

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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**Official Report  
of Debates  
(Hansard)**

No. 50B

**Journal  
des débats  
(Hansard)**

N° 50B

2<sup>nd</sup> Session  
42<sup>nd</sup> Parliament  
Wednesday  
30 March 2022

2<sup>e</sup> session  
42<sup>e</sup> législature  
Mercredi  
30 mars 2022

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Speaker: Honourable Ted Arnott  
Clerk: Todd Decker

Président : L'honorable Ted Arnott  
Greffier : Todd Decker

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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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Téléphone, 416-325-7400; télécopieur, 416-325-7430  
Publié par l'Assemblée législative de l'Ontario

ISSN 1180-2987

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LEGISLATIVE ASSEMBLY  
OF ONTARIO

Wednesday 30 March 2022

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Mercredi 30 mars 2022

*Report continued from volume A.*

1800

PRIVATE MEMBERS'  
PUBLIC BUSINESS

HEALTH CARE FUNDING

**Ms. Sara Singh:** I move that, in the opinion of this House, the government of Ontario should address the inequity in health care and cancer treatment services such as radiation therapy in central Peel region through the funding of a new cancer care centre for the city of Brampton by no later than 2026.

**The Acting Speaker (Mr. Randy Pettapiece):** Pursuant to standing order 101, the member has 12 minutes for her presentation.

**Ms. Sara Singh:** It's always an honour to rise here in the House and bring forward issues and concerns of our local community of Brampton and my riding of Brampton Centre. Today, I'm proud to be debating this motion to help the good people of Brampton Centre get a cancer care centre for our city.

We know that, for far too long, Brampton has been left behind when it comes to our health care services. We all know that we currently receive less than the provincial average in our health care dollars. We've never received our fair share of health care investments. That's why Brampton continues to have only one hospital, inadequate mental health services, a lack of home care supports and a lack of cancer care services for families across our city. People in Brampton are paying for health care, and we are not receiving the services that we deserve. And now we're being asked to pay even more for health care, while just receiving crumbs from this government.

I'd like to share some concerns that have been raised regarding the funding of our new hospital, for which the city of Brampton is being asked to pay and levy a special tax against the citizens. The chief administrative officer for the region of Peel, Janice Baker, said that the province can actually change this so that we can start to get our fair share. As she says, "They have lots of tools at their disposal. I mean, they just recently, out of the blue, made an announcement to cancel a billion dollars in revenue for vehicle fines. So, you know, they surely have discretion to do this."

And it's not just the CAO, Speaker. It's also Mississauga's mayor, Bonnie Crombie, who feels that the government should be paying its fair share, so residents can get the health care services in our community that they

need and that they deserve. Speaker, this comes down to political will. In Brampton and across the region, we deserve real investments in our community. We need investments so people in our city aren't forced to sit in traffic while trying to get the life-saving cancer care or health care that they deserve. That's why I'm proud to table this motion and call on this government to do better for the people of Brampton.

For any family that receives a cancer diagnosis, it is a very scary time. I know what that feels like. When, in 2017, my older brother was diagnosed with stage 4 cancer, it crushed our entire family. He was just 36 years old, and that year we were actually planning his wedding. But we went from planning a wedding to figuring out how we were going to just keep him alive.

He immediately began his cancer care at Credit Valley Hospital. My mom, who doesn't drive, wanted to be there with her son at every single appointment, so we found ways, as a family, to make sure that they could get there. Between my siblings, my aunt and my dad, we all took turns driving them to Mississauga for 8 a.m. appointments. And on Christmas Eve he rang the bell, signalling that this might be his last round of chemo. We thought things would get better. But by the end of February, they told us that the cancer had started spreading. They now needed to remove a football-sized tumour from his chest, so his care was transferred to Princess Margaret in Toronto.

The last months of my brother Marcus's life were spent driving back and forth on a highway to get the care that he needed at Princess Margaret. My mom would sleep at the hospital in whatever chair she could find until we would drag her home. I'll never forget, and it still haunts me to this day, that we missed one of his appointments. She couldn't be there and I couldn't be there because of an accident on the highway that caused us a massive delay. I'll never forget the pain and the guilt that my mom felt for not being there that day. No one deserves to experience that.

We drove back and forth to access platelet infusions. Instead of resting, he would be waking up at 6 a.m. to head to Princess Margaret for an 8 a.m. appointment. I really wish we could have those moments back. Unfortunately, on May 26, 2017, he passed away.

I'm not alone in this story. This is an all-too-common reality for people in our city. I think of Kevin Montgomery and his son Toby, who had a very tragic passing, and a similar story. When Toby's cancer was discovered, it was far too late, but his family continued to try to save his life. They were expecting to begin cancer care treatments at Mississauga's Credit Valley when they were then

transferred over to SickKids. For 11 years, Kevin and his family did not own a vehicle. In order to ensure that Toby could get to his treatments at SickKids, they purchased a used car. Not only did they need to purchase a car and pay insurance, they were forced to drive for hours out of our city to make sure that Toby could get the care he so desperately needed and deserved.

Kevin joined me this morning at a press conference. He said that he really wonders if things could have been different for Toby if we had the cancer care services in our community. If they would have been able to diagnose his cancer earlier, would he have gotten the treatments that he needed and that he deserved? His family wonders if they could have saved his life.

I think a lot of families wonder if they could have saved a family member's life. If we could diagnose cancer earlier, closer to home, make sure people could stay at home when they received those treatments, it would make a world of difference, even for someone in their dying days. But that's not a reality in our community.

Another story from a local Brampton resident, whose grandfather was diagnosed with bladder cancer at the age of 83 and was also forced to drive 45 minutes out of town to Mississauga in order to get the cancer care he deserved: His family members say that he worries and goes to the bathroom several times before they need to make the drive, five times a week, because he's worried that he may have an accident in his car while heading to his chemotherapy treatments. His family wrote in and said, "We don't know how much more time we have left with him. I would prefer that we spend that time chatting about his life, learning through his knowledge, or doing other activities instead of spending precious moments of life driving to receive treatments he needs."

Speaker, these stories demonstrate the reality of families in Brampton. The people in our city deserve so much better.

The province projects that we're going to see a huge rise in cancer cases, and the pandemic has only made that worse. New cancer cases, according to Cancer Care Ontario, are predicted to increase by 25.4% over the next 10 years. In fact, starting in 2024, over 100,000 new cancer cases are expected to be diagnosed in Ontario every year.

A recent report that featured Dr. Tony Eskander from Sunnybrook clearly outlines that because of cancelled surgeries during the pandemic and backlogs in health care services, people are losing an average of 843 life years in this province because they aren't getting the care they're going to need.

As the article says, looking at the big picture in Ontario, the government should focus on a holistic approach that builds capacity in the health care system, such that "even when our health care system is pressed, we have the ability to continue with life-saving and absolutely needed surgery.

"In reality, in Ontario, our hospitals prior to the pandemic were already running at 100%. We're still stuck trying to catch up and prioritize patients.... What we really

want to do is create capacity in the system, where patients who need surgery should have free and open and equal access to it."

**1810**

Given the alarming reality that cancer cases are rising in this province, and even before the pandemic, in 2018, Cancer Care Ontario, now part of Ontario Health, released its radiation treatment capital investment strategy and emphasized the need for greater radiation treatment capacity for the central-west area and identified Brampton as a preferred site.

William Osler has received a grant from Ontario Health to develop a proposal to address these needs. Provincial projections show that within the next 20 years the number of cancer cases in Osler's catchment area are expected to double, and that within 10 years the need for radiation therapy is expected to increase more than 60%.

As I said, currently patients living in Brampton and the surrounding area need to travel to Trillium Health Partners, Princess Margaret hospital or Sunnybrook Health Sciences in order to receive radiation treatment. These sites are also reaching capacity limits, resulting in longer wait times and additional travel for vulnerable patients. That's why I'm calling on this government to support the proposal put forward by William Osler to help develop a state-of-the-art cancer care centre to house radiation therapy, expanded cancer care services, clinical research and education all under one roof. A proposed new building at the southeast corner of the Brampton Civic Hospital campus would be anchored by linear accelerator machines that use radiation to destroy or damage cancer cells and keep them from spreading, something our community doesn't have access to right now. Radiation therapy requires building specifications, including treatment rooms below the ground, and these are incorporated into Osler's plans.

Housing a full range of cancer program within a new building would mean providing ease of access for patients, families and staff, while ensuring efficient access to the clinical, diagnostic, treatment and other supportive services within our hospital. If approved, it would signal to our community that this government truly cares.

I'm happy to support this proposal, Speaker, because I believe that people in our community of Brampton are worth it. I hope that the government will also support this motion and William Osler's proposal to help build a cancer care centre for our local community. As one of the fastest-growing cities in this country, we are tired of waiting in hallways. We are tired of driving our families out of the city. The people of Brampton deserve better.

**The Acting Speaker (Mr. Randy Pettapiece):** Further debate?

**Ms. Natalia Kusendova:** I'm proud to rise in this House today to support a motion for a new cancer care centre in Brampton moved by my colleague opposite, which whom we had fun filming an episode of Political Blind Date on the topic of hallway health care. The member for Brampton Centre and I share a passion for ensuring equitable access to health care services for the

residents of Peel, so I find it quite fitting that I get to speak to this particular motion, which I support wholeheartedly.

I also want to thank her for sharing her very personal story of her brother's cancer journey. On behalf of my colleagues and I, I would like to offer her our sincere condolences for her loss.

Speaker, for 15 years the Liberal government heard the calls for better health care in Brampton and ignored them, unfortunately. It is our PC government that is saying yes to a new hospital that will provide over 250 new patient beds and include a 24/7 emergency department for the people of Brampton. I would like to take this opportunity to give a shout-out to my colleague Dr. Tajinder Kaura for his recent promotion as site chief for Peel Memorial Urgent Care Centre. Congratulations.

As part of our comprehensive Keeping Ontarians Safe plan, William Osler, where I am very proud to serve on a casual basis as a staff RN, received more than \$17 million in funding to operate 87 net new acute medical surgical beds to alleviate surge pressures during the COVID-19 pandemic and beyond. With this increased funding from our government, William Osler was able to strengthen our capacity as well as ensure patients continue to receive the high-quality care they expect and deserve.

It is important to mention here the hard work and advocacy of my Brampton colleagues the member for Brampton South and the member for Brampton West, who are both strong voices for the people of Brampton in our caucus.

It is also critical to note that our government is continuing to provide added funding to our hospital partners by increasing their base funding by more than 3%, resulting in roughly more than a \$778-million increase, to ensure that our hospital partners have the resources they need to provide the world-class care Ontarians know and deserve. Speaker, this is a stark contrast to the previous government, which kept hospital budgets frozen for years, resulting in the crippling of our health care workforce.

Our government has been focused on ensuring Ontarians have access to the care they need, when and where they need it. As the Minister of Health has confirmed, a stage 1 proposal for the new stand-alone cancer radiation treatment building at the Brampton Civic Hospital site was submitted to the ministry, and it is currently under review.

Le ministère de la Santé continue de travailler avec l'hôpital et Santé Ontario pour faire avancer ce projet essentiel. Le centre de radiothérapie proposé élargira les services de cancérologie pour les résidents de la région du centre de l'Ontario, surtout les patients qui résident dans la région de Peel et dans la ville de Brampton. Ce nouveau centre de cancérologie soutiendra les investissements importants que notre gouvernement fait déjà pour aider les patients atteints de cancer à recevoir d'excellents soins, près de chez eux.

Ontario Health, formally known as Cancer Care Ontario, is the government's adviser on cancer and renal systems, and flows more than \$2 billion to hospitals to support direct patient care every year. Ontario Health

oversees Ontario's overall cancer strategy, including critical programs and services such as:

- cancer surgery, chemotherapy and radiation therapy;
- Ontario's cancer screening programs, such as the Ontario Breast Screening Program, ColonCancerCheck, Ontario Cervical Screening Program and Ontario Lung Screening Program;
- the Ontario Renal Network, which manages dialysis services for the province; and
- tracking performance to ensure constant improvements in cancer, chronic kidney disease and access to care.

Our government, with Ontario Health, launched Ontario Cancer Plan 5, a five-year strategic guide for improving the cancer system in Ontario. Furthermore, Ontario Health broadened the scope of their work in this plan to fully encompass all stages of the cancer care continuum and the advancement of the person-centred approach to care.

In addition, Ontario Health established accountability for the delivery of the Aboriginal Cancer Strategy III with First Nations, Inuit, Métis and urban Indigenous partners, through relationship protocols or memorandums of understanding and regular reporting. The Aboriginal Cancer Strategy III outlines a plan to address the increase in cancer incidence and mortality rates in these populations.

Speaker, in nursing school I learned about the Indigenous way of knowing, which recognizes the beautiful complexity and diversity of Indigenous ways of learning and teaching, and I am proud to see our government recognize the important role Indigenous communities play in health service planning and delivery.

Notre gouvernement continuera de s'assurer que les gens ont la possibilité d'accéder aux services de santé de qualité dont ils ont besoin dès qu'ils en ont besoin. Alors que les hôpitaux intensifient les chirurgies et les procédures urgentes et non urgentes sous la direction de Santé Ontario, le plan de rétablissement chirurgical de l'Ontario a été et continuera d'être adapté aux réalités sur le terrain. Cela comprend les investissements dans l'équipement et les ressources humaines en santé nécessaires pour augmenter la production chirurgicale à mesure que la vague d'Omicron recule.

#### 1820

Current actions taken in 2021-22 to support surgical and diagnostic imaging recovery include:

- providing \$86.1 million in funding supports for hospitals to extend operating room hours into evenings and weekends between pandemic waves and to catch up on the surgical deficits caused by ramp-downs to ensure as many patients as possible receive the surgery they so desperately require;

- providing \$69.9 million for MRI and CT imaging to add 107,596 additional MRI hours and 167,138 additional CT scan hours to the system, on top of the 577,000 hours and 550,000 hours that happen each year, respectively. This represents a 19% overall increase in available hours for MRI and a 30% overall increase in available hours for CT scans; and

—providing \$41.5 million for the new Surgical Innovation Fund to help hospitals in each region of the province to address barriers and increase their surgical output, with 104 proposals funded in hospitals all across the province.

Furthermore, we are providing \$18 million in investment in centralized surgical wait-list management to increase the use of electronic referrals and support work to enable efficient tracking of surgical information, making better use of specialist and hospital resources and reducing patient wait times.

We are also providing \$1 million for surgical smoothing coaching from an expert team of experienced surgeons and administrators to support knowledge-sharing, knowledge mobilization and best practices to optimize the use of ORs at high-volume hospitals, and providing \$42 million in equipment supports to build surgical and diagnostic imaging capacity in Ontario hospitals by equipping operating and procedure rooms with the necessary equipment to ramp up surgeries whenever possible.

Finally, to ensure hospital capacity, our government is investing an additional \$1.8 billion in hospitals in 2021-22, bringing total new investment to hospitals to \$5.1 billion since the start of the pandemic. This additional funding includes:

- ongoing supports to build critical-care capacity into the health care system in response to a potential rise in COVID-19-related hospitalizations and ICU admissions;

- \$778 million to help hospitals keep pace with patient needs and to increase access to high-quality care;

- \$760 million to support hospitals with more than 3,100 beds; and

- \$300 million to reduce surgical and diagnostic imaging backlogs.

Speaker, to strengthen the health care and long-term-care workforce, Ontario is also investing \$342 million to add over 5,000 new and upskilled registered nurses and registered practical nurses, as well as 8,000 personal support workers.

Our government will continue to make the necessary investments to ensure Ontarians can continue to count on accessing the care they need, when and where they need it, including in the city of Brampton.

I thank the member for Brampton Centre for bringing her motion forward. Thank you. Merci beaucoup.

**The Acting Speaker (Mr. Randy Pettapiece):** The member for Brampton North.

**Mr. Kevin Yarde:** I want to thank the member opposite for her kind words. I also want to thank the member for Brampton Centre for bringing forward this motion for the Brampton cancer care centre.

This motion highlights the needs of Brampton. It's no secret—everybody knows—that the health care system in Brampton has been underfunded for years, and it doesn't make it right. Our only hospital, Brampton Civic hospital, continues to be overcrowded and suffers from chronic hallway medicine. I'm constantly hearing from my constituents about how they can't see a doctor for hours, or have to travel to another city just to be seen in the ER.

Because of the overcrowding and excessive wait times, we had a health care emergency declared by the city even before the pandemic. Then, it got so bad during the pandemic that they had to transfer patients outside of the hospital because they didn't have the capacity. This is unacceptable.

The people of Brampton deserve better. Where we should have three full-fledged service hospitals for over 700,000 Bramptonians, we are left with only one hospital. The government's plans for transforming Brampton Memorial into a second hospital need to include more beds and an emergency room. We need not 250 beds, Mr. Speaker; we need 850 beds.

Our health care workers, who are heroes—and we hear it all the time from the other side—have been helping us get through these difficult times. They have faced hate and vitriol on their way to work, and they shouldn't have had to face such hate from anti-mandate protesters. This is why we introduced legislation to create safety zones around institutions such as hospitals and schools: to protect them from anti-vaccine harassment.

What Brampton needs is for this government to provide the funding necessary to address the 850 beds needed in Brampton, not 250. We need them to build a new emergency room and beds at Peel Memorial and build a third hospital to appropriately address Brampton's health care needs. We need this government to address the inequity in our health care system by funding a new cancer care centre for the city of Brampton.

I'm encouraged to hear the member opposite from the government side say that she's going to support this motion, but actions speak louder than words. I'm hoping that this won't just be one of those promises that will be sat on for years and years and years.

Some of the folks in Brampton have to go to Toronto. We heard the member from Brampton Centre talk about her brother, who had to go to Sunnybrook and Toronto General Hospital. Not everybody has that ability to drive down to Toronto. It's very taxing on your body. I have a relative who also has to drive to Toronto who has stage 4 lung cancer and is going there for treatment. You can't always find a relative who is available. I mean, I'm working, my sister is working, my mom—everybody is working, and we can't always get someone to drive them, even in the wintertime. You want to be there for your relative, but that's not always a possibility.

Having a cancer care centre in Brampton, in your own riding, in your own city, so you don't have to drive 45 minutes to an hour or an hour and a half while someone is sick with cancer—that is something that we definitely need. So I'm calling on this government to do the right thing by the people of Brampton—they've said that they will do the right thing—and fund a new cancer centre for the city of Brampton no later than 2026.

**The Acting Speaker (Mr. Randy Pettapiece):** Further debate?

**Mr. Gurratan Singh:** I want to start by just acknowledging the courage it took from the member from Brampton Centre for sharing her story today. It takes a lot

of conviction, courage and strength to really expose those vulnerabilities, and we want to acknowledge you for that. It takes a lot of courage to do that. The story that the member from Brampton Centre shared today, though, is one of far too many that we hear in Brampton.

It's important to take a second to acknowledge the really desperate situation that people in Brampton are faced with right now. We're talking about a city of over 700,000 people that has one hospital. I've said it before and I'll say it again: Name me another city in Canada that has that kind of population with only one hospital. It's also one of the fastest-growing communities in Canada. It's a city that's going to keep on growing and the population will increase, but our investment in health care is so far behind.

