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Mardi
23 novembre 2021

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CONTENTS / TABLE DES MATIÈRES

Tuesday 23 November 2021 / Mardi 23 novembre 2021

ORDERS OF THE DAY / ORDRE DU JOUR

Extension of emergency orders

Mr. Jeremy Roberts	1071
Mrs. Lisa Gretzky	1074
Mr. Roman Baber	1076
Mr. Bill Walker	1079
Debate deemed adjourned	1081

Wearing of pins

Mr. Terence Kernaghan	1081
-----------------------------	------

MEMBERS' STATEMENTS / DÉCLARATIONS DES DÉPUTÉES ET DÉPUTÉS

Land use planning

Ms. Rima Berns-McGown	1081
-----------------------------	------

Places of religious worship

Mr. Billy Pang	1081
----------------------	------

Electric vehicles

Mrs. Lisa Gretzky	1081
-------------------------	------

Shoshinkan Martial Arts

Mr. Michael Parsa	1082
-------------------------	------

Diabetes

Mr. Terence Kernaghan	1082
-----------------------------	------

Josée Forest-Niesing

Mlle Amanda Simard	1082
--------------------------	------

Guru Nanak Dev Ji Gurpurab

Mr. Amarjot Sandhu	1083
--------------------------	------

Health care workers

Mrs. Jennifer (Jennie) Stevens	1083
--------------------------------------	------

