to allow this question to be put to the House.

Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour in the motion—

**Interjection:** On division.

**The Deputy Speaker (Mr. Bill Walker):** Carried on division.

*Interjection.*

**The Deputy Speaker (Mr. Bill Walker):** Mr. Phillips has moved second reading of Bill 37, An Act to enact the Fixing Long-Term Care Act, 2021 and amend or repeal various Acts.

Is it the pleasure of the House that the motion carry? I heard a no.

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

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

I believe the ayes have it.

A recorded vote being required, it will be deferred until the next instance of deferred votes.

*Second reading vote deferred.*

**The Deputy Speaker (Mr. Bill Walker):** Orders of the day? I recognize the member for Aurora–Oak Ridges–Richmond Hill.

**Mr. Michael Parsa:** No further business.

**The Deputy Speaker (Mr. Bill Walker):** We will now recess the House until 6 p.m.

*The House recessed from 1735 to 1800.*

*Report continues in volume B.*





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Ghamari, Goldie (PC)	Carleton	
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Gravelle, Michael (LIB)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
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Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hassan, Faisal (NDP)	York South—Weston / York-Sud— Weston	
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Martin, Robin (PC)	Eglinton—Lawrence	
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Park, Lindsey (IND)	Durham	
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Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa-Ouest—Nepean	
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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
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Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	
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