**1830**

The result of that is that there is a deep sense of injustice in the people of Brampton. There's a deep sense of fear, more than anything. When you get sick in Brampton, the first thing you think about is, "Will I be able to go to the hospital and get treated in time?" The result is that so many Bramptonians decide it's worth it to drive an additional 40 minutes to an hour to another hospital rather than go to the hospital in their own community. If that doesn't demonstrate the immense failure that has resulted in Brampton's health care crisis, then I don't know what does. It is a situation of basic human dignity that you should be able to go to the hospital in your community to get the care you need when you're sick. It shouldn't be that you have to go to Georgetown or Orangeville or Toronto to get the care you need.

What we need in Brampton is the bare, basic investment in our health care. When you talk about Brampton Civic operating at over 100% capacity; when you talk about Brampton's health centre, Peel Memorial, operating at over 500% capacity; when you talk about the fact that Brampton is, across the board, receiving less funding than it deserves; when you look at the fact that Brampton had a health care crisis declared before the pandemic—all of these demonstrate that our community has been left behind.

It's the legacy of 15 years of Liberals and it is the legacy of four years of Conservatives, and that's something that the Conservative government is going to have to accept. The legacy that you have left in Brampton is one in which the people still feel and are left behind because they are neglected. The facts are the facts: Our city has only one hospital that is overcrowded and underfunded, and one health centre that's similarly overcrowded and underfunded.

Our community deserves better. We need investment across the board. We need investment in health care around cancer. We need investment in health care with respect to more hospitals. Brampton is not going to stop growing, so invest today in what we need tomorrow. That means building a city that has three hospitals, with three emergency rooms, with cancer facilities and all the facilities that are required for the ninth-largest city in Canada. Start treating us like the ninth-largest city in Canada.

Start treating us like a city that has 700,000 people and growing. Start treating us like we're a city that deserves better, because we do deserve better.

I hope that these words don't fall on deaf ears. I hope that the Conservative government decides to change the approach that they've taken with Brampton over the past four years and decides to actually act instead of leaving us behind, because Brampton deserves better. We deserve a community and a city and a health care system where people can go without fear, without having to worry about hours of waiting or that their family, themselves or their loved ones aren't going to get the care that they need when they need it.

**The Acting Speaker (Mr. Randy Pettapiece):** Further debate?

**M<sup>me</sup> France Gélinas:** I, too, want to start by saying thank you to the member from Brampton Centre for sharing this very personal story with us. I think it helped all of us understand how important it is to move forward with a full-fledged cancer treatment centre for the residents of Brampton.

Nobody wants to be diagnosed with cancer, but let me tell you, Speaker, cancer is not the deadly disease that it used to be. We have one of the best cancer treatment centres in all of Canada. We had Cancer Care Ontario, which made sure that no matter where you are, you had equitable access to cancer treatment. But Cancer Care Ontario was very clear that equitable access is not there for the people of Brampton, that the people of Brampton need and deserve equitable access to cancer treatment, and that means supporting the motion by the member for Brampton Centre, because with equity of access, treatment is possible. The early diagnostic is possible.

Everybody who goes through a cancer treatment centre is assigned a case coordinator to help them. Those people get to know the city. They get to know who can drive, who can support, who can help, who can volunteer. They do all of this because they know how hard it is to live with a diagnosis of cancer. They know how difficult some of the treatments are, whether we talk about radiation or injection chemo or whatever. But with the right support, with the right treatment, for many, many Ontarians, cancer is in the rear-view mirror and they move ahead.

The people of Brampton deserve equitable access. When Cancer Care Ontario tells us that they do not have equitable access, that a new full-fledged cancer treatment centre needs to be built, the government needs to listen.

We have done it in Barrie. We were able to get the radiation bunkers ready within a couple of years. We can do this in Brampton. The people of Brampton deserve no less.

**The Acting Speaker (Mr. Randy Pettapiece):** Further debate? Further debate?

I return to the member from Brampton Centre. She has two minutes for her wrap-up.

**Ms. Sara Singh:** Thank you to all the members who contributed to the debate. I'd like to thank my colleague from Mississauga Centre for her support. I'm really

pleased to be hearing that the government will be supporting this very important motion for our community.

I'd like to thank my colleagues from Brampton as well—the members from Brampton North and Brampton East—and the member from Nickel Belt for speaking to the importance of ensuring that health and equity in Brampton and inequity in our health care services are addressed.

I think the people of Brampton know that we have been left behind for far too long. Hopefully, the support from the government today is not just an empty promise, but something that they will actually deliver on for the people of Brampton, because they need it and they deserve it. We don't want to be strung along yet again with empty promises of funding that's going to flow that will never come to our community.

I'm honoured to have used my last ballot date to honour the memory of my brother and all those other cancer survivors here in the province of Ontario. I want folks to know that no matter what, I'm never going to stop fighting for the city of Brampton and the people of our community to get the health care services they need and they deserve.

**The Acting Speaker (Mr. Randy Pettapiece):** The time provided for private members' public business has expired.

Ms. Singh, Brampton Centre, has moved private member's notice of motion number 38. Is it the pleasure of the House that the motion carry? I declare the motion carried.

*Motion agreed to.*

## ADJOURNMENT DEBATE

### SEXUAL ASSAULT

#### AGRESSION SEXUELLE

**The Acting Speaker (Mr. Randy Pettapiece):** The member from Ottawa–Vanier has given notice of dissatisfaction with the answer to a question given by the Minister of Health. The member has up to five minutes to debate the matter, and the minister or parliamentary assistant may reply for up to five minutes.

I recognize the member from Ottawa–Vanier.

**M<sup>me</sup> Lucille Collard:** I'm very pleased that I've stayed here today for this late show—my first time doing this, but I think it was very important.

This morning, when I heard the answer by the minister to my question, it was very, very clear that she either didn't understand or didn't hear what I was asking, because she didn't respond in any meaningful way. So I'm glad to be here to maybe provide even more context, now that I have a little bit more time than a minute for a question.

In my role as critic for women's issues, I've been doing quite a bit of work on women's issues, one of which is human trafficking. I did table a bill about human trafficking a few days ago. I did a lot of research and consultation.

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During those consultations, it was brought to my attention that one of the victims, one of the survivors of human trafficking, had to go to the hospital where she had been assaulted sexually. She was asking for a rape kit, a sexual assault evidence kit, and they made her pay for it. I couldn't believe it. I thought, "Okay, that must be wrong."

So I kept digging, I kept doing consultation, I kept doing research and I came across this report, this extensive research that was done a year ago by the organization She Matters, where they called over 700 hospitals. They got a lot of information, and apparently it is true that not all hospitals have sexual assault evidence kits. That's very important. That's very concerning, because you don't want to re-victimize victims of sexual assault by sending them driving a couple of hours to another location to try to get a kit. These kits and the evidence that they provide in a trial are very important.

I don't think I need to go into too much detail. I think the key findings of this report and the study that they made are very telling. But my question was really—and I tabled my private member's bill yesterday about the availability of sexual assault evidence kits, to make sure that at least 10 of those kits are available in every hospital and, moreover, that nurses get proper training to administer those kits.

It's not trivial, because there are too many women who don't report sexual assault, and among those who do, very few of the perpetrators get convicted. So we need to do better, and this is a simple ask that I put in my bill. The reason why I tabled a private member's bill, even this late in the session, knowing I might not get to debate it—probably not—was at least to bring it to the attention of the Legislature the importance of this, so that they may actually consider some legislation to address this very important question.

So my question, really, was: Would you support my bill, or would you consider your own legislation to make sure that we have available in all the hospitals in Ontario sexual assault evidence kits, and that nurses are provided with the proper training? I'm looking forward to the answer, because it's very important. Thank you.

**Mr. Taras Natyshak:** You have a minute.

**M<sup>me</sup> Lucille Collard:** Je voudrais peut-être, juste pour le bénéfice de ma communauté francophone—merci au membre de me le rappeler. Donc, pour rappeler, l'essence de ma question : ce matin j'ai demandé, est-ce qu'on s'assure qu'il y a des kits pour collectionner des preuves pour les victimes d'assaut sexuel, de s'assurer qu'on a ces kits disponibles dans tous nos hôpitaux et que les infirmiers reçoivent la formation appropriée également pour pouvoir les administrer? C'est important pour l'accès à la justice de toutes ces personnes vulnérables.

**The Acting Chair (Mr. Randy Pettapiece):** I recognize the member from Burlington.

**Hon. Jane McKenna:** As the Solicitor General said in her follow-up remarks, the most important thing we can do as a government is to make sure victims of sexual assault feel comfortable enough to come forward.

The Ministry of Health currently has program oversight of the province's sexual assault and domestic violence treatment centres. There are currently 36 sexual assault and domestic violence treatment centres across the province, which are largely hospital-based centres that provide comprehensive support to survivors of sexual assault and/or domestic violence. They also serve to educate health care providers, community agencies and the general public to increase awareness of sexual and domestic violence, and the potential health concerns that can result from the trauma experienced by survivors, Speaker. This serves to make health care settings a safe space for victims of sexual assault to come forward and receive treatment.

As sexual assault and domestic violence treatment centres are staffed by specially trained sexual assault nurse examiners and physicians to provide comprehensive care to survivors of acute sexual assault and domestic violence, as such, all sexual assault and domestic violence treatment centres stock sexual assault examination kits.

I'd like to confirm to the member opposite that all hospitals have access to sexual assault examination kits, can stock them and are independently responsible for providing these services. However, as always, all ministry-funded hospitals are responsible for purchasing their own medical equipment and supplies, and providing services.

I would also like to add that the Ford government has and will continue to do what it takes to protect women against violence in our province. It is clear that we are committed. Our government is on track to spend \$191 million for victims of violence and \$11 million for violence prevention initiatives, and that speaks for itself.

Our government also recognizes the need of providing culturally sensitive and Indigenous-specific supports, which is why we announced \$18.2 million over three years to address violence against Indigenous women and girls, \$18.5 million in the Transitional and Housing Support Program and \$16 million in the Roadmap to Wellness, specifically for Indigenous victim healing programs.

We will continue to provide resources to ensure that all women and girls are well supported. I would like to thank you for the time, Speaker.

**The Acting Speaker (Mr. Randy Pettapiece):** There being no further matters to debate, pursuant to standing order 36(c), I will now call for orders of the day.

## ORDERS OF THE DAY

### PANDEMIC AND EMERGENCY PREPAREDNESS ACT, 2022

#### LOI DE 2022

### SUR LA PRÉPARATION AUX PANDÉMIES ET AUX SITUATIONS D'URGENCE

Resuming the debate adjourned on March 30, 2022, on the motion for second reading of the following bill:

Bill 106, An Act to enact two Acts and amend various other Acts / Projet de loi 106, Loi visant à édicter deux lois et à modifier diverses autres lois.

**The Acting Speaker (Mr. Randy Pettapiece):** Further debate? I recognize the Minister of Economic Development, Job Creation and Trade.

**Hon. Victor Fedeli:** Thank you very much, Speaker. Once again, it's just absolutely great to see you in that chair. We're enjoying every minute of that.

I want to say that, when I had five minutes earlier to speak on this, at five to 6, I spoke about the fact that we are unveiling Ontario's life sciences strategy tomorrow, and so we're really looking forward to that exciting news, Speaker.

I talked earlier about the fact that in the last year and a half, global biomanufacturers including Sanofi, Resilience and Roche have announced almost \$2 billion in investments here in the province of Ontario. The best way we can strengthen the industry is to continue cutting red tape and reducing the cost of doing business.

So, Speaker, in addition to—as I was saying in the earlier presentation—the billion-dollar investment that Sanofi made here in the province of Ontario, we are really looking forward to the life sciences strategy being presented, because a big part of this bill is shoring up domestic production of critical supplies. I want to spend my 15 minutes talking about that and a couple components of that.

In the last year, we have stood up a new agency in the province of Ontario and it's called Supply Ontario. It is now the agency that is charged with purchasing \$29-billion worth of goods for the province of Ontario; that's what Supply Ontario does. And just a couple of weeks ago, we passed the latest—the eighth—of the red tape reduction bills. In that bill was something called BOBI, Building Ontario Business Initiative. BOBI is a key component. BOBI legislates that Supply Ontario must purchase at least \$3 billion of that \$29 billion here in Ontario. They must be Ontario-made products. That is an exciting bill that was passed just only two weeks ago, Speaker.

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In BOBI, and in Supply Ontario, we've seen a real change in what's happening in the province of Ontario. Remember, part of this bill is expanding Ontario's health workforce, building more hospital beds, shoring up domestic production of critical supplies. Think about where we were two years ago when the pandemic first hit and there was no PPE available in the province of Ontario. Just think about that day and what it was like. You saw south of the border, where they said, "No masks are leaving the US"; Asia: "No masks are leaving" there. Premier Ford stood up and said, "All right, we're going to fix this, but never again. This will never happen in Ontario again," where we saw virtually no PPE was being made in the province of Ontario.

We got complacent, Speaker, over the last decade and a half, and began just offshoring our companies. I've spoken about this in the Legislature before. The previous Liberal government, in their final—thankfully—economic

report, stated that there's a shift in Ontario from manufacturing to the service sector. They made that conscious decision to get out of manufacturing, stop supporting manufacturing. And, big shock, we lost 300,000 jobs. Manufacturers left. We had no PPE being made here.

We saw, thankfully, so many companies, especially in the auto sector and auto parts sector, pivot and begin making products—Linamar and others that made components—and build 10,000 ventilators. We saw companies making ethanol for hand sanitizer, making masks. We have many, many companies that are all making masks and bidding. We tell them all the time, “Sharpen your pencils, because MGCS is buying Ontario masks. Bid and sharpen your pencils.” We're seeing face shields, we're seeing gowns, we're seeing wipes, all being made in Ontario today. In fact, we went from almost zero PPE being made in the province of Ontario to now, today, 74% of all PPE that the province of Ontario buys is domestically produced, and most of it here in Ontario. And now, through BOBI, that curve will go to 90% of all PPE that we buy being made here in the province of Ontario.

Speaker, I want to talk about some of the companies that we were able to invest in through the Ontario Together Fund. Once again, when Premier Ford said, “Never again will we be caught without the supplies that we need made right here in Ontario”—and it started with, at the time, \$50 million. It was so successful it was doubled to a \$100-million Ontario Together Fund. This is the fund that was used to help these companies pivot to make things. The very first one—I remember the day we went to Oakville, to Virox Technologies. It's a great company in Oakville. We saw them invest \$1,739,000 and hire 20 people to make sanitized wipes. It was just a really great day. I remember hopping in the car, driving down from North Bay, doing the announcement and driving home that night. That's how we did it during the beginning of the pandemic, where I stayed at home. That is the first of many companies. We invested \$850,000 in that company, and today, you can go to the store and purchase the made-in-Ontario wipes.

Another one, about a week or so later, was Sterling Industries, in Concord, Ontario, just on the north end of Toronto. They were manufacturing face shields. In fact, they went to a million face shields a week they were making there. They invested a little over \$2 million and created 20 jobs at Sterling Industries, for face shields. That's the kind of investments we are making.

I recall driving to Almonte, Ontario—taking Highway 17 from North Bay and going to Almonte—to Dairy Distillery. This is a really interesting, little, boutique distillery. They make a famous vodka called Vodkow. It's made from residue from dairies; what normally would have been thrown out they're now distilling to make a type of vodka. But they were able to manufacture a high-end food-grade ethanol to be able to make hand sanitizers. So that is an investment that they made of \$910,000 to make sanitizer in these beautiful copper kettles. It was fascinating to see. It's really an interesting spot. We invested \$455,000. They hired seven people and they're going strong.

We also saw down in Johnstown—in Minister Clark's riding; this is outside of Brockville—Greenfield Global. This is a big one, Speaker. They invested \$75 million to produce medical-grade alcohol used in hand sanitizers—a \$75-million investment that they made. We invested \$2.5 million to help them get their \$75-million investment going.

Over in Peterborough: Merit Precision. They decided to make the little squeezable bottles for hand sanitizer. They don't make the hand sanitizer but they make the bottles, the blown, injection-moulded bottles. They invested \$1,356,000 and created 10 jobs. It's a blow-mould product that makes the bottles for hand sanitizers and disinfectant—a great, great company.

Down in MPP Oosterhoff's area: Ophardt Hygiene Technologies, another really interesting company. They make a soap and sanitizer dispenser. It was really fascinating. They invested \$7 million and created 75 jobs at Ophardt. At the time they were producing more than 300,000 dispensers and one million of these drive modules that go inside the dispenser, a really unique company.

Dimachem is another one of these suppliers. They invested \$3,390,000. They reshored, into Windsor, Pine-Sol. I said it when I was at the ribbon-cutting: Who doesn't love Pine-Sol? It's now made in Ontario, Speaker. They reshored that. They created 14 jobs for Clorox's Pine-Sol.

Another really interesting company that Minister Romano brought us to was Myant. They make what's called smart clothing, and we invested \$1.5 million into there—a massive investment. It created 80 jobs. It's technology that they weave into undergarments that reacts to the body's symptoms, and they transmit and monitor your health. It can give you your various blood pressures and various oxygen levels, all through this clothing that they weave there. It was just a spectacular company. We went back there recently to announce BOBI. We used Myant as the backdrop. Myant was an early investment that we made, and one of these really spectacular companies, again, where Ontario is spending \$29 billion a year. We're now legislated to purchase at least \$3 billion.

In fact, one of the things we're going to be doing, because the whole EV sector is so near and dear to our hearts, where we've seen \$13 billion invested in Ontario in the last 16 months, part of BOBI will be when it is time to renew Ontario's fleets, they will be Ontario-made vehicles and they will be Ontario-made electric vehicles. This will be a massive purchase, through BOBI, once again.

Empack, up in Barrie, was a 100,000-square-foot building where they manufacture disinfectant wipes. Almost \$10 million they invested: \$9,756,000. We put \$1.243 million into that company. These are the kinds of things, when we talk about never again—these are all companies that are here in Ontario making all of these products right here.

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Abatement Technologies is another really interesting Ontario company, down in Fort Erie. They've invested almost \$20 million into an air purifier system that they

manufacture in Fort Erie. Abatement is a leader in the design and manufacture of this really powerful air purification technology.

In Kawartha, they have invested, again, \$37 million to make high-grade pure ethanol for hand sanitizer. That's how much hand sanitizer? Remember, \$75 million was one, and this is \$37 million—over \$100 million two companies alone invested to make the ethyl alcohol for hand sanitizer. That's how much hand sanitizer we're purchasing in the province of Ontario, and it's all made right here now. That one, of course, is using a lot of corn from the Havelock area. We toured that site. I remember touring that site probably about 10 years ago for the first time, and we were there recently as they were able to make this \$37 million—that's the confidence that these companies have in the province of Ontario, and that's the success that we're seeing from the Ontario Together Fund.