Omeme bicentennial

Ms. Laurie Scott	1083
------------------------	------

Visitors

The Speaker (Hon. Ted Arnott)	1083
-------------------------------------	------

Michael James Breagh

Mr. John Fraser	1084
-----------------------	------

Mr. Mike Schreiner	1084
--------------------------	------

Mr. Lorne Coe	1084
---------------------	------

Ms. Jennifer K. French	1085
------------------------------	------

QUESTION PERIOD / PÉRIODE DE QUESTIONS

COVID-19 immunization

Ms. Catherine Fife	1086
--------------------------	------

Hon. Christine Elliott	1086
------------------------------	------

Employment standards

Mr. Gurratan Singh	1087
--------------------------	------

Hon. Doug Ford	1087
----------------------	------

Highway safety

Mr. John Vanthof	1088
------------------------	------

Hon. Paul Calandra	1088
--------------------------	------

Green power generation

Mr. Vijay Thanigasalam	1089
------------------------------	------

Hon. Todd Smith	1089
-----------------------	------

Child care

Ms. Jill Andrew	1089
-----------------------	------

Hon. Paul Calandra	1089
--------------------------	------

Post-secondary education

Mr. Roman Baber	1090
-----------------------	------

Hon. Jill Dunlop	1090
------------------------	------

COVID-19 immunization

Mr. John Yakabuski	1091
--------------------------	------

Hon. Christine Elliott	1091
------------------------------	------

Tenant protection

Miss Monique Taylor	1091
---------------------------	------

Hon. Steve Clark	1091
------------------------	------

Electric vehicles

Mr. Stephen Blais	1092
-------------------------	------

Hon. David Piccini	1092
--------------------------	------

Anti-racism activities

Mr. Michael Parsa	1093
-------------------------	------

Hon. Parm Gill	1093
----------------------	------

Small business

Mr. Faisal Hassan	1093
-------------------------	------

Hon. Paul Calandra	1093
--------------------------	------

COVID-19 immunization

Mr. Rick Nicholls	1094
-------------------------	------

Hon. Christine Elliott	1094
------------------------------	------

Driver examination centres

Mrs. Lisa Gretzky	1094
-------------------------	------

Hon. Paul Calandra	1095
--------------------------	------

Land use planning

Mme Lucille Collard	1095
---------------------------	------

Hon. David Piccini	1095
--------------------------	------

Hon. Steve Clark	1096
------------------------	------

COVID-19 testing

Mr. Terence Kernaghan	1096
-----------------------------	------

Hon. Christine Elliott	1096
------------------------------	------

REPORTS BY COMMITTEES / RAPPORTS DE COMITÉS

Standing Committee on Government Agencies

The Speaker (Hon. Ted Arnott)	1097
-------------------------------------	------

Report deemed adopted	1097
-----------------------------	------

Standing Committee on Public Accounts

Mr. Taras Natyshak.....	1097
Debate adjourned	1097

PETITIONS / PÉTITIONS**Student safety**

Ms. Rima Berns-McGown	1097
-----------------------------	------

Affordable housing

Mr. Faisal Hassan.....	1097
------------------------	------

Optometry services

Miss Monique Taylor.....	1097
--------------------------	------

Optometry services

Mr. Jamie West	1098
----------------------	------

Front-line workers

Mme France Gélinas	1098
--------------------------	------

Nurses

Miss Monique Taylor.....	1098
--------------------------	------

Optometry services

Mr. Faisal Hassan.....	1099
------------------------	------

Long-term care

Mme France Gélinas	1099
--------------------------	------

Prévention du vapotage chez les jeunes

Mme France Gélinas	1099
--------------------------	------

Long-term care

Mme France Gélinas	1099
--------------------------	------

Gasoline prices

Mme France Gélinas	1100
--------------------------	------

ORDERS OF THE DAY / ORDRE DU JOUR**Extension of emergency orders**

Mr. Bill Walker	1100
Mr. Faisal Hassan.....	1101
Ms. Lindsey Park	1104
Mr. Billy Pang.....	1105
Mrs. Jennifer (Jennie) Stevens	1107
Mr. Rick Nicholls.....	1109
Mr. John Yakabuski	1111
Motion agreed to	1113

**PRIVATE MEMBERS' PUBLIC BUSINESS /
AFFAIRES D'INTÉRÊT PUBLIC ÉMANANT
DES DÉPUTÉES ET DÉPUTÉS****Stay Home If You Are Sick Act, 2021, Bill 8, Ms.
Andrew; Ms. Begum; Ms. Sattler; Ms. Singh / Loi
de 2021 permettant aux employés malades de
rester chez eux, projet de loi 8, Mme Andrew;
Mme Begum; Mme Sattler; Mme Singh**

Ms. Jill Andrew	1113
Mr. Deepak Anand.....	1115
Ms. Peggy Sattler	1116
Mr. Mike Schreiner	1117
Mr. Faisal Hassan.....	1117
Mr. John Fraser	1118
Ms. Sara Singh	1118
Ms. Jill Andrew.....	1119
Second reading vote deferred.....	1119

LEGISLATIVE ASSEMBLY
OF ONTARIO

Tuesday 23 November 2021

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mardi 23 novembre 2021

The House met at 0900.

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

Prayers.

ORDERS OF THE DAY

EXTENSION OF EMERGENCY ORDERS

Resuming the debate adjourned on November 22, 2021, on the motion for extension of emergency orders.

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

Mr. Jeremy Roberts: It's a real honour to rise today to debate the extension of the reopening Ontario act. Speaker, I'd like to start by, of course, thanking all of the front-line workers who have been on the front lines of the COVID-19 battle over the past 18 months. I know many of us in this chamber have had a chance to rise and speak about the sacrifices made by our nurses, our PSWs, our DSWs, our amazing medical professionals, our public health teams right across the province, and I just want to re-echo those thanks.

This debate today is a little bit about the sorts of things that we can do here in this Legislature to make sure that we are supporting those front-line heroes in their time of crisis. Speaker, as you know, I oftentimes like to draw on historical parables sometimes when I'm speaking in the chamber. As we think about emergency powers and dealing with the crisis, I'm of course reminded of the story of Cincinnatus, the great Roman statesman from the early Roman republic. That, of course, was one of the foundations in democracy, the idea of emergency powers to deal with crises.

Cincinnatus was a Roman statesman and he was a farmer; he had a small farm just outside of the boundaries of Rome. All of sudden, Rome was under invasion and the people were trying to figure out what to do. Armies were raised, the armies were sent out and the armies were defeated, and suddenly these enemies were at Rome's gates and Rome needed to figure out what to do in this time of crisis.

The Roman people, the Roman senate, got together and decided, "We need to deal with this crisis," so they sent a delegation out to the farm that Cincinnatus lived at and they said to Cincinnatus, "We want to give you some emergency powers to deal with this crisis." Cincinnatus took up that challenge. He came to Rome and helped fight back the enemies who were at the gate, and then, the moment that crisis was over, Cincinnatus went to the

senate and said, "I'm giving up all of my emergency powers and I'm returning back to the farm."

Speaker, that story has gone down in history as a parable of civic virtue. It has also, of course, provided the basis in democracy for emergency powers that has been passed down through the millennia to us today and provided a bit of a road map. Of course, now, in modern days, there are many safeguards that are put in place to make sure that when we have to deal with a crisis, we can do so responsibly—and that's exactly what the reopening Ontario act has done.

Early on in the pandemic we needed to respond to a growing crisis, just as Cincinnatus did back in the day. The enemy, COVID-19, was at our gate, and to our credit everyone in this Legislature came together and unanimously passed emergency orders, giving the government emergency powers to deal with this crisis, to be able to protect Ontarians and to be able to give our health care heroes the tools that they needed. But, Speaker, we needed to make sure that there were time limits built into this. We needed to make sure that there were accountability measures put in. That's why this legislation that was tabled requires that it must be extended by the Legislature or else it expires. On top of that, an additional accountability mechanism is that it requires that every 120 days a report be tabled in the Legislature that speaks about the progress of these emergency orders and their status etc., and that was done on November 22 of this past year.