There are far too many more to actually go through. But I would say that not only are we manufacturing almost all of the kinds of PPE that we need, but we're buying huge volumes and we're stocking. Again, part of this is shoring up domestic production of critical supplies.

This is a neat twist I want to talk about in the remaining minute that I have. It's one thing to stand up an agency, Supply Ontario, and it's another thing to introduce BOBI, the program that will legislate the purchase of Ontario goods, but when it comes to hospitals, it has always been tough for medtech companies to get into these hospitals and have them try new products. So what we'll be introducing is, instead of the traditional purchasing system, we are going to be issuing challenges to these companies to come up with solutions. If I could just use an example, instead of buying 10,000 buggy whips because we bought 10,000 buggy whips every year, the challenge will be, how can we make the horses go faster? That is the new approach that we're taking for these tech companies and the medtech companies that know so much and that have innovated so much in the province of Ontario. We want to see what they've got. We want to hear their ideas. We will present our challenges to them, they will present the solutions, and that will be the opportunity for the hospitals to be part of the whole Supply Ontario and BOBI program.

**The Acting Speaker (Mr. Randy Pettapiece):** Questions?

**Miss Monique Taylor:** I was listening intently to the minister's debate and speech this evening, and some really fantastic stories that have come from the pandemic and manufacturers and businesses finding new ways of doing things. Congratulations to all those businesses that really thought out of the box and helped pull Ontario out of a real mess that we were in.

This bill is the Pandemic and Emergency Preparedness Act, so my question to the minister is, does he not think that all of those same companies would enjoy the benefits of a real paid sick days program that would ensure that if we go into another pandemic—and we actually, I think, are hitting the sixth wave as we speak. Ensuring that we have those paid sick days in place that expand to the length of actual illness that we're seeing these days is important.

Does the minister agree, and will he advocate to his government for better paid sick days for those same businesses?

**Hon. Victor Fedeli:** Thank you very much to the member from Hamilton Mountain for the question.

I can tell you that almost every one of these companies—I personally visited and was there, met with the employees who were absolutely thrilled to have a new job in a new company in an exciting venture where they were helping save lives, where they were able to actually manufacture the vital PPE, all of the masks and the gowns, all of the equipment that we are seeing these companies produce. I know that they were absolutely thrilled the days that we were there, especially when we were talking about the investments that Ontario was making in helping provide them with a job.

**The Acting Speaker (Mr. Randy Pettapiece):** I recognize the member from Flamborough—Glanbrook.

**Ms. Donna Skelly:** To the minister: Two years ago, when the pandemic first reared its ugly head, I recall the world scrambling to find PPE. I specifically recall a comment from the Premier who said that we would never get caught again not being able to be independent and self-sufficient. Today, I'm so proud of the work that our government has done under your leadership, Minister, and that of Premier Ford, to acquire not only companies to come to Ontario but to start developing and producing our own PPE. Can you share with this Legislature the work that you and the Premier have done to secure that PPE?

**Hon. Victor Fedeli:** Again, we have to really go back to those days of real panic in Ontario—and around the world when countries were hoarding everything they had—and we knew that the people of Ontario needed to be protected. I've got to tell you, the business community and the men and women who worked at those businesses came through for Ontario. They saved the day, Speaker. They really, genuinely saved the day. They pivoted their companies from making auto parts to making ventilators, from making jackets to making gowns. All of these companies who are today still making masks here in Ontario and making face shields and making hand sanitizer and making wipes, they really, genuinely knew there wasn't always going to be profit in it for them—hopefully there is for them today—but it was their call to duty, that call to arms that we had two years ago, Speaker. It was absolutely rewarding to see those companies pivot and turn things around in the province of Ontario.

**The Speaker (Hon. Ted Arnott):** Questions?

**Mr. Taras Natyshak:** Schedule 7 of the bill is titled Supporting Retention in Public Services Act, 2022. I had the opportunity to speak to about 200 third-year nursing students last week on a Zoom call about health care policy, and one of the overriding themes that I received from them in messages was that they still feel slighted, they still feel disrespected in terms of their work, in terms of their knowledge, in terms of how the profession has been treated throughout the pandemic, and that is specifically due to Bill 124.

I want to ask the minister, does he believe that supporting retention in public service—that Bill 124 played a

positive role throughout the pandemic in retaining front-line care workers who have buttressed our health care system and protected our communities? Is it a positive role? And if not, will he commit to immediately working to repeal Bill 124 to give those front-line workers the respect that they deserve?

**Hon. Victor Fedeli:** Certainly in A Plan to Stay Open, there are three pillars to that. The one that I talked about most, of course, was shoring up the production of critical supplies. There is also the additional piece that is building more hospital beds. The third is expanding Ontario's health workforce. I know that in my own community of North Bay, at the North Bay Regional Health Centre, the \$5,000 retention bonus means about \$5 million in just my own community of the city of North Bay in the nurses' retention bonus, Speaker. That money will be put back into the community. It's a huge, huge investment and it's a huge opportunity for retention.

**The Speaker (Hon. Ted Arnott):** The member for Mississauga—Erin Mills.

**Mr. Sheref Sabawy:** Thank you very much to the minister for the informative presentation. I would like to ask the minister his opinion about schedule 4, which is actually amending the rights to access the records of the personal health information and also regulates the circumstances this person or entity can have access to the data, conditions that apply for collecting and the use and disclosure of the personal health data, the security for those records and the disclosure of personal health information. All the requirements in respect to the collection and use of this data can improve the system's capability to have the statistics and access needed to monitor any pandemics or any wave coming.

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**Hon. Victor Fedeli:** I can tell you that I spoke today at a cybersecurity event, and that the province of Ontario takes that very, very seriously. We take the protection of our data extremely seriously. We thank you for the opportunity, Speaker.

**The Speaker (Hon. Ted Arnott):** The member for Hamilton Mountain.

**Miss Monique Taylor:** Unfortunately, the minister didn't answer my last question regarding paid sick days and how important that would have been to the manufacturers. So I'll try a different question this time and I'll talk about schedule 2, which requires the minister to report on the safety and stability of Ontario's food supply.

We all know that there were scares that happened throughout the beginning of the pandemic. There have been times where things have not been on the shelves as easily as we have seen, and the price of produce has continued to rise. We have heard directly from the OFA that they estimate that 175 acres of farmland every day are being developed into urban—175 acres every single day of farmland, while less than 5% of Ontario's land can support agriculture production. What will the minister do to ensure that we are preserving farmland and not paving it over and losing our valuable, precious farmland in Ontario?

**Hon. Victor Fedeli:** I was here in the Legislature a few hours ago when you asked exactly the same question to the Minister of Agriculture and she said pretty much the same kind of thing I'm going to say. You probably should have listened to your own agriculture critic when he talks about the robust process to secure a safe and stable food supply and security.

Let me use my few seconds that I have to tell you that both your ag critic and myself are northern Ontario boys, and we know that north of the French River, 50% of all the canola grown in Ontario is grown in fields in northern Ontario and 20% of all of the oats grown in Ontario are grown in northern Ontario, in the vascular area. I can tell you, anybody in the business of making cereal will tell you the best product comes from northern Ontario—those 20% of our oats.

**The Speaker (Hon. Ted Arnott):** We have time for one last quick question.

**Hon. Jane McKenna:** Minister, when we were sitting here a few minutes ago, we were talking about when we were the opposition and 300,000 manufacturing jobs left when the Liberal government was in power, and that they sat there and just said bye-bye and did nothing to make a difference to that. Also at that time, businesses were not investing in their companies in Ontario. I think it was in the National Post, but I could be wrong, that there was about \$500 million that was not being spent back into Ontario.

You went and said that companies have pivoted and they've had faith in investing back into Ontario for the first time with our government. Can you maybe elaborate a bit more on that?

**The Speaker (Hon. Ted Arnott):** Briefly. If you could reply very briefly.

**Hon. Victor Fedeli:** Very brief: Under the Liberals, backed by the NDP, we lost 300,000 jobs. Under Premier Ford, so far in our term we have gained 500,000 jobs in the province of Ontario.

*Interjection.*

**The Speaker (Hon. Ted Arnott):** We go in rotation. I recognize the member for Niagara Falls.

**Mr. Wayne Gates:** I appreciate it. I hope the minister doesn't leave too quick. I'll give him a little history on the manufacturing—

**The Speaker (Hon. Ted Arnott):** Let's not make reference to the absence of any member. Let's think about that for a minute.

Member for Niagara Falls.

**Mr. Wayne Gates:** I'll tell you what happened to 300,000 jobs in the province of Ontario. And I know because for 40 years I worked in the manufacturing sector. What happened under the Conservatives' Harper government was that they had a petro dollar that took care of the West. Our dollar went to \$1.10. Oh no, I know. It went to \$1.10. What happened is, when our dollar went to \$1.10, the manufacturing jobs, particularly in the Big Three and in the auto sector, left the province. What happened there is that we all know that the reason why manufacturing came back to this country—

*Interjection.*

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

**Mr. Wayne Gates:** I'm speaking. I didn't heckle you when you guys talked.

The reason why the jobs came back to this province—and I know how bad the Liberals are; I don't have to be convinced on that. But I'll tell you, it's because we went from a \$1.10 dollar down to a 77- to 78-cent dollar, and our dollar currently is at 80 cents. As long as our dollar is between 78 cents and 84 cents, we will have manufacturing jobs. We'll have good-paying jobs in the province of Ontario, not in the west. That's exactly what happened. I could talk about it all day, but I want to talk to the bill, because that's really why I'm here.

The other thing I want to say really clear before I get on the bill—and I want people to understand. I have no problem doing afternoon duty; I worked steady midnights for 20 years. But I think it should be fair and balanced when we do bills of this size. This bill was delivered yesterday, and you're asking people, including an hour lead, including myself for 20 minutes, to do 20 minutes on the bill, and I don't have any chance to talk to stakeholders about whether the bill is good, whether it's bad. I think that's unfair to the residents of the province of Ontario, never mind the MPPs that are on this side of the House, whether it's Liberals, Greens, independents, myself. So I just want to say to you, you've done it many, many times. I think it's wrong. I think it's fair and balanced to say that, quite frankly, and I would say that in the future, maybe you would want to do that.

The other thing that I want to say before I get into the bill is that today—and I want everybody to listen to this—CP24 said that it's “‘very clear’ Ontario is in sixth wave of COVID-19 pandemic driven by easing restrictions.” That came from the science table. I can say today that we have more people in the hospital in Niagara than we did last week, substantially more, and unfortunately—and I offer my condolences to the families—three of those people that got COVID have died. So we're in a wave here.

It's a pleasure to rise to speak to the bill. What we see in this bill is a wide-ranging piece of legislation that touches on a number of things yet somehow manages to miss the many fundamental needs of the province.

I'm going to start at schedule 1, to the best of my ability. Schedule 1 changes the reporting requirements on how prepared for emergency variation ministries and governments are. Speaker, I think I speak on behalf of Ontarians when I say that we just can't trust this government to prepare properly for an emergency facing it. Let's look at the facts. Every single time we knew a wave of COVID was coming, this government ignored the opportunity to get ahead of it, to prepare the province and to save lives. Things got even worse when the tools to save lives were available and this government failed to get them to the residents while COVID was ravaging our province.

Let's look back at the third wave of COVID when vaccines were available. We knew they were in Canada. We knew that the feds had bought enough for everyone to

have one, yet this government failed to get them to residents quickly. I can say this very truthfully: In Niagara, we were fielding angry calls every day. My constituents were being yelled at every day. In fact, when the first vaccines were rolled out, this government actually diverted vaccines away from Niagara. Despite the minister saying it was a myth, that fact has been confirmed in an open letter from Niagara doctors, and I'm never going to call a doctor a liar. That's how bad it was. The government wasn't transparent and it took the doctors themselves to prove it.

After that we organized, meaning not just myself and my staff but the community, the doctors, Niagara Health. They were the ones who were providing me the information because they were so concerned that the staff weren't getting vaccines in their own hospitals. We refused to let this government divert a single one of our much-needed vaccine doses, and you know what? Collectively, we were able to succeed. We got vaccines in spite of this government, when we should have been getting vaccines because of this government. I was asking to work with the government. I have no problem working with anybody. I'll work with Conservatives, Liberals, Greens, independents if it's going to help the residents of Niagara. That's how prepared they were for these waves.

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Speaker, you saw the last example with the rollout of the rapid tests over Christmas—you remember that. For months, the doctors were telling us that the Omicron wave was on its way. If this government wasn't prepared after the first waves, we truly believed they should have been for this one. So we asked them to take the rapid tests they had in storage and send them to residents. I think that would be fair and balanced. Instead, they continued to sit in storage for months.

Weeks after Omicron came in late December, the government finally decided to make rapid tests available. And you know what they did? They made them available at two locations in Niagara. Think about this: Two locations in Niagara, both in my colleague's riding in St. Catharines, and they were gone in an hour. They were at LCBOs. Interesting to me, at the same time Shoppers had lots of them, and they were charging \$40 for a kit. How did Shoppers get them ahead of the residents of Niagara, residents of Ontario? It made no sense to me.

Speaker, if you want to really get a sense of how prepared this government was for an emergency, then go back and ask people how easily they were able to get rapid tests from this government. There never was any desire from this government to mail them to residents or to make them widely available. Instead, everyone was left to fend for themselves. I think most of us could forgive dropping the ball in the early stages of the pandemic, but how do you excuse it two years later? Two years.

We are seeing now rising cases again. The evidence is clear. The doctors are saying it again. You can take measures today that prevent lockdowns and save lives. We can't deal with another lockdown or hospitals buckling under this pressure. Listen to the various local medical

officers and scientists for the first time, and do what they're asking you to do to avoid the worst of the wave.

Speaker, we're seeing cases rise. This government is telling everyone to take their masks off. I'm glad you've got your mask on, Speaker. What's interesting to me: The Premier, who was saying, "Take your mask off," was here today and he had his mask on. I think everybody should still wear their mask.

If that's the policy, are they willing to guarantee to us that we won't see hospitals overwhelmed? Will they tell the people of Fort Erie, who saw their urgent care closed, that they will not face the closure of the urgent care centre again? Some 34,000 residents live in Fort Erie. They shouldn't have an urgent care centre closed. Because during the last wave this government sat by and watched Niagara's health system get so run down, they couldn't operate their facilities. Think about that. When we asked for intervention, the government refused to respond to our request. They hid from the public because they knew they had no plan. That's how prepared this government was.

Speaker, I'd also like to say, we're talking about preparing for emergencies as if they're not already before us. Right now, in Niagara—listen to this. Because I know they're all talking, and I wish they'd listen. I think it's important. I think my riding is important, our area is important. Right now, in Niagara, the average price of a house is \$750,000. No one can afford that except the investors looking to make a profit. That's an emergency, yet there's nothing in here directing the Minister of Housing to act as if it was an emergency. We get a bill that blames municipalities. The last thing people need is more deflecting. Stop the finger-pointing and start fixing the problem.

We have a full plan we've presented to the government on housing. If they're not going to use it, at least give us a plan that actually reduces house prices. Speaker, believe it or not, this government is actually standing up and saying they'll solve the housing crisis. Come to Niagara, look at the houses there and tell me it's even close to being solved. That's an emergency we can all deal with.

*Interjection.*

**Mr. Wayne Gates:** I don't know what you're trying to tell me. I'm sorry.

Speaker, if this government wants to pass legislation dealing with the emergency, then why not focus on the affordability emergency in Ontario? This isn't a joke; people literally can't afford to live.

*Interjection.*

**Mr. Wayne Gates:** I hear you. I get it now. Thank you. I appreciate it.

Here in Ontario these companies pay some of the lowest corporate taxes—that's an emergency. That goes for groceries—I'll go past that because I know what you're trying to tell me, okay? I'll try and get there, Speaker. Trust me. I appreciate you're trying to help me.

Bill 106, the Pandemic and Emergency Preparedness Act: On the surface, this legislation looks like the type of proactive response you'd like to see from a government that takes public health seriously, the type of government

that wants to make sure communities are safe and ready to respond to a global pandemic. Unfortunately, this is being put forward over two years since the beginning of the pandemic.

I want to say: two years to get this put together, and you give me 16 hours to talk to stakeholders, talk to people about this bill; two years to put it in place and 16 hours to give me an opportunity to stand up here and talk for 20 minutes—no opportunity to talk to stakeholders; no opportunity to come up with some other ideas, some suggestions. It doesn't make sense to me, guys. I'm sorry.

Speaker, I think that's an important part of debating this bill: the timing. Those of us in the official opposition have pleaded with this government to develop a COVID emergency plan and repeated calls for a public inquiry for two years. Now we are here, with a government that wants to pretend that COVID doesn't exist anymore. And now they have a plan.

I think it's important that we, as a province, take a moment to ask ourselves why this took so long. Why now? I'm sure it doesn't have anything to do with an election. Why did we watch—and this breaks my heart; it should break all of our hearts—5,000 seniors die in long-term care? Why did we watch businesses close with very little support? Why did we beg, month after month, for this government to address the funding crisis in health care? Why now?

Let's not forget the agenda of this government before the global pandemic, before we had heard a word about COVID-19. It wasn't a mystery to anyone that a global respiratory virus is a real threat to global public health. But what did this government do? They cut funding to public health. That's correct: They cut funding to public health. The heroes of this pandemic, the public health professionals who stood up and helped guide us through such uncertainty, in scary times, knew that this this government was no friend of theirs. Just look at the recent news about how doctors are treated by this government. If you so dare to challenge the policy decisions, they're attacked and run out. Quite frankly, it's shameful how this government has treated workers.

I've got six minutes left. This is a really important part of my speech, and I would really encourage everybody to listen.

This legislation deals with pay increases for some of our front-line workers, but as we stand today in this Legislature, we are still dealing with Bill 124 and the negative consequences it will continue to have on our health care system.

I want to say something real quick, because all we talk about on Bill 124 is nurses. Let's see who this Bill 124 affects: lab technicians, paramedics, corrections officers, nurses, hospitality services, education workers, workers at the LCBO, school boards, universities and colleges, not-for-profit long-term care, the children's aid society, social workers, workers in the electricity and energy sector. That's how many people are affected by Bill 124. You took away their bargaining rights. You took away their shift preference by seniority. You took away their vacation pay.

From a purely moral standpoint, capping wages of our amazing public sector, particularly those in health care, is 100% wrong. It violates collective rights, and it tells those workers they are simply not valued or supported by the government.

Secondly, how does this recruit new health care staff? How does it help recruit new paramedics when they know they have a government that would treat them like this? The answer is simple: It doesn't.

I want to talk about paramedics real quick, because we had an issue—and I raised it here in a question to the Conservative Party about our paramedics that are stuck in offload at our hospitals. I think it's happening in all of your ridings as well, on offload. I might be wrong, it might not be, but it's certainly happening in Niagara. What that does is, the paramedic is stuck at the hospital for four, six, eight and 10 hours and then we don't have enough people to service when we have an emergency in Niagara. Paramedics have asked for more staffing. They've asked for more ambulances. That's a concern.

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In Niagara do you know what they were told? "If you can't get a paramedic, could you please call a friend?" That used to be a on show, by the way: Call a friend. Remember? You got stuck on a question and you called a friend. "Or call a cab." If I'm dialling 911, the last thing I want to do is call a cab. What I'm saying to the government is, help the paramedics. Fix offloads. If we fix offloads, we fix the problem with paramedics. That goes back to Bill 124 and having nurses.

If this government wants to prepare for pandemics, they need to start by respecting our health care workers and not eroding their collective bargaining rights. It's not working for workers, trust me. Repeal Bill 124 immediately.

If you look directly at this bill and the proposed wage increases for PSWs and DSWs, this is something the NDP has been calling for for years. We have frequently called for PSWs' pandemic wages to be made a permanent. My colleague from Sudbury, in Bill 226, asked for that to happen, as well as for a paid travel premium, and directed the minister to establish a retention strategy. The Conservative government voted against it. That's correct: The government voted against those motions. They stood up in this House and said those front-line workers—many of whom got COVID over the last two years while working on the front lines—don't deserve a permanent pay increase.

The other part of that that nobody talks about is PSWs who worked in health care. Over 20 workers died of COVID on the job. Thousands and thousands of health care workers and other workers in the province of Ontario got COVID-19. We get lots of calls about it. There are a lot of people who got COVID who are still really, really sick.

**Interjection:** The long-haulers.

**Mr. Wayne Gates:** The long-haulers. It was shameful then and it's shameful now. I think those workers are smarter than this government thinks they are. They see through this. They know the history of this government

and this party when it comes to health care and a lack of respect for workers.

Maybe we should take a look at the history of this government and the past Liberal government, who underfunded and failed our health care system. This was said earlier today but it's true: When we talk about health care and how we got into the problem that we got into in health care—and I can tell you, nobody knows it better than Niagara; we know it in Niagara—it was the Mike Harris government that stripped the province of health care resources.

**Hon. Ross Romano:** You mean Bob Rae, right?

**Mr. Wayne Gates:** No. They closed 26 hospitals—Bob Rae is a Liberal, by the way—and laid off 6,000 nurses. They closed schools.

Here's what the Liberals did—I'm going to try and get this out because I don't have much time. For 15 years, most of the time they gave 0% increases to their budget, which obviously didn't help health care.

I've only got a minute left. I can see the Speaker is almost getting up. I appreciate that.

We lost 5,000 people in long-term-care homes. We can't let that happen again. None of us can. I'm not just blaming you; I'm blaming all of us. We've got to do better for our parents, our grandparents, our aunts and uncles. We're heading into a sixth wave. I'm asking you, please, to do everything we can to protect people in long-term-care and retirement homes. How simple is it? Let's wear a mask. Wear a mask. I know everybody's not here, but wear a mask.

We should have increased PSWs' wages a long time ago and it should be permanent. We also need to train and hire more PSWs. We need to ensure that residents have enough staff to ensure they receive at least four hours of hands-on care per day during or after a pandemic. It's the least we can do to ensure our seniors can live and age with dignity. They deserve that.

I'll finish by saying the Time to Care Act, which is on the bill paper, was voted down a number of times by this government. France and Teresa both put that forward. Thank you very much, Speaker, for your leniency on my speech.

**The Speaker (Hon. Ted Arnott):** Questions to the member for Niagara Falls?

**Mr. Lorne Coe:** I want to thank the member from Niagara Falls for his presentation. He always brings a high degree of passion, regardless of the subject, and he did again tonight.

He will know in his reading of the bill, schedule 5 particularly, that it speaks about the proposed Personal Protective Equipment Supply and Production Act. It's an aspect where our government is ensuring that Ontario maintains a healthy and robust stockpile of personal protective equipment and critical supplies and equipment at all times. That's something I know that the member from Niagara Falls and others here in the House would subscribe to.

So I ask the member from Niagara Falls, can we count on your support for schedule 5 and the effect that it will have across the province of Ontario?

**Mr. Wayne Gates:** I can stand up and say I will always support buying local. I've run a number of times—as a matter of fact, I lost seven times. That's how long it took me to get elected. I ran on supporting local businesses and local companies. I can tell you that the minister was in Fort Erie, not that long ago, and made a big announcement on HEPA filters. A local company—we used their HEPA filters to help the people in long-term care, when we had people dying in long-term care in Fort Erie. So I know how important it is to be able to have that supply just down the street, where we didn't have to send it in from China or Korea or somewhere else; it was right there.

I think supporting local is the best thing to do. Unfortunately, we probably should have done a little better job from 2015 to 2020 to make sure we had all the supplies we needed and they were built locally. I'm a big supporter of supporting local businesses, local suppliers. That's what I do, and I've stood up a hundred times and said it here. I'll continue to say it.

The only issue I have is that I wish I had more time to read the bill so I could talk to more people. That really bothers me. But I appreciate it. You're on the money, and I think it's a great idea.

**The Speaker (Hon. Ted Arnott):** The member for London West.

**Ms. Peggy Sattler:** I think that the member from Niagara Falls made a critical point when he talked about schedule 7 and the absence of any commitment by this government to repeal Bill 124. I totally agree with the member when he says that if this government was serious about attracting and retaining public sector workers in health care facilities, in a wide array of public services that the member listed, then one of the first things they should do is repeal Bill 124.

I wanted to invite the member to elaborate a bit more about the importance of repealing Bill 124.

**Mr. Wayne Gates:** I really appreciate the question. Over the course of the last six months, yourself and myself have debated the bills on working for workers. We put some bills forward. Whether we agree or disagree, at the end of the day, we're working for workers. There is not a bill that you have brought forward that's worse for workers than Bill 124. I listed the workers. It isn't just nurses that you guys are attacking. Correction officers, school boards, universities and colleges, not-for-profit long-term care, children's aid societies, social workers, workers in the electricity and energy sectors: You're violating their collective agreements.

I had one of your members stand up from the Conservative side, Mr. Speaker, and say, "You know, we should have shift schedules so they can get preferential schedules." They took it away from them in Bill 124. They took away vacation time. So Bill 124—I've asked your government. I'm going to ask you. I'm hoping you put it in the budget. Repeal Bill 124 immediately.

**The Speaker (Hon. Ted Arnott):** The member for Flamborough–Glanbrook.

**Ms. Donna Skelly:** To the member opposite, you've been speaking passionately about your concern about our

health care system and investments that you claim we should be making in the health care system. Yet under Bob Rae, your party closed 9,600 hospital beds and 24% of acute care beds right across the province. Your party voted against the northern school of medicine. You voted against \$175 million in investment in mental health and addictions. You voted against \$18 billion in capital grants over 10 years to build new and expanded hospitals. You voted no to \$5.1 billion to support hospitals since the pandemic began, creating more than 3,000 more beds.

Why are you continually voting against improvements to our health care system?

**Mr. Wayne Gates:** I appreciate that. It's actually pretty rich coming from that member seeing as she worked at CHCH when they had 100,000 workers picket in Toronto because of the attacks of Mike Harris on the hospital system.

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What I'll tell you about hospitals—and I know lots about hospitals. You know why I know so much? Because they closed the St. Catharines General Hospital. They closed the St. Catharines Dieu hospital. They closed and took services out of the Welland hospital. They closed Niagara-on-the-Lake hospital, by the way, and they closed the Fort Erie hospital and now it's an urgent care centre. So I know all about closing hospitals. I know what's happened on closing hospitals.

I will talk about Mr. Rae. He's a Liberal. He's been a Liberal for 30 years. My daughter doesn't even know who Bob Rae is, and thank God.

**Ms. Donna Skelly:** He was a Liberal, but the NDP and the Liberals are the same.

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

**Mr. Wayne Gates:** What I want to say is, you closed the hospitals. I gave you a list. C. diff was in the hospitals that you were aware of. You covered those rallies under Mike Harris. So if you're going to throw stuff, you've got to be ready to take it back. I was there with you. I know. I know when you lost your job, and I feel terrible about that. And you know that.

**The Speaker (Hon. Ted Arnott):** Come on. That's not appropriate.

**Ms. Goldie Ghamari:** Someone is salty.

**Mr. Wayne Gates:** It wasn't her fault.

**The Speaker (Hon. Ted Arnott):** Questions? *Interjections.*

**The Speaker (Hon. Ted Arnott):** Order. The member for St. Catharines.

**Mrs. Jennifer (Jennie) Stevens:** I want to thank my colleague from Niagara Falls, my neighbouring riding to St. Catharines. I listened to your speaking remarks quite attentively, and I want to share a few points that you brought forward. It's remarkable to see this Bill 106, Pandemic and Emergency Preparedness Act.

We saw Niagara in a crisis over the first, second, third, fourth and fifth waves. We're heading into the sixth wave. We had 5,000 vaccines that were diverted from Niagara. We had rapid tests that were not even supplied to Niagara except for one day that was supplied through an LCBO

which is totally in the riding of St. Catharines that has people who are addicted and with mental health issues. We saw this government place it right in an LCBO so those people couldn't even get those rapid tests. Now we're looking at a sixth wave. How important is it that this bill does not show any preparedness for the sixth wave?

I'm just wondering if the member from Niagara Falls could say how important it is that the Ford government looks after what our side of the House has asked for—repeated calls—a public inquiry into the government's response to the pandemic and a COVID emergency plan. How important is that to see in this bill—that we don't see?

**Mr. Wayne Gates:** We've been asking for the public inquiry for two years. You've only got about six weeks left of the government, so I don't think that's going to happen. What I think we should really concentrate—obviously it took two years to get here. The bill—they should have given us more time to read it and prepare for it.

But the science table is saying we're entering a sixth wave. I got a call this afternoon where we had more people die in Niagara with COVID-19. I think we all have an obligation—the Speaker, me, the Conservatives, the Liberals, the independents and the Greens—we've all got an obligation to try and save lives. COVID is not done with us. I wish it was. I live in a tourist area. I want everybody to come to Niagara Falls, go to the wine industry, enjoy your wine. Come and enjoy Niagara. It's the best place in the province.

But COVID is not done with us. Collectively, we have to do more. We have to try to make sure that we save people's lives in long-term care, make sure we don't get more COVID. I can tell you that some members here in this House have COVID, and they're suffering. Let's do all we can. We all want to get back to normal. I want to go watch the Blue Jays play as much as anybody does. I want to go watch us win a world series. I want to see the Leafs win the Stanley Cup—all those things. I want to get back to normal, but we're in a sixth wave. Friends of mine, neighbours of mine are dying with COVID. We've got to do all we can. We can have this discussion and do whatever we have to do, but let's not forget that COVID is not done with us.

I appreciate that. I know you let me go a little long. Thanks.

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

**Mr. Gurratan Singh:** We heard a lot today from the member about the devastating impact the Ford government has had on his community, with the shutting down of the urgent care centre, with Bill 124 and more. If the member could elaborate a little bit more and talk about—

*Interjection.*

**Mr. Gurratan Singh:** Oh, this is—

**The Speaker (Hon. Ted Arnott):** It's further debate.

**Mr. Gurratan Singh:** I'll do it.

**The Speaker (Hon. Ted Arnott):** Have you spoken to the bill? Has he spoken to the bill? No? Okay; the member for Brampton East has the floor.

**Mr. Gurratan Singh:** When we talk about the piece of legislation before us, Speaker, we see that the root of it is supposed to be the pandemic and emergency preparedness. When we look at what the root of this needs to be, it needs to be ensuring that we never see the tragic situation that occurred throughout Ontario, with respect to the lack of preparedness that the Ford government had. When we talk about what's in this legislation right now and what needs to be in this legislation, we see that it is very, very lacking. Some of the things that we need to look at—let's examine them one by one.

When we talk about how do we become prepared for a pandemic again, we know one of the most important factors to be prepared is permanent paid sick days. I'll talk from experience: Let's talk about Brampton. Brampton is home to so many essential workers. Throughout the pandemic, we saw the stats: Workplaces were one of the greatest areas of spread of COVID-19. Why was that? Because people were put into this very dire circumstance, where they were forced to choose between going to work sick and paying the bills, a decision that no person should have to go through. The impact of that we saw throughout the city. Workplaces became some of the greatest areas of spread for COVID-19.

The solution is very clear: If you're sick, you should have the dignity to stay home and not spread your sickness to others, and so you can get better yourself. But what have we seen from the Conservative government? A refusal to bring in permanent paid sick days and lack of a mention of permanent paid sick days in this legislation. That is a failure.

If our goal is to ensure that Ontario is prepared, let us learn from this pandemic. Let us look at the science, the facts and the data, and that is as follows: Permanent paid sick days save lives. Giving people the opportunity to stay home when they're sick is good for their own health and for the health of the community. And no one—no one—should have to choose between going to work sick and paying the bills. Permanent paid sick days are a solution to that.

The NDP put this motion forward, this bill forward. We put forward the idea that we need permanent paid sick days, and time and again, we have seen a refusal from the Conservative government to bring in this very basic necessity. That is what's lacking in this legislation. If you want to be prepared for the pandemic or for future pandemics, bring in permanent sick days, stop voting against permanent paid sick days and ensure people have that safety and dignity.

Also, when we talk about what this pandemic has really demonstrated, it has demonstrated the weaknesses not only in our health care system, it has also demonstrated the fact that social determinants of health are huge factors in actually fighting the pandemic. We saw across the board that communities that had historically underfunded health care systems were communities that were harder hit by COVID-19. In communities that had essential workers that didn't have access to the resources and health care that they needed, we saw a greater spread of COVID-19. So if

we want to create healthy communities, if we want to ensure that Ontario is prepared for another pandemic, then we must ensure that we are addressing the social determinants of health.

What does that look like? Let's look at the different factors that are social determinants of health. We've discussed health care: We need to ensure that the communities have properly funded health care systems. We need to make sure—and I'll bring up the situation in Brampton. I'll bring it up again because Brampton, in many ways, it's so sad to say, demonstrates the impact of a pandemic on a community that has been historically left behind. Fifteen years of Liberals and four years of Conservatives created a situation in which Bramptonians were struggling during the pandemic with some of the highest positivity rates, with a hospital that was already overburdened being further overburdened. The situation has been so bad in Brampton that for the past three months we saw Peel Memorial, our only health care centre, shut. It reopened recently, but for the past three months it was closed. Why was it closed? Because of staffing shortages, because of lack of funding.

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Ultimately, if a health care institution closes, the reason for it closing lies at the feet of the Conservative government; the buck stops with the Conservative government. The Conservative government made choices, throughout this pandemic, to underfund Brampton's health care. They made choices to not bring in permanent paid sick days. They made choices to leave communities behind. They made choices to vote against building another hospital in Brampton. They made choices against fully funding the only hospital that we do have. And the impact is that people were completely devastated in our city. That's unfair. It's unjust.

I said it before and I'll say it again: Name another city in Canada that is one of the fastest-growing, that has a population of over 700,000 people, and has one hospital. Brampton is the only city that's being left behind in such a terrible way, and it's purely because of the neglect of Liberal and Conservative governments that made a decision to leave Brampton behind.

If you want to be prepared for the pandemic, then fund our health care system. If you don't want to see Brampton being put in this terrible situation, like it was for the past years during the pandemic, then give us the funding that we need and we deserve. Give us permanent paid sick days. Our essential workers, who work day and night putting food on our tables, literally keeping us alive, don't have the dignity of permanent paid sick days.

We saw outbreaks throughout factories like Amazon. We saw outbreaks throughout a variety of workplaces. We saw essential workers who are in distribution, who are in trucking, in all the areas that literally result in us receiving the goods, the food, the things that we need to live our lives—we saw outbreaks there. Why were they happening? Because workers did not have the protection that they needed. That is fundamentally what is lacking in this piece of legislation.

These are scientifically backed facts: paid sick days, investing in health care, looking at social determinants of health, ensuring that communities that are full of essential workers have easy access to hospitals and have the funding that they require. We know that throughout this pandemic. What did we see in Brampton? We were always left behind. When it came to testing, Brampton didn't get the testing that we required during the pandemic. When it came to access to the life-saving vaccine, we didn't get the rollout of the pilot project throughout pharmacies that was put into other areas. It wasn't put into Brampton, despite the fact that Brampton was one of the worst-hit areas with one of the highest positivity rates. This is the track record of the Conservative government throughout Brampton.

When we talk about building healthy communities, we look at every aspect, actually—we look at access to education, we look at access to jobs, we look at access across the board.

I will argue that building a healthy community and addressing the social determinants of health involves also ensuring that Brampton has the institution that the ninth-largest city in Canada deserves.

I will say the facts: Brampton deserves a university. But what did we see from the Conservative government? We saw the Conservative government voting and cancelling our university. We had \$90 million slated for a university in Brampton, and what did the Conservative government do? At the eleventh hour, they cancelled our university, something that our city deserves and needs.

Once again, if we're talking about social determinants of health, if we're talking about the fact that we know that COVID-19 is spreading in workplaces, when people are shoved onto public transit that's not given the funding and support it needs to ensure there's distancing or ventilation and all these factors, and you couple that with the fact that Brampton has one of the youngest populations in Canada, and you add that to the fact that students are required to commute outside of Brampton to get the education they deserve—these are all factors that result in the spread of pandemics and sicknesses. So let's look at the social determinants of health. If you want to be prepared for a pandemic, build healthy communities. What does that look like in Brampton? Providing our city of over 700,000 people, the ninth-largest city in Canada, with a university. That's what Brampton deserves. The Liberal government dragged their feet on it and the Conservative government took it from bad to worse by cancelling a university that was meant to come to our city. What a shame. What a huge injustice. What a failure of the Conservative government to invest in a growing city like Brampton. It is shameful and it is wrong.

We in the NDP have been fighting to invest in Brampton because we understand the connection between social determinants of health and fighting the pandemic, something that is lacking from this legislation. What do those determinants look like? We've said it from the beginning: The NDP has been fighting to ensure that Brampton is a city that has three hospitals with three emergency rooms. We are fighting to create a city that has

a university. We are fighting to create a city that has affordability and affordable auto insurance. Instead, on all three of those factors, the Conservative government cancelled our university; they voted no to expanding our health care system and bringing the investment in hospitals that we require; and they allowed billion-dollar car insurance companies to rip off our community. That is completely problematic and it's wrong.

Let's look at the piece of legislation again. Let's focus in on it. When we talk about how we can be prepared to fight the pandemic—I see the Speaker giving me very good direction, but I hope I'm connecting it all together because social determinants of health are something—

*Interjection.*

**Mr. Gurratan Singh:** I see I'm getting the hand right here. But this is clear. I'm not doing this for the clip; I'm doing this because it actually adds to the argument. If you want to build a healthy community, if you want to fight the pandemic, then these are things that you need to invest in. And when we look at the lack of these things, it creates a very problematic situation. It's been talked about by other members of the NDP, and I'll continue to also focus in on this point.

Bill 124 is truly a really regressive piece of legislation. It doesn't do justice to the health care heroes that we all applaud on the one hand, but on the other hand the Conservative government is bringing forth legislation that doesn't give these health care workers the wages that they, frankly, deserve.

The result of it is actually hurting the health care institutions that we have. It is hurting things like our hospitals. When we talk about the fact that Peel Memorial was shut down for three months, well, a lot of it was because of staffing shortages. Why do staffing shortages happen? We see it in the news. There's no surprise here. Nurses and health care workers are leaving in droves. Why are they leaving? Because it is not sustainable. When you are literally risking your life every single day and the impact of risking your life every single day is that you're then going home and you're still not able to properly provide for yourself or your family, what other result are these health care workers left with? If you want to keep these health care workers the solution is clear: Repeal this anti-worker, anti-health-care-worker, anti-worker-across-the-board legislation, Bill 124, so front-line workers can get the proper wages that they deserve.

Now, when we talk about the situation of how to be prepared for this pandemic, this pandemic has demonstrated something really clearly. What it has demonstrated is this: The cracks in our health care system and the inequities that are growing in our communities, all of this was really brought to the forefront during this pandemic—the gaps that existed and were created, frankly, by 15 years of Liberal neglect. Fifteen years of Liberal neglect created the dire circumstance that our province is in right now. But instead of making things better, the Conservative government has taken it from bad to worse. They've taken it from bad to worse by refusing to invest, by refusing to bring in the investment that communities need. We need not look any further than Brampton to see this terrible neglect.

That's why, since getting elected, the NDP has been clear: Fighting the pandemic isn't just fighting a disease. To fight the pandemic properly, to be prepared for the pandemic properly, is to fight poverty. It is to fight lack of funding. It is to fight inequity. It is to fight all these factors that leave communities behind.

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If the Conservative government continues on their track record of refusing to address these issues, the result is going to be that marginalized communities are once again going to be devastated in a future circumstance. I would hate that to be the legacy of any government—to think that years from now, or even sooner, we will see other members of this House stand up and once again raise these same issues. You have an opportunity now. You have an important opportunity, and you can either take it and say, "Listen, we're going to put our commitment to ideology aside and we're just going to do what's right"—this is one of those circumstances where you need to do what's right, because the result of not doing what's right is lives being lost, and we saw that already.

We saw in our long-term-care homes the countless lives that were lost. We saw the impact on communities like Brampton and other communities. I talk about Brampton a lot—of course I talk about Brampton a lot, because I represent that community—but it is something that is reflective in any other community that faces those same kinds of systemic inequities, be it Scarborough, parts of Toronto, any other area. Frankly, I should say, it seems like in Ontario as a whole there's no community that is getting the support they need at this moment, because we know that to get that support requires drastic changes in the approach this Conservative government is taking. It requires a drastic change towards saying that the inequities have gone on for too long and we need to end it, and it ends by completely re-evaluating the Conservative government's policy of cutting, of lack of investment or refusing to invest, and not looking back.

This is something I have heard from members across the aisle. They keep on referencing things from 30 or 40 years ago. I'm talking about right now. You had four years. You're at the end of your mandate, and what do you have to show for that mandate? I'll tell you, in Brampton, what you have to show: nothing. Four years later, we are still a community with one hospital that is completely overcrowded and underfunded and one health care centre that is completely overcrowded and underfunded. Brampton Civic is operating at something like over 100% capacity. Think about that. Think about the dire straits that puts the community and the health care institution through.

I'm looking to my friends here—code blue is it? Is it code blue? Heads are nodding. Code blue is when you're in the hospital—

**Mr. Wayne Gates:** Code zero.

**Mr. Gurratan Singh:** Code zero, code blue—there's a lot of different codes. But when you talk to the health care team at William Osler, at Brampton Civic, they talk about how they're completely and continually in this state of panic. It's not the fault of the front-line health care

workers. They're doing the best they can in a terrible circumstance. If we want to ensure that we are prepared for this pandemic, then we need to really drastically change our approach. The Conservative government needs to drastically change their approach to this pandemic.

I'm going to end right now by saying what we need that's not included in this legislation: To be prepared for this pandemic and future pandemics, we need permanent paid sick days so workers can stay at home when they're sick, don't spread their sickness and don't have to make that terrible decision between going to work sick or paying the bills. We need to ensure health care is funded adequately and appropriately. That means cities like Brampton don't have one hospital for 700,000 people. We need to ensure that we are addressing the social determinants of health. What does that mean? It's looking at what is lacking in a community and investing in that community and that means, for Brampton, getting a university for our community, ensuring that front-line workers have support and access to the support they need and more. We need to ensure that across the board, we are really and truly building a just and equitable society. That's what we in the NDP are committed to, and we're not going to stop fighting until it happens.

**The Speaker (Hon. Ted Arnott):** Questions to the member for Brantford—for Brampton East? The member for Brantford–Brant.

**Mr. Will Bouma:** Thank you, Speaker. I thought that's where you were going.

I just wanted to ask the member, because I appreciated his speech: We're significantly increasing the number of nurses that we're training. In fact, the RAO was very excited about it. We are making it easier for foreign-trained health professionals to come to Ontario and receive the certifications here. We are adding 295 postgraduate medical student seats and 160 undergraduate seats over the next five years. The 3,100 temporary hospital beds that we created during the pandemic are going to be made permanent.

The member stated that we have refused to act and not acted during COVID to fix health care. I would like him to explain how these actions are refusing to act or not acting in health care.

**Mr. Gurratan Singh:** You know, I often hear the Conservative government continually referring to the RAO and their report, but if you talk to nurses, they'll tell you that Bill 124 is one of the most regressive pieces of legislation. It is completely disrespecting nurses.

**Ms. Goldie Ghamari:** We have one here.

**Mr. Gurratan Singh:** You can have whoever you want as part of your caucus. It doesn't change the fact that nurses deserve better. It doesn't matter. That doesn't give you the moral authority all of a sudden to say, "Yes, you know we're right, because we have a nurse who says it's right." Front-line health care workers deserve better, and for you to suggest otherwise is so out of touch. You should know how out of touch it is, because people who have been at the forefront of this pandemic deserve better. That's what we in the NDP are fighting for.

**The Speaker (Hon. Ted Arnott):** I'll remind members again to make their comments through the Chair.

Questions?

**Mr. Michael Mantha:** It's remarkable—me being a member from northern Ontario, in Algoma–Manitowlin—how common our battles and our issues are with the member from Brampton East, when we talk about the needs of our communities in our region and our parts of this province that are so dependent on proper health care: preventive investments that could be there for primary care and how people could be kept out of our health care system, kept out of our hospitals, kept out of our emergency rooms if proper investment was done there.

This morning, I rose—actually, I rose in this House a couple of times over the last, well, several years, anyways. Again this morning, I was raising the concerns of the North Shore in regard to the lack of a retention and recruitment program in order for this government to secure doctors for northern Ontario. What I want to ask the member is, as we face those same challenges as you do in your area, what are some of those investments that would actually benefit the community members of the Brampton area?

**Mr. Gurratan Singh:** Fantastic question. I'm really proud to say that the NDP has actually truly addressed the issues that are holding Brampton back. We have seen so many opposition day motions. We've seen so many motions. Just earlier today, we had a motion about Brampton's lack of funding regarding cancer care.

But ultimately, what Brampton requires is this: A city of 700,000-plus people, the ninth-largest city in Canada, deserves to have three hospitals with three emergency rooms. We deserve to have a health care system that is fully funded and supported. We deserve to live in a city where people don't have to fear going to the hospital, or actually altogether choose not to go to the hospital at all and travel to Orangeville or Mississauga or Georgetown to go to attend a hospital. That's what Brampton deserves, and that's what we in the NDP are fighting for.

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

**Ms. Goldie Ghamari:** Mr. Speaker, I listened intently to the member's speech, and it's interesting that he brought up moral authority. Bill 106 is going to allow foreign-credentialed health workers to begin practising sooner in Ontario by reducing barriers to registering with and being recognized by health regulatory colleges. This bill would also require regulatory colleges to certify potential applicants in a timely manner so that internationally trained health care workers can start work as soon as possible.

Does the member opposite have foreign-credentialed health care workers in his constituency who would value these supports, or does the member think that he has the moral authority to decide how foreign-trained health care workers should be treated?

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**Mr. Gurratan Singh:** The issue of foreign credentials is something the NDP has been fighting for since its inception. We've been talking about—

*Interjections.*

**Mr. Gurratan Singh:** A hundred per cent. Doly Begum's Bill 98 is something that addresses foreign credentials, but guess what? It also doesn't hamstring health care workers with a regressive piece of legislation like Bill 124. That's the problem with the Conservative government: They'll put forth one aspect of the legislation and they'll dangle that in front of you, but all of a sudden, they want us to forget the fact that they're freezing the wages of front-line health care workers, that they are refusing to pay them what they deserve.

Those are the factors that we are fighting against. That's what we find reprehensible as the NDP, and we will continue to fight to make sure foreign-trained individuals are recognized. That's a part of our DNA as a party. We're also going to continue to fight regressive, anti-worker bills like Bill 124 that hold nurses back.

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

**Ms. Peggy Sattler:** I think that there are very few MPPs in this place who understand the link between paid sick days and preparing for a public health emergency more than the member for Brampton East. I really want to congratulate him for making that point in his speech. I hope the members across the way were listening, because there truly is a link between not enabling workers to stay home if they are sick and spreading a virus that is highly contagious in workplaces like the ones in the community that this member represents.

I wanted to ask the member to once again elaborate on why paid sick days should be such an important part of any pandemic and emergency preparedness plan.

**Mr. Gurratan Singh:** I also want to recognize the member for putting forth legislation to actually address this. The Stay Home If You Are Sick Act is something that the member put forward, and that's exactly what we're fighting for. We are saying that—and not just we; this is what the science says. If someone is sick, going to work is going to hurt themselves, their community and their families, and we saw how badly that actually came to effect in Brampton. Workplaces were one of the largest areas of the spread of COVID-19 throughout the pandemic in Brampton, and it's something that could have been prevented if people had had access to the support they needed when they were sick, like permanent paid sick days.

That's what we, in the NDP, are fighting for. That's the respect and dignity that workers deserve to have in Ontario, and that's what the NDP is committed to making sure happens in our province.

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

**Ms. Natalia Kusendova:** I'd like to take this opportunity to bring some awareness to the member opposite, in case he's not aware of all the actions that our government has done so far. For example, we have built 3,100 new acute care medical beds, including 87 new beds at William Osler, and over the next five years, we will build another 3,000 acute care medical beds, including 250 beds in Brampton. We're also building new medical schools,

including Ryerson medical school, again in Brampton. Furthermore, we are investing \$763 million as a retention incentive bonus for our hard-working nurses, which will translate into about \$5,000 per person, including—guess where? For our hard-working nurses at Brampton Civic Hospital.

In contrast, the member opposite has voted no against many of our government's initiatives. My question to the member opposite is: Will he and his party finally get on board and say yes to the health care investments in Ontario, including in his city of Brampton?

**Mr. Gurratan Singh:** Once again, I hear comments like this and it just demonstrates to me how disconnected the Conservative government is from communities like Brampton.

*Interjections.*

**Mr. Gurratan Singh:** They're saying "Oh." Well, look at the facts. The Peel urgent care centre was shut for the past three months. Where was your funding then? Where was your funding when the ninth-largest city in Canada, a city of 700,000-plus people, had their only urgent care centre shut? It shut down for three months, an urgent care centre that was already acting at over 500% capacity.

You can once again demonstrate your disconnectedness from the on-the-ground reality. Go to Brampton and say, "Hey, you know what? Your health care system is fully funded," as people are in fear to go to their hospital, as people are waiting for hours. That's the reality of Brampton. That's how people are living day to day.

The facts are that Peel Memorial was shut down because of a lack of funding, a lack of access to resources, a lack of staffing, and that lays at the feet of the Conservative government.

**The Speaker (Hon. Ted Arnott):** Once again, I'll remind the members that we're debating Bill 106, An Act to enact two Acts and amend various other Acts, and it includes schedules such as Emergency Management and Civil Protection Act; Ministry of Agriculture, Food and Rural Affairs Act; Ontario Food Terminal Act. All the members have the bill. Let's try to speak to the bill to the greatest extent possible, and let's all recognize our responsibility to be here tonight and to participate in debate in a civilized manner.

*Further debate?*

**Ms. Sara Singh:** Thank you, Speaker. It's always an honour to rise here in the House and contribute to the debate. I want to thank everyone who has spoken to Bill 106, the Pandemic Emergency Preparedness Act, which, as you clearly outlined, covers a number of different schedules that should help the government be better prepared the next time around that we may face a pandemic here in the province of Ontario.

It's no surprise to anyone in this House that after the SARS commission there were a number of recommendations made to the government of the day that they failed to implement. Much of what we saw throughout the pandemic was because systems were not invested in, systems were not shored up, and the recommendations made by the Auditor General and the SARS commission were not implemented.

Speaker, one would think that the government of the day, then, would heed the warnings and do better this time around. Unfortunately, what we see with this bill and the actions of the Conservative government is that they didn't do better. In fact, in many circumstances, they made situations much worse.

I serve as a critic for long-term care, home care and seniors here in the province of Ontario. I think in any sector we can point to that was devastated by this pandemic—we can look to our long-term-care homes, where over 4,000 seniors and staff lost their lives because the government didn't take action quickly enough. I also serve as a member on the emergency management oversight committee, where we brought these concerns forward to the government time after time. We asked them to do better, to act quicker, to address what was happening in our province. They chose to dither and delay.

So I was hopeful, when I saw this bill, that it would address things like the staffing crisis in health care and that it would finally provide PSWs across the province of Ontario with the much-needed pay increases they deserve, but this bill really doesn't do any of that.

In fact, PSWs and health care workers are still demanding that this government repeal Bill 124, for example, and that they provide a meaningful wage increase to those front-line workers for all of the work that they have done since this pandemic began. I know that government members may disagree with us here, but we know that those workers deserve more, deserve better. They deserve to be paid a wage that allows them to support their families, so that they don't have to piece together two or three precarious contracts in order to make ends meet. That is currently the reality for many of those front-line workers like our PSWs or DSWs.

I'm really hopeful that the government will listen to the criticisms we're raising here today and think about the work that actually needs to be done to help those PSWs be paid fairly.

As my colleague from Brampton East very clearly articulated, in Brampton, during the pandemic, we were the epicentre, I would say, of what was happening. In our community, in certain postal codes, we had positivity rates of 20% and higher. Workplace transmission was rampant. When the government had the opportunity to implement measures in a timely manner, like paid sick days, for example, increased testing, provide equitable vaccine distribution throughout the pandemic, none of those measures were done in a timely and expeditious manner.

#### 2020

That meant residents in Brampton, and across Peel region, frankly, waited longer in order to access vaccines; they did not have access to important public health measures like paid sick days that would have allowed them to stay home and not have to make a difficult choice between putting food on the table or getting a paycheque. But because the government didn't act quickly and didn't have the foresight, frankly, to implement these policy measures in a timely way, people paid the price. I would say people paid the price with their lives, Speaker, because we lost many families to COVID-19 because, for example,

workers didn't have access to paid sick days and got sick when they went in to work in manufacturing or warehouses, which helped keep supply chains operating uninterrupted across the province of Ontario. Goods could be transported, moved out of our manufacturing and logistics hubs across the province. Those workers should have been protected. They should have been taken care of by this government, something that we brought up time and time again in committee, during the emergency management oversight hearings.

I find it very disappointing that the government, a year later, is putting forward a bill that doesn't meaningfully help us prepare for the next pandemic. The real investments that need to be made into our health care system are, frankly, not being made. In Brampton, for example, the government has announced the expansion of Peel Memorial. As my colleague from Brampton East has shared, for much of the pandemic our urgent care centre remained closed. That meant that the people of Brampton had only one hospital, which routinely, since 2017, has been at or over capacity. We're talking about a city with nearly 700,000 people having access to only one hospital, which at one point had to declare a code orange because they did not have the staff to be able to service the community. People were transported out of Brampton into neighbouring cities in order to get health care. That should not be happening.

Speaker, where are the investments into Brampton's health care system so that we can truly build the capacity we need? Two hundred and fifty beds when we need 850 at minimum to keep up with the growth is a drop in the bucket. It doesn't help us prepare for the next time, and every expert has made it clear. One of the most important lessons out of this pandemic is to understand that systems are broken, and to work towards fixing them, but that requires real investments.

As I shared earlier in my motion, we have a serious situation upon us, with increased numbers of cancer cases. Hospitals are already overwhelmed. There just isn't the capacity, and as doctor after doctor has indicated, we need to build health care capacity in order to ensure that the next time something like this happens, people aren't scrambling to figure out how they're going to secure an ICU bed, whether we're going to have enough ventilators. These are real concerns that the government of the day should be addressing but, unfortunately, is not. What we saw was systems failing and the government not stepping up to do better.

I know that my time is going to be limited and that I can speak at length sometimes on local issues, but I want to talk a little bit about our PSWs. I think many of them saw this bill and they were hopeful that they were going to be getting a permanent pay increase, but that hasn't been the case. I want to share some of the stories of those hard-working PSWs, Speaker, who are, as this one headline says, "burned out, stressed and underpaid." They deserve better.

As the report from the Ontario Health Coalition indicates, most long-term-care homes during the pandemic were short-staffed on every shift, and that was

contributing to poor working conditions. Many new graduates are not prepared for the realistic situation of the workload and the level of care they are being asked to provide, because it's simply not reasonable.

Dot Klein, the co-chair of the Sudbury chapter of the Ontario Health Coalition, has said, "We've been band-aiding for many years and now it's got to the point that we can no longer band-aid and hope that it will get better."

That's the reality, that the previous government thought they didn't need to build beds. I'll show you some of the lowest numbers in the history of this province under the Liberal government. Hospitals were closed. But as I said, it's not as though this current government made things better, and that is what is contributing to the health care staffing crisis that we have. Health care workers don't have confidence that this government is going to support them. Many of them are leaving the sector in droves because they may get better pay, benefits, full-time work somewhere else. New graduates are sharing this with us.

I spoke to a young PSW last weekend while I was canvassing out in my riding of Brampton Centre. She shared that she's actually being asked to work for free in many instances. She has to commute all the way over to the east end of Toronto, where her placement is, and she has to do that at a cost to herself. Despite this government's claims that they are supporting those students, no one has received that \$5,000. She's still on the hook for tuition in her program. So I'm really curious about who this government is actually helping, because when I speak to front-line workers like our PSWs, they haven't received all of the shiny things that the government has promised them.

I know that our colleagues on this side of the House have tabled bills and motions calling on this government to make the investments necessary. For example—I'm just trying to find the bill here—Bill 266, An Act respecting minimum pay for support workers. Our colleague from Sudbury has tabled this bill. This is a great bill. This would actually help workers in long-term care, in home care and in community care settings get the pay they deserve. That's what we should be fighting for, not leaving them behind.

A PSW wrote into my office, Jennifer Dawe, and I want to thank her. She is a PSW who is immunocompromised and stopped taking her immuno-suppressing medications in order to get to work, but then she had a flare-up. She's not eligible for ODSP. I'm just going to paraphrase here: "I work as a PSW ECE, mostly in homes with disabled adults and children. About three months into the start of COVID, I had to make some hard choices as we learned more about COVID. I am immunocompromised, as I have rheumatoid arthritis. This condition is controlled by immune-suppressing medications"—two of them, actually. She left her job at the direction of multiple doctors and went on unemployment. She wasn't able to get any benefits.

"With nowhere to turn for financial help, I did something no one should ever have to do"—she stopped taking her medications to try to get back to work because

she was afraid she was going to get fired. "My doctors wanted me to wait to go back until I got a booster," but she couldn't wait to pay the bills. After all of her losses, they've been in the red for two years now. Since she has had to go back to work, they haven't been able to keep up with the bills and all that's been going on.

She has reached out for help to receive supportive housing, but as I'm sure you're well aware, Speaker, in the Peel region we have some of the longest wait-lists for social housing and supportive housing in the province, some people waiting nearly 14 years in order to be able to access subsidized housing, another system that is clearly broken in the province of Ontario.

Here is Elle Palmateer. She is a student, waiting on 236 hours of pandemic pay from the summer in November.

### 2030

"Hi, I'm a student who worked all summer as a PSW, but have only received around half of the pandemic pay accrued while working at home instead of out of the Mississauga location. I'm told that the government is insanely behind in paying out pandemic pay, so I'm waiting on 236 hours. Perhaps you could get an idea of when I might receive that \$700 that I worked for in the summer."

A question, I suppose, for the government; maybe they'll have an answer for Elle on when she'll get that money she was promised.

In Hamilton, we know that local PSWs are exhausted from long hours and low pay and they are burned out, and I'll quote from the article from the CBC:

"PSWs are burned out from intense physical work in understaffed units—a problem that started well before the pandemic, but has been exacerbated by its demands, say two local PSWs....

"There's been neglect in this system for decades and it is progressively getting worse" ... noting 13 PSWs have died in Ontario during the pandemic. 'Who wants to work in a position where you can't win?'"

It's not just in our long-term care homes but in hospitals. PSWs who work in those hospitals are also facing burnout.

"Jen Cuthbert, a PSW at Brantford General Hospital, said her colleagues in the hospital system are feeling the stress of low staffing levels.

"Burnout is huge," she said. "We already started out [before COVID] with a shortage of staff....

"You're starting with the bare minimum, and as soon as you have a sick call, you're bailing water," she said, noting at night on her floor" where she works "there's only one PSW on shift for 25 rehab patients."

This is Ontario, and this is what's happening in our hospitals. This isn't just in my community of Brampton; it's Sudbury, London, Hamilton—the list goes on and on.

When the government has an opportunity to take care of these workers, to make sure they're paid fairly, to address the understaffing crisis, why is the government not doing better for these workers?

**The Speaker (Hon. Ted Arnott):** Please stop the clock.

I apologize to the member for having to interrupt her, but pursuant to standing order 50(c), I am now required to interrupt the proceedings and announce that there have been six and a half hours of debate on the motion for second reading of this bill. This debate will, therefore, be deemed adjourned unless the government House leader directs debate to continue.

The member for Aurora–Oak Ridges–Richmond Hill.

**Mr. Michael Parsa:** Thank you very much. Please continue.

**The Speaker (Hon. Ted Arnott):** Please restart the clock. The member for Brampton Centre has the floor.

**Ms. Sara Singh:** Thank you, Speaker. I guess things are a little different at night, so thank you.

*Interjection.*

**Ms. Sara Singh:** I appreciate that. Thank you very much for the opportunity.

Speaker, I'll just continue because, as I was saying, it's across the province that we know there is a staffing crisis in health care, and we really do need this government to do better. Part of the problem is because Bill 124 is capping many of those front-line health care workers' wages and contributing to a lack of morale, a lot of concern and just exacerbating a really difficult situation for many of those workers.

As Dr. Vivian Stamatopoulos, who's a staunch long-term-care advocate, has also indicated many, many times, even in committee hearings, due to chronic understaffing, long-term care residents in Ontario only get an average of 2.5 hours of help per day, while experts in the field recommend between five and seven hours. While the government has promised to implement a four-hour daily care standard over several years, she feels, as do many others, that the government needs to do more right away and force homes to hire more people.

We know that in Ontario more than half of long-term-care homes are operated by for-profit providers, some of whom had record-breaking profits throughout this pandemic. Their shareholders benefited more than the vulnerable seniors and staff in those homes. I don't think that should be acceptable. New Democrats don't believe that is acceptable. That's why we continue to fight for a fully publicly funded and publicly delivered long-term-care system. We understand that we need to get profit out of care and that every single public tax dollar should go into providing care, not into the pockets of shareholders.

Speaker, I see that I have just under a minute left on the clock, so I will wrap up my thoughts on this bill, and I know that there will be some questions from the members opposite.

As a critic for long-term care, home care and seniors' care in the province of Ontario, I have heard the horror stories, and I am working with families and PSWs and front-line health care workers to make the system better. I know that this bill was supposed to help provide some sense of security to workers like our PSWs and our DSWs. Unfortunately, a harmful bill like Bill 124 is still on the table. This government can do better. The government can repeal Bill 124.

I urge this government to help provide the pay increases that PSWs need, help address the staffing crisis in long-term care and health care, and help us prepare this province, if we are to ever face another pandemic, to be ready and not be afraid of what's to come.

**The Speaker (Hon. Ted Arnott):** Thank you to the member for Brampton Centre.

We'll now have questions to the member.

**Ms. Natalia Kusendova:** The member opposite and I once participated on The Agenda with Steve Paikin. Steve Paikin asked her by how much she would, as deputy leader of the opposition, increase the health care budget, and I remember her throwing out the number—that she would double it. I thought at that moment that it was an extremely irresponsible thing to say, as the deputy leader of the opposition. The health care budget in Ontario represents close to 50% of the entire province's budget, so if we were to double the health care spending, we would not be able to provide any other governmental services.

The opposition likes to throw out precarious numbers. For example, they were calling for a \$15 minimum wage. Once the government announced the \$15 minimum wage, well, lo and behold, they started asking for a \$20 minimum wage.

My question to the member opposite is, what number will she precariously throw out there today? This government is making the temporary wage increase for PSWs permanent. So what number are you suggesting that we should increase for our PSWs—because we are doing that.

**Ms. Sara Singh:** It's always a pleasure to get questions from the member from Mississauga Centre.

I also remember doing that panel, as well as other health care advocacy work, with the member. During those conversations, she also very clearly said that what they wanted to do was actually restructure the health care system, which meant that people in our community were being forced to go to Toronto, to go to Etobicoke General to receive things like dialysis care. The member opposite said that it was okay for a vulnerable senior to take three buses. He very clearly outlined that he would have to take three buses in order to get to his dialysis treatment.

I would like to ask the member across, how much does she think we need to cut out of the health care system in order to achieve the goals that she has?

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

**Mr. Taras Natyshak:** I'm so proud to be a part of a caucus with a member like the member from Brampton Centre. She is an incredible champion for her community, and she certainly adds a tremendous amount to our caucus.

Speaker, my question to her is in regard to Bill 124. I did a virtual town hall with 200 third-year nursing students. They are being recruited from the United States, in Detroit—as you know, Windsor is just a hop, skip. How detrimental do you think Bill 124 is to the recruitment and retention process of nurses, our front-line care workers we so desperately need in Ontario?

**Ms. Sara Singh:** Thank you to the member from Essex for the important question. I think it really underscores the current challenge that we have here in the province of

Ontario. It's not just about recruiting health care workers; it's actually about retaining them. That's something that this government doesn't seem to fully understand is an important part of the policy equation here.

**2040**

When I speak to PSW students, they have shared with us that they are going out of province in order to find job security and stability. That shouldn't be the case. We should be investing in attracting world-class, leading talent, not scaring them away. With what Bill 124 does, currently people and health care workers don't feel that they will be supported when they come to this province. That's why we're encouraging the government to do the right thing, repeal Bill 124 and help provide the support that the people in this province deserve.

**The Speaker (Hon. Ted Arnott):** The member for Mississauga—Erin Mills.

**Mr. Sheref Sabawy:** I really enjoyed the presentation from the member across, but this is what puzzles me: We are discussing Bill 106, and you guys start discussing all kinds of other agendas, with other items like Bill 124, the spending on the PSWs—anything else but this bill. Can I ask the question, what about that bill? Do you support that bill or not? This is just a simple question.

**Ms. Sara Singh:** Thank you to the member from Mississauga—Erin Mills for asking a question. I appreciate that. I think it's really important—and I hope you were listening to the majority of my speech, in which I actually did address elements of this bill. I spoke at length about emergency preparedness and the lack of that here in the province of Ontario. As a member of the emergency management oversight committee, I sat in at those hearings and I presented, along with my caucus members, several concerns and options in terms of how we could move forward here in the province of Ontario. Those were ignored.

What I said in many of my comments here today is that this bill really falls short of the work that needs to happen, that should have happened and that could happen here in the province of Ontario. So I did speak to the bill, and I'm happy to continue that, addressing questions.

**The Speaker (Hon. Ted Arnott):** Next, we have the member for Brampton East.

**Mr. Gurratan Singh:** I was thinking about the fact that when we, as elected officials, enter the Legislative Assembly, we're asked six questions regarding our health. If we answer no to any of them, we are literally forced to take a paid sick day. We're literally prevented from entering into this House. But another fact, another side: The Conservative government refuses to bring in permanent paid sick days so workers across the province have access to the same luxury, the same privilege, the same dignity to stay at home when they're sick.

My question to the member from Brampton Centre is, why do you think there is so much apprehension from the Conservative government to give workers the very basic and dignified right to permanent paid sick days, to stay home when they're sick and not have to choose between going to work sick and paying the bills?

**Ms. Sara Singh:** Thank you to my colleague from Brampton East. I think it's a very important question that actually does tie into this bill very well.

When we think of emergency preparedness and we think of the important public health policies that are required to protect the public, a measure like paid sick days could have helped reduce the spread of COVID-19 in workplaces across the Peel region, could have helped save lives in Brampton and across the communities that were hard impacted. I think of Scarborough; I think of North York, for example. It's really unfortunate that the government wanted to pinch pennies rather than save lives.

I can't justify slow, delayed measures that were implemented. When workers needed a minimum of 10 paid sick days, this government only provided them with three. When we talk about being prepared for another pandemic, it means investing in these important public health measures so that the next time a pandemic comes around, workers aren't being forced to choose between going into work sick or paying their bills. We can save lives. We can be better prepared. Things like paid sick days will help us do that.

**The Speaker (Hon. Ted Arnott):** The member for Aurora—Oak Ridges—Richmond Hill.

**Mr. Michael Parsa:** I thank my colleague for the presentation. Through this bill, we're continuing our work to fix the colossal mistakes and errors by the previous government. They neglected the health care system here in Ontario for many, many years. When we took power, Mr. Speaker—she was talking about door-knocking and canvassing; I'm sure, like me, she heard the same things about the previous government's work. It took this Premier to correct the previous government's error after error. That's investing so that we can have more nurses in the province, we can have more PSWs.

It was this Premier who said, "We're going to stop those days." But unfortunately, with every policy and every bill that we put forward to correct the colossal failure of the previous government, what does the NDP do? They vote against it. They talk about having more health care; we are the ones who are providing it. The NDP continuously votes against it.

So I am asking my honourable colleague: Through this bill, you can clearly see there will be a lot of opportunities here for us to be able to correct the colossal failure of the previous government. I hope that now you and your party will support it. Will you?

**Ms. Sara Singh:** Thank you to the member from Oakville—

*Interjection.*

**Ms. Sara Singh:** Okay. We'll just go with Oakville. Thanks.

You know, we actually get along pretty well across the aisle. But I appreciate the question, and I think we can certainly agree that the previous Liberal government created much of the problems that we faced in the pandemic. But as I said, I think that the actions of the government of the day were slow. They were reactive. They were not proactive, and there's nothing in this bill

that signals to me that things will be done differently the next time around.

I think that that's a challenge that this government should be rising to, not running away from. So I want to encourage the government to do better, as I always do, and to actually make the investments in shoring up our health care system, protecting vulnerable seniors in long-term care, investing in home care supports and making sure that hard-working front-line health care workers are paid the fair wages that they deserve.

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

**Mr. Michael Mantha:** Here we are in the late hours of the day. It's always a privilege to stand in my place on behalf of the good people of Algoma-Manitoulin. With your indulgence, Speaker, I think it's important that I explain to you and the people of Algoma-Manitoulin what exactly we're doing here this evening, as we've had a new bill that has been proposed by this government, new legislation that has been proposed by the government yesterday afternoon, and we are now debating late. We started this afternoon, and now we're into the late evening, with the expectation that this government wants to see this legislation go through as quickly as possible this evening, possibly to a vote tomorrow.

It's hard to prepare yourself, but I want to give a shout-out to my entire caucus, who have taken the time through the entire day to try to bring some of the issues and concerns that are in this bill. This government often is putting questions to us: "Well, are you going to be supporting this bill or not?" You will see the result of that tomorrow. However, for us to be effective in our role, we need to raise issues. We need to put concerns with this bill to this government, so that eventually you'll take some of those concerns back and hopefully it will be reflected in this legislation.

Some of what I want to talk about myself today is going to be—a lot of it is going to be on schedule 5, and that is the Personal Protective Equipment Supply and Production Act. I will be using a lot of my time to specifically talk about that particular piece of the legislation, but for the people back home, I do want to go through the schedules of this.

Schedule 1 requires new reporting requirements on emergency preparedness. This is to be done through the chief of emergency management Ontario annually. Schedule 2 requires the minister to report on the safety and stability of the Ontario food supply. Schedule 3 requires the board to develop and maintain a contingency plan to allow operations to continue during an emergency. Schedule 4 amends the Personal Health Information Protection Act. I've already said what schedule 5 was, which was to create a new Personal Protective Equipment Supply and Production Act. Schedule 6 amends the Regulated Health Professions Act, 1991, to require health professionals' regulatory colleges to comply with regulations. Schedule 7 enacts the Supporting Retention in Public Services Act.

**2050**

So when you look at this bill at face value, from what I see, there is no poison pill in this one. I want to explain

that term to the people back home. It's that, and I will agree with this government, the previous government, which was the Liberal government, was notorious for bringing in many pieces of legislation that would wedge—they were referred to as wedge issues. There would be five or six good things inside of a bill but then, all of a sudden, there was this poison pill, this one piece in there that wasn't good.

I bring that point up because, as I said, at face value it doesn't seem like there's a poison pill in this one, but on many other occasions when we hear the government members say—and they actually chanted that we voted or we're not supportive of housing, that we're not supportive of and we voted against broadband measures, that we didn't support certain investments that were made by the government. The reason why I say that is because those particular measures were contained within legislation which is referred to as an omnibus bill, and the government hid a poison pill in there purposely because they knew we couldn't support that particular initiative.

So when you hear a lot of the chants that are coming from the government, saying, "Oh, my goodness, the NDP didn't support this and didn't support that," I think it would be good for us to have a discussion, when I am back in the riding doing constituency clinics, so I can explain to you exactly what we have supported. And of course, I've always said, when I've stood in this place—I'm always supportive of broadband measures in northern Ontario. I'm always supportive of housing. I'm always supportive of trying to help investments coming into our riding. I wanted to take a couple of minutes just to clear that air.

Now, having said that, we have gone through an entire pandemic. I do want to take some time to talk about schedule 5, which is the Personal Protective Equipment Supply and Production Act. When the pandemic hit us, we found out very quickly that our supplies in our inventory that we had were not adequate, or it was expired. Right? So we put a challenge out to Ontario. Team Ontario was put forward, and the task and the call was put out there to the public. What we asked was, "Whoever needs to retool, whoever needs to re-diversify, whoever needs to have some investments done into their companies in order to address the needs of the PPE that was needed, please do it. Be inventive; stand out. And the government will help you."

Having said that, there's a group of doctors that got together and they got a hold of an individual. His name is Jimmy Emms. He's the CEO of Dent-X. What does Dent-X do? Dent-X manufactures surgical masks and N95 masks. They had secured a conglomerate of doctors who were looking at investing and opening up five plants here in Ontario. What happened is that two plants went ahead and got built and are producing surgical masks and are also producing N95 masks. They are being produced—the main company is in Vaughan, just a stone's throw away from the 401, and the other two companies are actually in my riding, Speaker.

One of them, the president of it is Matthew Owl, and he is with First Nations Procurement Inc., which is a branch of Dent-X Canada. The first plant was opened up in

Wiikwemkoong First Nation. I was there with some of the—actually, the cabinet ministers who were there along with myself. He was there for a further announcement on mental health, which was great, but we had the opportunity to be there for the official opening of that plant in Wiikwemkoong. Fifty employees were hired—two shifts—and they were producing, when they started it, anywhere between 80,000 to 100,000 masks per day, which is a feat in itself.

About two months ago, Sagamok First Nation opened up their plant, creating 45 more jobs. They are producing both surgical masks and also FN95 masks. They're also looking at hiring an additional 25 to 30 more employees because they're going to be adding a recycling component of the masks. That's great. That's awesome news.

They did this because, as I said, there were some doctors who initially wanted to invest to open up eight plants. But that changed very quickly. And they never asked for a penny from the government either. They did this on their own money, investing over \$20 million in getting their plants up and running, and they wanted to invest more. But what happened is, the government provided an American-based company with \$25 million provincially and \$25 million federally to build their plant—which was going to compete where we had plants already here in Ontario—and buy all of their masks from the one plant.

That doesn't sit well with Indigenous communities—particularly when we're talking about reconciliation in this province—true reconciliation—where we know within Indigenous communities it's very hard to be part of that economic engine that we need in this province. They did it on their own without any help from this government. And here's the one ask: "Can you buy masks from us?" Speaker, not one single mask has been purchased out of these two Indigenous communities—not one.

Now, I've brought this up to many of the ministers who are involved. I even brought it up to the Premier. The Premier and I had a good conversation, I would say, about a month and a half ago. I approached him again this morning and I was actually surprised because he remembered the conversation and he was quite versed on what the issue is. He had actually followed up and agreed, I think, with me in principle: Why are we not purchasing these masks? He assured me he would be looking into it. I take him at his word. I believe that he is going to be looking into it and I hope to get a positive response, that the province will actually look at why we are not looking at purchasing our masks.

I raise that because, as it turns out today, we were scrambling a little bit on this side of the House, which is something that we're getting very good at. And I got a chance to go down to—

**Mr. Taras Natyshak:** Public accounts.

**Mr. Michael Mantha:** Public accounts, thank you, yes. I got a chance to go down to public accounts. As it turns out at public accounts this morning, this is what they were talking about: the COVID-19 personal protective equipment supply. I got a chance to ask questions. In the main

points of this particular audit was PPE monitoring and inventory management, PPE procurement processes and data collection, the vulnerability to disruption of PPE supplies, transparency, training and supplying of health care workers with PPE.

So I thought that I would do what any MPP would do advocating for his constituents: Go out and ask questions on behalf of my constituents that I represent. Anyway, I put the question to the panel that was there and I asked them, "Can you provide me the name or location of businesses that are producing masks here in Ontario?"

They provided me with four. There's PRIMED, which is in Cambridge; Brockville, which is the 3M; Canada Masq, which is in Richmond Hill; and Viva, in Scarborough.

My second question to them was, "How many of them produce N95 masks?" There was only one. I said, "Oh yes, which one?" They said it was in Brockville, over at 3M.

I said, "Okay. Is that company a Canadian producing company or here in Ontario?" Their answer was, "Well, they are manufacturing here." I said, "Isn't the company based out of the US?" I think they answered the question yes, but it wasn't quite clear, so I helped them. I gave them information. And the information that I gave them was about the businesses that are here in Ontario—in Ontario; in our own backyard—that are producing these masks.

I explained to them the frustration that the CEO, Jimmy Emms, is having, or Matthew Owl: "We've invested all of this money and time into diversifying and bringing the PPE equipment that this province needs. We can do it, but we need to know why we're not being told yes or no, because we can't seem to get a return call from anybody." Hence me approaching the Premier and asking him, "Help me," because they're not getting any answers.

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It's one thing, getting a no. With a no, it's usually followed as to a why. If you're producing and you're not competitive, or your product is not meeting the standards of the province or the standards of the industry or what front-line workers want or what is needed, that's one thing, and it would be great, getting that as an answer. But when you're not getting any answers, when you're not even getting a return phone call, when they're left wondering, "Okay, is it our price? Because if we're not competitive, then we may need to change our process so we can become competitive. How do we do that?"—well, they don't even know that. Why? Because they're not getting a return call. So they're very frustrated, because they're caught in this roller coaster that doesn't seem to end, and they're the ones that made this huge investment. They're now at over 240 employees and they still can't get a return call or any type of indication from this government.

I brought it at committee this morning. I've asked the Premier, and I hope the Premier, at his word, does what he indicated to me this morning. Actually, he gave me the first glimpse of hope for these companies and these Indigenous communities that they won't have to go down the path of actually making a decision of, "Okay, well, we can't get the contracts. We can't get the procurement that

we need. We can't even get the province to buy one of our products. We're going to have to start talking about laying off some people." That's tough. That's tough for two communities that have now developed an economy in their community, have now produced a product that they are proud of. I've brought those masks to each and every one of you in this House. Speaker, I gave you some. I gave some to the Clerks. I gave some to the pages. I gave some to the security guards. I gave some to Hansard. Everybody got a mask in this House.

It's funny—and I'll go a little bit more. I'm no doctor. I'm no doctor, that's for sure. I'll be clear about this. Dennis Barbeiro, I know I'm going to have a coffee with you in Chapleau, but I'm no trucker either, and you and I agree on a variety of things, but that neither one of us is capable of making health care decisions. But there's one thing that we have learned through this entire process: The surgical masks that we have, the three-ply masks, are nowhere as effective as the N95 masks are, and those N95 masks are available to us, readily available. I have a price here that the province can actually look at. I have a name and a contact. They can actually provide those masks at a very, very competitive price. I would encourage you to actually reach out and have a discussion with them.

We had students who stepped out of their classes a couple of weeks ago because of the mask restrictions that had been removed by this government. They were quite concerned. Here's what was brought to my attention: Dent-X had several contracts with dental offices. All of those dental offices were provided with N95 masks free of charge by this government. Good; that's good. But our students went to school, and the same token was not provided to the students who were going back to school, who really needed those masks. And those masks, again, are available to us in our backyard.

I want to just end off by reading something in the little bit of time that I have left. This is from Matthew. He has provided this to me, and I want to put it on the record:

"As president of First Nations Procurement Inc., I find it completely unfair and unjust that the Conservative government would purchase 79 million N95" masks "and 200 million three-ply disposable face masks for the next five years and did not procure a single mask from FNPI/Dent-X Canada. The government's decision not to purchase from our operation will impede our ability to generate revenue, as well as impact jobs for northeastern Ontario.

"It's unfair that the process and protocols do not recognize the contribution our three operations in Wiikwemkoong Unceded Territory, Sagamok Anishnawbek First Nation and Vaughan, Ontario, have made in keeping all Canadians safe.

"For the next five years our competitors will have contracts have been awarded by the Conservative government without a tender process. What does that say about this government's commitment to Indigenous reconciliation?" Not very much.

"The government called upon the manufacturing sector to retool to make PPE and FNPI and Dent-X Canada answered that call.

"Over \$40 million was invested into these facilities from our head office in Vaughan.

"We did not seek government funding ... 3M did and was supported by this"—to the tune of \$25 million provincially and \$25 million federally.

"We did not request any funding from the government.

"We remain one of the largest manufacturers of PPE in Canada."

This shouldn't be a fight. This should be something that we say yes, let's get a partnership because Dent-X recognized the opportunities to create partnerships with those Indigenous communities, and there was more that could have been done; plenty more that could have been done.

So I look at this government—this is not a fight we should be having. This is something that we should be proud of and holding up as a trophy that we've done this. We've got this. Let's promote it. Anyways, I look upon this government, and I really look upon the Premier. I'm going to take him at face value again as far as the conversation that we had this morning. Premier, do your job. I will continue to do mine as an opposition member.

**The Speaker (Hon. Ted Arnott):** Questions?

**Mr. Sheref Sabawy:** I enjoyed the presentation from the member from Algoma–Manitoulin. Again, like you, I think you said about five times that the company Dent-X, or whatever the name is, didn't ask for anything from the government, and you compared that to some funding from the government for other competitors, either federal or provincial. You know as a member that there are ways of applying for funding to get the funding. If they didn't ask the government for funding, I don't know why you are blaming the government for that. If they applied, they might get the money. We don't know that.

But they didn't ask, and you are blaming the government for that. I don't think that's fair because, as we know, many organizations keep complaining that they don't get the grants for this or that, and then you ask them, "Did you apply?" "No, the government should give us." This is not the right way of doing it, because that spreads a feeling that the government is picky about that. That's number one.

Number two: There are many cases of companies who filed on the Ontario Together site—thousands of ideas. My question for you—again, let's go back to Bill 106. I think it's a good idea to talk about how Bill 106 will help the government to accelerate the response which the member from Brampton Centre complained about.

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Don't worry. I'll give the member for Algoma–Manitoulin ample time to reply.

**Mr. Michael Mantha:** I hope I have as much time to respond as he had to ask that question. I'm good with that.

I want to thank the member from Mississauga–Erin Mills. I'm sorry, but I never made those accusations against government. You didn't listen to what I said. What I said was that the government never responded or actually informed this company—even responding to their offers.

Did they apply? Damn right, they did. That's the problem. They applied. They were put in contact with Mohawk Medbuy. They were told that there is a process. They were asked to provide information. They provided that information, and it was like the government was MIA. There was no response. That was the frustration, and if that did not come across in my comments, I hope they're coming on right now. It wasn't a matter—they never asked for a penny from this government. They invested their own money into this. They didn't ask for the \$25 million that 3M got. They had their own, and they still have the opportunity to invest some of this money.

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I guess all I wanted to say, and I hope it came across, is that they wanted a response and they're still waiting for a response. What is it that they need to do? Is it their price that is too high? Tell me. They'll make an adjustment. Is it the quality that it's not meeting, which it has? Tell them. There's silence from their government, and hence my approaching the minister, various cabinet ministers and the MPP from the area. Help me. You guys are on that side. Help me get this message across so they can get a return call.

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

**Ms. Sara Singh:** Thank you to the member from Algoma-Manitoulin for his presentation. He's a fierce advocate for his community, a rural, remote community with many First Nations people also calling the riding home. I think that the member is highlighting a serious concern with respect to what we saw throughout the pandemic, which was small, independently owned businesses not getting the support that they need from the government, while large corporations—big box stores, for example—did get support from the government.

Can the member maybe share a little bit more about the need to support small businesses in our communities the next time we have a pandemic—God forbid—and whether anything in this bill actually helps address that or prepare the government to help make sure that those businesses aren't left behind?

**Mr. Michael Mantha:** I want to thank the member from Brampton Centre for raising that question, because it is a really good question. And, yes, I'm a fierce advocate for anyone across Algoma-Manitoulin, quite frankly across northern Ontario or this province. I think it's very important that we do—all of us. I believe—I choose to believe; this is my choice—that we advocate for every one of our communities in every one of our ridings.

So I raise the issues in regards to three particular communities that are affected: Dent-X in Vaughan, Wikwemikong First Nation and also Sagamok First Nation. Those are three in my riding, and there are many more in my riding, but there are many others also producing PPE in this province. I haven't been able to talk to them, but many of them are probably having the same questions: "Why am I not getting the responses?" I don't know. I can only count on the MPPs that are here that you're doing your job for your constituents. I take great pride in taking mine very seriously. I will fight tooth and

nailed, each and every day, in order to make sure that these 98 jobs that have been created in my riding because of this pandemic—you're damn right I'm going to fight for them every day.

**Ms. Donna Skelly:** To the member from Algoma-Manitoulin: Many of your colleagues have raised the challenges that people in northern and rural communities face when it comes to attracting and retaining health care professionals, as you have. We are introducing a program that will incentivize young people to enter the nursing profession by covering tuition costs if they work in rural or northern communities. Do you support that program?

**Mr. Michael Mantha:** I want to thank the member from Flamborough—

**Ms. Donna Skelly:** Glanbrook.

**Mr. Michael Mantha:** Glanbrook. Ma tabarouette. Je vais le dire en français, câline; j'aurai moins de misère.

Anyways. Thank you for the question. Yes, of course I support any initiatives that will help get people into the front-line field.

You were in the House this morning. I put the question this morning of the issues that I'm facing on the North Shore and the lack not just of front-line workers, but of actual physicians, so that we could get the locums addressed and we can start dealing with primary care on the North Shore, because we're not getting primary care at all. All we have is the emergency rooms that are open. We're starving for PSWs. We're starving for doctors. The challenge is—

*Interjection.*

**Mr. Michael Mantha:** You can get up and ask a question after, okay? I'm right here. I'll take your question.

We really have to challenge ourselves, because the models that we have right now may be working in your area, and that's great, but in northern Ontario we have to start putting in flexibilities. We have to put in new models, because the old models of providing health care are not attracting those doctors or those health care professionals. If we incorporate some flexibility into some of those budgets and give the ability to the hospitals to manage those so that we can provide good primary care across northern Ontario—and across the province, as well—I think you're going to find a very receptive crowd who are prepared to work with the government on that.

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

**Miss Monique Taylor:** Thank you to my seatmate the member from Algoma-Manitoulin for his debate time on this bill. I know that the member would be very interested in farmland and in securing food security, and that's part of this bill. We've heard from the minister earlier, and the minister actually accused me of fearmongering by quoting some of the issues that were raised by the OFA, particularly the farmland that has been lost to urban development. Every single day, we're losing 175 acres of farmland. Could you tell me what this would do and the effects in the north with ensuring that we have fresh produce?

**Mr. Michael Mantha:** Thank you to the member from Hamilton Mountain. As a matter of fact, I'm going to be

meeting up with the Manitoulin beef farmers' association in a couple of weeks. We are going to be sitting down, and what are we going to be talking about? Probably the challenges that they're facing, which is access to lands and actual affordable lands. That's one of the biggest challenges that many of them have.

We have young beef farmers, young farmers who are looking at jumping into the field, but unfortunately they just can't afford it because of the high cost of land and the lack of available lands that are there. They are forced to stay with their parents or their family members, and it's just impossible for them to get into this field in an affordable way.

**The Speaker (Hon. Ted Arnott):** Further debate? Further debate? The member for Hamilton Mountain.

**Miss Monique Taylor:** I was really hoping that the government members would get up and speak to this bill, a bill that they dropped yesterday, a really important bill that they've named the Pandemic and Emergency Preparedness Act. They have not spoken to it, Speaker. We've had three speakers from the government side speak to this bill—

*Interjections.*

**Miss Monique Taylor:** They will have their opportunity, Speaker—

**The Speaker (Hon. Ted Arnott):** Stop the clock. The member for Hamilton Mountain has the floor. She has every right to make her presentation without interruption from the other side of the House.

Start the clock. The member for Hamilton Mountain.

**Miss Monique Taylor:** Thank you, Speaker. As I was saying, this bill was dropped yesterday afternoon and was brought before us this afternoon to start speaking at about 1 o'clock. Minister Sarkaria, I believe, did the first hour lead, then we had Minister Thompson who did 20 minutes on a lot of schedule 3 when it came to the Ontario Food Terminal Act, then we had another minister, Minister Fedeli, speak to the PPE, and then there have been no other speakers—absolutely no other speakers.

**Ms. Peggy Sattler:** The Solicitor General.

**Miss Monique Taylor:** Did I miss one?

**Ms. Peggy Sattler:** The Solicitor General.

**Miss Monique Taylor:** Oh, yes, the Solicitor General, so there you go: The government has put forward four speakers on a bill that they dropped yesterday, and they expect this bill to pass through the House. They're waiting for the bill to collapse because it's 9:30 at night and we're going to run out of speakers, and the bill is going to collapse and tomorrow will be voted on. That's how quick legislation can pass through this House.

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**Ms. Donna Skelly:** Thank goodness.

**Miss Monique Taylor:** The member from Flam- borough-Glanbrook thinks that's a great thing: that we don't have the opportunity for proper public consultation, for proper stakeholder consultation, and that they can ram bills through as fast as they want. They've changed the standing orders to allow this to happen. That is shameful. That takes away the democratic process of this Legislature.

**Ms. Donna Skelly:** Really?

**Miss Monique Taylor:** It absolutely takes away the democratic process, member. It certainly does. People should have the opportunity to be able to write to my office. I should be able to have the opportunity to reach out to my constituents to let them tell me how they would feel about this bill.

We heard from our member from Brampton North—

**Ms. Sara Singh:** Centre.

**Miss Monique Taylor:**—Centre, who was on the emergency preparedness committee, the hard work that they did throughout that committee to try to get the government to do the right thing, and the government constantly pushed back and took their time.

We know we have had major issues when it came to PPE in this province. We had people that were reusing PPE, that were using expired PPE within our hospital system, within our long-term-care system. We've seen 4,400 seniors die in long-term care. We've seen hospital burnout. Our nurses have left the profession. They have left on stress. They are completely burnt out, and they are completely disrespected by this government under Bill 124. We have seen PSWs just throw up their hands and say, "I can't do this work anymore." And then they bring forward a bill with a few separate schedules and don't even speak to it, and don't give the people of this province the respect that they deserve to be able to have their say on it.

So am I angry, Speaker? Yep, I am, because during the pandemic, Grace Villa, which is a long-term-care facility in my riding, had the worst outbreak in Hamilton. They had over 234 cases, 44 residents died, and staff left in droves, and there's nothing in this bill to talk about that. There's nothing in this bill to talk about the problems between for-profit long-term care and not-for-profit long-term care. The government continues to send out funding for long-term care, to build more long-term care in the province, and over half of it is going to for-profit, when we've seen the highest cases of COVID and outbreaks in for-profit.

We have turned our care of seniors into real estate. That is absolutely shameful. When our seniors, who have built our province, built our communities, built the space that we enjoy today—and we stick them in warehouses to not have the proper care that they need, to not have the ability to get out of bed in a respectful amount of time in the morning. We still have long-term-care homes that have six minutes to get their seniors out of bed and to breakfast. That is the worst thing that you could possibly do. Imagine you, Speaker. Imagine any of us having six minutes to get out of bed. Our bodies are tired and not moving as well. We have to get their teeth brushed, hopefully find their dentures—because we heard horror stories of dentures being lost and hearing aids being lost because there's such a rush to get people into their wheelchairs and over to breakfast within six minutes. Are their faces even getting washed? Are we even allowing them the opportunity to have a little bit of a stretch? Probably not.

But there's nothing in this to take us through the next pandemic that happens in this province. And so while

members across the aisle are talking about issues that aren't even in the bill, we're talking about issues that should be preparing us for the next pandemic. We've talked about paid sick days, and the other side hooted and hollered that it's not in the bill. You're right, it's not in the bill, and it should be. How can we possibly enter another pandemic and not be prepared with sick days—three sick days that we had to beg this government to implement? When they first came into power, they cancelled the paid sick days that were there. Then, after we put forward bills and I think everybody around the province was asking for paid sick days, they voted against paid sick days 29 times, I think the number was—27 or 29 times. And then, they finally implemented three days—three days, which isn't enough to get somebody through any—

**Ms. Peggy Sattler:** And it's going to expire.

**Miss Monique Taylor:** And it's going to expire, yes.

So if I come in contact with somebody, I have to be away for five days but I'm only getting paid for three. If my kid comes home from school sick, I've got three days to hopefully make it work.

Minister Fedeli—sorry, I don't know his actual title; economic development, something like that, yes—talked a lot about the manufacturing that has come into this province and the amazing things that companies have done, wonderful things, that people have stepped up to make those products here in Ontario. But if those same employees in those same factories get sick, they don't have the paid sick days to keep them afloat.

We've seen and heard many stories of families losing their homes through the pandemic because they just couldn't keep the lights on any longer.

So if we're going to talk about—boasting about manufacturing, we should talk about boasting about supporting those manufacturers by providing paid sick days to those same employees.

Those are the types of things that should be in this bill, to prepare us for the next pandemic.

So the stuff in here—we're not saying it's bad; we're just saying it's not enough. It's unfortunate that the people across this province, the people across my riding of Hamilton Mountain won't have the opportunity for input into this bill while in second reading. It's a disgrace. I don't think I've ever seen a bill dropped yesterday and by the end of the day the next day it has already passed second reading. There's nothing that we can do. The government barely even spoke to it. We got two hours out of the government on this bill—two hours that they had to talk about the preparedness of the next pandemic that comes into this province, and since we're now probably in the sixth wave of this pandemic, it's probably not too far off of what we're going to see happen throughout the next few months.

Not being prepared for the future is a disgrace and something that they've called the Liberals out on—for the lack of preparedness for this pandemic that came upon us. And they're going to put us in the exact same position without the proper resources available.

**The Speaker (Hon. Ted Arnott):** Are there any questions for the member for Hamilton Mountain?

**Hon. Paul Calandra:** I listened very intently to the member and I've taken solace in it, so as House leader, I'm asking my members to stand down and not to speak for the rest of the night, so that the 40 members of the NDP caucus can have their say through till midnight tonight. The member has my assurance that we will stay here till midnight. The members of this caucus will not speak so that we can hear from the 40 members of the NDP caucus, if you should wish that to happen.

**Miss Monique Taylor:** Honestly, Speaker, we already know that this is the House of Calandra. He changes the rules as he goes.

*Interjection.*

**The Speaker (Hon. Ted Arnott):** Okay. We refer to each other by our riding name or ministerial title, as applicable.

**Miss Monique Taylor:** Sorry about that, Speaker.

The House leader has changed the rules several times in this Legislature to suit his own needs and to pass the agenda that they choose to pass, regardless of what the people of Ontario think. They voted us into this Legislature to be able to have our say, and when we have a government that just denies that happening by changing the rules to suit their own needs, there's a problem, and it's really unfortunate. We really wanted to hear the members—we have our members scheduled here to speak, and if the government put up their members, we would have made it to midnight. But, instead, they've chosen to sit on their hands and sit quietly.

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**The Speaker (Hon. Ted Arnott):** Next, the member for London West.

**Ms. Peggy Sattler:** I always appreciate the input from my colleague the member for Hamilton Mountain on legislation that is considered in this chamber. She talked in her speech about the importance of hearing from constituents about the legislation that we are considering, and I wondered if she had heard anything from constituents about Bill 124. Now, that bill is referenced in Bill 106, because schedule 7 talks about working around Bill 124 to allow a wage increase for certain public sector workers, but it does not repeal Bill 124. Has she heard from constituents about repealing Bill 124?

**Miss Monique Taylor:** Thank you to the member from London West, because yes, Bill 124 is definitely a hot topic in my email inbox and on my phones and throughout my entire constituency. It's something that I hear, on a regular basis, of how health care workers, educational workers, developmental service workers, housing workers—any person who works within the public sector has been capped to a 1% increase and doesn't have the ability for negotiation, which is absolutely shameful. We know that the nurses and anybody who has had to work throughout this pandemic has really done so from the bottom of their heart, with everything they had, and to have to face a wage cap is absolutely disgraceful, and is something that people are going to continue to talk about. It's really unfortunate that the government didn't just repeal Bill 124 instead of implementing schedule 7.

**The Speaker (Hon. Ted Arnott):** The member for Perth–Wellington.

**Mr. Randy Pettapiece:** Speaker, I just heard the member opposite claiming that we're sitting on our hands. I can remember back in 2012 when that party sat on their hands as between 20,000 and 30,000 people in the horse racing business lost their jobs. That's what sitting on their hands is about.

This government is all about getting the job done. That's what we're doing. And if the opposition could figure that out, that we want to get some business done in this province and get it done in a timely fashion, they would agree with what we're doing. So will the member vote for this bill?

**Miss Monique Taylor:** You know, it's been four years since this government took over and they're just getting around to helping the horsemen now. What have they been doing for the last four years? If they want to talk about sitting on their hands, then I guess that is the time to talk about it, but it's really unfortunate that this member didn't find the ability to stand up and talk to this bill, to tell us what he hasn't had the opportunity to hear from his constituents. That's what's important. That's what we need to be talking about. We need to understand what the people of this province are talking about, not just whoever created this bill. Is it not important to that member to know what his constituents say, or does he just listen to the messaging?

**The Speaker (Hon. Ted Arnott):** Next we have the member for Brampton Centre.

**Ms. Sara Singh:** Thank you to the member from Hamilton Mountain for her presentation on the bill. She shared some really horrific local stories of what happened in long-term care. As we know, much of the disaster that we saw in long-term care was predicated on the failure of the Liberal government. During that time, I believe it was the government of the day that was in opposition and actually failed to hold the government accountable for their actions, or lack thereof.

I know the member was also a part of the Parliament of the time. Could she maybe speak to why the government of the day failed to make those investments and why the opposition that should have stopped them and could have stopped them failed to do that?

**Miss Monique Taylor:** Absolutely, and the member is absolutely correct. We hear often, on a regular basis, that they're talking about how we propped up the Liberals. Well, the government of today was the official opposition at the time, and they did nothing to push the government to do better. At least we were trying to push them to do something. They did nothing to try to push the Liberal government of the day to do anything at that time. Speaker, I know you remember because you sat here too. We had a lot of this happening on the desks, but there was no action, there were no agreements. They did nothing to try to push the Liberals to do better in long-term care.

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

**Ms. Natalia Kusendova:** Frankly, I'm getting a little bit fatigued listening to the opposition continuing to misspeak about our record—

**The Speaker (Hon. Ted Arnott):** The member must withdraw her unparliamentary comment.

**Ms. Natalia Kusendova:** I withdraw. Thank you, Speaker.

For your information, our government is building 30,000 long-term-care beds, and we are about 86% on our way to fulfilling that commitment. We are raising the standards of care to four hours of care per day per resident. We are hiring 27,000 more health care workers into the long-term-care sector. We are providing free education to 16,000 more PSWs—most, if not all, of which that member and that party voted no to.

My question is, will the member opposite and her party finally get on board and vote yes for getting more PSWs, more RNs and more RPNs into the long-term-care sector?

**Miss Monique Taylor:** Speaker, we'd been asking the government to hire more PSWs when the pandemic began. It took them till the very end to start implementing programs. Right before an election they want to make all these announcements about more PSWs, more nurses and more long-term-care beds.

Speaker, the long-term-care beds that they're implementing, the majority of them are for-profit—the for-profit organizations that had the worst outbreaks within the province. Those are the types of policies that that government is in favour of. That's not the type of policy that New Democrats would do. We would do things in a not-for-profit system to ensure that we had quality of care.

The member talked about four hours of hands-on care. That's not going to happen until 2025. Most of the seniors that are in care right now, that can't get their teeth brushed, will already be deceased. What good is that: 2025 before the member even decides to implement the four hours of care?

**The Speaker (Hon. Ted Arnott):** We have time for one last, very quick question.

**Mr. Taras Natyshak:** I heard the government House leader—it sounded like he was eager to hear from us. I think it's important to hear from us. I think it's important to hear from Ontarians on such a consequential bill.

My question to my colleague from Hamilton Mountain is: I wonder if the government, through the House leader, would be so inclined, if this bill passes, to take it on the road, travel this bill and bring it into communities like Hamilton and Niagara and Manitoulin Island and Markham–Stouffville. Do you think this government should travel this bill so they can hear from Ontarians about how consequential it will be? If they don't, I guess that would indicate that they don't want to hear from Ontarians.

**Miss Monique Taylor:** Thank you to my colleague from Essex.

*Interjections.*

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

**Miss Monique Taylor:** Honestly, Speaker, I would love to be able to hear what I have to say, but the

government members have so much to say when they're not standing in debate time. It's really unfortunate. Yes, we should be travelling bills.

**Hon. Paul Calandra:** Point of order.

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

**Hon. Paul Calandra:** Speaker, I seek unanimous consent, after consultations with the Liberals and the Green, to have all Conservative members stand down their speeches until 12 o'clock tonight and allow the NDP exclusively to carry debate on this. I seek unanimous consent to do that.

**The Speaker (Hon. Ted Arnott):** The government House leader is seeking unanimous consent of the House to allow the Conservative members to stand down their speeches for the remainder of the evening till midnight and allow the New Democrats to carry the debate. Agreed? I heard a no.

We're now out of time, so now I'll say further debate? Further debate? One last time: Further debate?

Mr. Sarkaria has moved second reading of Bill 106, An Act to enact two Acts and amend various other 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 will please say "nay."

In my opinion, 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 Speaker (Hon. Ted Arnott):** Orders of the day?

**Hon. Paul Calandra:** No further business.

**The Speaker (Hon. Ted Arnott):** There being no further business, this House stands adjourned until tomorrow at 10:15 a.m.

*The House adjourned at 2140.*

**LEGISLATIVE ASSEMBLY OF ONTARIO**  
**ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO**

Lieutenant Governor / Lieutenante-gouverneure: Hon. / L'hon. Elizabeth Dowdeswell, OC, OOnt.

Speaker / Président: Hon. / L'hon. Ted Arnott

Clerk / Greffier: Todd Decker

Deputy Clerk / Sous-greffier: Trevor Day

Clerks-at-the-Table / Greffiers parlementaires: Valerie Quioc Lim, Wai Lam (William) Wong,

Meghan Stenson, Christopher Tyrell

Sergeant-at-Arms / Sergente d'armes: Jacquelyn Gordon

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Anand, Deepak (PC)	Mississauga—Malton	
Andrew, Jill (NDP)	Toronto—St. Paul's	
Armstrong, Teresa J. (NDP)	London—Fanshawe	
<b>Arnott, Hon. / L'hon. Ted (PC)</b>	Wellington—Halton Hills	Speaker / Président de l'Assemblée législative
Arthur, Ian (NDP)	Kingston and the Islands / Kingston et les Îles	
Baber, Roman (IND)	York Centre / York-Centre	
Babikian, Aris (PC)	Scarborough—Agincourt	
Bailey, Robert (PC)	Sarnia—Lambton	
Barrett, Toby (PC)	Haldimand—Norfolk	
Begum, Doly (NDP)	Scarborough Southwest / Scarborough-Sud-Ouest	
Bell, Jessica (NDP)	University—Rosedale	
Berns-McGown, Rima (NDP)	Beaches—East York / Beaches—East York	
<b>Bethlenfalvy, Hon. / L'hon. Peter (PC)</b>	Pickering—Uxbridge	Minister of Finance / Ministre des Finances
Bisson, Gilles (NDP)	Timmins	
Blais, Stephen (LIB)	Orléans	
Bouma, Will (PC)	Brantford—Brant	
Bourgouin, Guy (NDP)	Mushkegowuk—James Bay / Mushkegowuk—Baie James	
Burch, Jeff (NDP)	Niagara Centre / Niagara-Centre	
<b>Calandra, Hon. / L'hon. Paul (PC)</b>	Markham—Stouffville	Minister of Legislative Affairs / Ministre des Affaires législatives Minister of Long-Term Care / Ministre des Soins de longue durée Government House Leader / Leader parlementaire du gouvernement
<b>Cho, Hon. / L'hon. Raymond Sung Joon (PC)</b>	Scarborough North / Scarborough-Nord	Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité
<b>Cho, Hon. / L'hon. Stan (PC)</b>	Willowdale	Associate Minister of Transportation (GTA) / Ministre associé des Transports (RGT)
<b>Clark, Hon. / L'hon. Steve (PC)</b>	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds—Grenville—Thousand Islands et Rideau Lakes	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
Coe, Lorne (PC)	Whitby	
Collard, Lucille (LIB)	Ottawa—Vanier	
Crawford, Stephen (PC)	Oakville	
Cuzzetto, Rudy (PC)	Mississauga—Lakeshore	
<b>Downey, Hon. / L'hon. Doug (PC)</b>	Barrie—Springwater—Oro-Medonte	Attorney General / Procureur général
<b>Dunlop, Hon. / L'hon. Jill (PC)</b>	Simcoe North / Simcoe-Nord	Minister of Colleges and Universities / Ministre des Collèges et Universités
<b>Elliott, Hon. / L'hon. Christine (PC)</b>	Newmarket—Aurora	Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé
<b>Fedeli, Hon. / L'hon. Victor (PC)</b>	Nipissing	Chair of Cabinet / Président du Conseil des ministres Minister of Economic Development, Job Creation and Trade / Ministre du Développement économique, de la Création d'emplois et du Commerce
Fee, Amy (PC)	Kitchener South—Hespeler / Kitchener-Sud—Hespeler	
Fife, Catherine (NDP)	Waterloo	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>Ford, Hon. / L'hon. Doug (PC)</b>	Etobicoke North / Etobicoke-Nord	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Premier ministre
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	
<b>French, Jennifer K. (NDP)</b>	Oshawa	Third Deputy Chair of the Committee of the Whole House / Troisième vice-présidente du comité plénier de l'Assemblée législative
<b>Fullerton, Hon. / L'hon. Merrilee (PC)</b>	Kanata—Carleton	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
<b>Gill, Hon. / L'hon. Parm (PC)</b>	Milton	Minister of Citizenship and Multiculturalism / Ministre des Affaires civiles et du Multiculturalisme
Glover, Chris (NDP)	Spadina—Fort York	
Gravelle, Michael (LIB)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
<b>Gretzky, Lisa (NDP)</b>	Windsor West / Windsor-Ouest	First Deputy Chair of the Committee of the Whole House / Première vice-présidente du comité plénier de l'Assemblée
Hardeman, Ernie (PC)	Oxford	
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hassan, Faisal (NDP)	York South—Weston / York-Sud— Weston	
<b>Hatfield, Percy (NDP)</b>	Windsor—Tecumseh	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
Hillier, Randy (IND)	Lanark—Frontenac—Kingston	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Horwath, Andrea (NDP)	Hamilton Centre / Hamilton-Centre	Leader, Official Opposition / Chef de l'opposition officielle
Hunter, Mitzie (LIB)	Scarborough—Guildwood	
<b>Jones, Hon. / L'hon. Sylvia (PC)</b>	Dufferin—Caledon	Solicitor General / Solliciteure générale
Kanapathi, Logan (PC)	Markham—Thornhill	
Karahalios, Belinda C. (NBP)	Cambridge	
Karpoche, Bhutilla (NDP)	Parkdale—High Park	
Ke, Vincent (PC)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London- Centre-Nord	
Khanjin, Andrea (PC)	Barrie—Innisfil	Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kramp, Daryl (PC)	Hastings—Lennox and Addington	
Kusendova, Natalia (PC)	Mississauga Centre / Mississauga- Centre	
<b>Lecce, Hon. / L'hon. Stephen (PC)</b>	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
<b>MacLeod, Hon. / L'hon. Lisa (PC)</b>	Nepean	Minister of Heritage, Sport, Tourism and Culture Industries / ministre des Industries du patrimoine, du sport, du tourisme et de la culture
Mamakwa, Sol (NDP)	Kiiwetinoong	
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
Martow, Gila (PC)	Thornhill	
McDonell, Jim (PC)	Stormont—Dundas—South Glengarry	
<b>McKenna, Hon. / L'hon. Jane (PC)</b>	Burlington	Associate Minister of Children and Women's Issues / Ministre associée déléguée au dossier de l'Enfance et à la Condition féminine
<b>McNaughton, Hon. / L'hon. Monte (PC)</b>	Lambton—Kent—Middlesex	Minister of Labour, Training and Skills Development / Ministre du Travail, de la Formation et du Développement des compétences
Miller, Norman (PC)	Parry Sound—Muskoka	
Miller, Paul (IND)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	
Mitas, Christina Maria (PC)	Scarborough Centre / Scarborough- Centre	
Monteith-Farrell, Judith (NDP)	Thunder Bay—Atikokan	
Morrison, Suze (NDP)	Toronto Centre / Toronto-Centre	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>Mulroney, Hon. / L'hon. Caroline (PC)</b>	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports
Natyshak, Taras (NDP)	Essex	
Nicholls, Rick (OP)	Chatham-Kent—Leamington	
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
Park, Lindsey (IND)	Durham	
Parsa, Michael (PC)	Aurora—Oak Ridges—Richmond Hill	Deputy Government House Leader / Leader parlementaire adjoint du gouvernement
Pettapiece, Randy (PC)	Perth—Wellington	
<b>Piccini, Hon. / L'hon. David (PC)</b>	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
Rakocevic, Tom (NDP)	Humber River—Black Creek	
<b>Rasheed, Hon. / L'hon. Kaleed (PC)</b>	Mississauga East—Cooksville / Mississauga-Est—Cooksville	Associate Minister of Digital Government / Ministre associé délégué de l'Action pour un gouvernement numérique
<b>Rickford, Hon. / L'hon. Greg (PC)</b>	Kenora—Rainy River	Minister of Indigenous Affairs / Ministre des Affaires autochtones Minister of Northern Development, Mines, Natural Resources and Forestry / Ministre du Développement du Nord, des Mines, des Richesses naturelles et des Forêts
Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa-Ouest—Nepean	
<b>Romano, Hon. / L'hon. Ross (PC)</b>	Sault Ste. Marie	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
<b>Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)</b>	Brampton South / Brampton-Sud	President of the Treasury Board / Président du Conseil du Trésor
Sattler, Peggy (NDP)	London West / London-Ouest	Opposition House Leader / Leader parlementaire de l'opposition officielle
Schreiner, Mike (GRN)	Guelph	
Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (LIB)	Glengarry—Prescott—Russell	
Singh, Gurratan (NDP)	Brampton East / Brampton-Est	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
Singh, Sara (NDP)	Brampton Centre / Brampton-Centre	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Skelly, Donna (PC)	Flamborough—Glanbrook	
Smith, Dave (PC)	Peterborough—Kawartha	
<b>Smith, Hon. / L'hon. Todd (PC)</b>	Bay of Quinte / Baie de Quinte	Minister of Energy / Ministre de l'Énergie
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
<b>Surma, Hon. / L'hon. Kinga (PC)</b>	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
Tabuns, Peter (NDP)	Toronto—Danforth	
<b>Tangri, Hon. / L'hon. Nina (PC)</b>	Mississauga—Streetsville	Associate Minister of Small Business and Red Tape Reduction / Ministre associée déléguée aux Petites Entreprises et à la Réduction des formalités administratives
Taylor, Monique (NDP)	Hamilton Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
<b>Thompson, Hon. / L'hon. Lisa M. (PC)</b>	Huron—Bruce	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
<b>Tibollo, Hon. / L'hon. Michael A. (PC)</b>	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué au dossier de la Santé mentale et de la Lutte contre les dépendances
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Wai, Daisy (PC)	Richmond Hill	
<b>Walker, Bill (PC)</b>	Bruce—Grey—Owen Sound	Chair of the Committee of the Whole House / Président du comité plénier de l'Assemblée Deputy Speaker / Vice-président

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

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

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

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

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

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

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

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

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

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Vice-Chair / Vice-présidente: Lucille Collard  
Lucille Collard, Christine Hogarth  
Daryl Kramp, Natalia Kusendova  
Jim McDonell, Suze Morrison  
Randy Pettapiece, Gurratan Singh  
Donna Skelly, Effie J. Triantafilopoulos  
Kevin Yarde  
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Vice-Chair / Vice-présidente: France Gélinas  
Rima Berns-McGown, France Gélinas  
Goldie Ghamari, Mike Harris  
Faisal Hassan, Jim McDonell  
Sam Oosterhoff, Laurie Scott  
Vijay Thanigasalam  
Committee Clerk / Greffière: Tanzima Khan

**Standing Committee on Public Accounts / Comité permanent des comptes publics**

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Jessica Bell, Stephen Blais  
Stephen Crawford, Rudy Cuzzetto  
Christine Hogarth, Michael Mantha  
Taras Natyshak, Michael Parsa  
Amarjot Sandhu  
Committee Clerk / Greffier: Christopher Tyrell

**Standing Committee on Regulations and Private Bills / Comité permanent des règlements et des projets de loi d'intérêt privé**

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Vice-Chair / Vice-président: John Fraser  
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Laura Mae Lindo, Paul Miller  
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Dave Smith, Daisy Wai  
Jamie West  
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Aris Babikian, Jeff Burch  
Amy Fee, Michael Gravelle  
Joel Harden, Mike Harris  
Bhutila Karpoche, Natalia Kusendova  
Robin Martin, Jim McDonell  
Effie J. Triantafilopoulos  
Committee Clerk / Greffière: Vanessa Kattar

**Select Committee on Emergency Management Oversight / Comité spécial de la surveillance de la gestion des situations d'urgence**

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Vice-Chair / Vice-président: Tom Rakocevic  
Robert Bailey, Gilles Bisson  
John Fraser, Christine Hogarth  
Daryl Kramp, Robin Martin  
Sam Oosterhoff, Tom Rakocevic  
Sara Singh, Donna Skelly  
Effie J. Triantafilopoulos  
Committee Clerk / Greffier: Christopher Tyrell