So those are two accountability measures that I was speaking about: We have to make sure that it's extended or else it expires and we have to make sure that reports are tabled in the Legislature. Then, also, we have our Select Committee on Emergency Management Oversight that has to meet every 30 days to go over the emergency orders that are in effect, and the Premier is required to send a representative to the select committee. Speaker, this has been somewhat unprecedented in Ontario's history: We've had a member of the cabinet who has appeared before this committee almost every 30 days throughout the pandemic to answer on behalf of the government what is happening, to make sure that members of this Legislature know why these emergency orders are in effect and the rationale behind them. I think that's been such an important mechanism, and I really commend the House leader for bringing this forward and for working with members of this chamber to introduce that accountability measure to make sure that we react and support those who need it most.

Speaker, when we're required to table our report to the Legislative Assembly, there's two things that the government must report on. The first is that we need to report on

the orders that were extended during the reporting period, because many of these orders have specific time frames in place and some of them end up needing to be extended. So that's the first piece. Then, the second piece is, of course, explaining the rationale of these extensions and why we have had to bring them forward.

Now I want to speak a bit about some of these specific emergency orders and what exactly they are, because I think there's a lot of, perhaps, confusion out there about what specifically these emergency orders are that the government has had to bring in place. Now, many of them, Ontarians would be familiar with. These are some of the ones that have already expired and those were ones that brought in place some of the measures to keep Ontarians at home, to keep people working from home during the COVID-19 pandemic. Those were some examples of emergency orders that have since expired.

There were also orders that allowed us to react rapidly to emerging outbreaks at long-term-care homes or retirement homes. For example, some of the emergency orders allowed for the province to deploy additional hospital resources to a long-term-care home that was in an outbreak situation, that required that immediate support to help get them through those tremendously trying days in the middle of the pandemic.

0910

There were also orders in place that mandated single-employer status. To make sure that some of our incredibly valuable PSWs weren't having to go between multiple long-term-care homes, potentially putting at risk outbreaks in those homes, these orders allowed us to mandate that folks work for a single employer throughout the COVID-19 pandemic—again providing additional protection to those PSWs as well as the residents at those homes.

Speaker, some of the emergency orders that we're talking about were put in place to support some of our small businesses. One of the most popular that I hear about quite often in my riding was the extension of patio season, which came about through an emergency order, to make sure that our small businesses could get some of those additional weeks and days that they could have their patios open and continue to have business when they weren't allowed to welcome patrons into their restaurants.

I remember being down here at the Legislature last May, and it had been a long winter where none of us were able to go into restaurants because of the ongoing pandemic. Suddenly, we had a beautiful, beautiful early summer day in early May, and I remember leaving the Legislature and thinking, "You know what? I wish one of the restaurants was open." Sure enough, there was a pub just down street that had opened up its patio, and there we had an opportunity to gather with a couple of close friends and family and enjoy a nice meal outside. That, again, was an example of an emergency order that was brought into place to support some of our small businesses throughout this difficult time.

I'm really pleased to announce that our Associate Minister for Small Business and Red Tape Reduction is actually bringing forward legislation that will enshrine that

particular emergency order in legislation permanently, because sometimes in the middle of a crisis we stumble upon something that should have been done ages ago, that just makes common sense, something like this that allows us to support our small businesses and give them extra business and make sure that Ontarians can enjoy some of our beautiful patios that I'm sure each and every one of us has in our riding. So that extension of patio season is going to be enshrined in legislation that Minister Tangri will be bringing forward.

Speaker, those are just some examples of these emergency orders and how they've made a difference throughout the COVID-19 pandemic, supporting our front-line workers, helping our businesses, keeping Ontarians safe.

I want to go a little bit more minutely and I want to speak a little bit about how these emergency orders provide a case study of how they were actually used in my riding. At the onset of the pandemic, I took the time to reach out to all of the developmental services agencies in my riding. For those listening at home, our developmental services agencies are a number of agencies that each of us have in our home ridings that support individuals with developmental disabilities. They provide congregate care, so group home settings for folks with special needs, they provide day programming, respite services, all sorts of incredibly critical things that support individuals with developmental disabilities and their families.

Of course, at the onset of the pandemic everyone was incredibly concerned about our congregate care settings. A lot of folks focused, rightly, on our long-term-care residences where we knew we had vulnerable seniors who were at highest risk of COVID-19, but I wanted to make sure that some of those other individuals with developmental disabilities in the congregate care settings also had access to the highest level of protections throughout the COVID-19 pandemic. So I started bringing together on a weekly basis all of our developmental services agencies in Ottawa for a Zoom round table. All of us got very used to doing Zoom round tables. I kept saying I wished I could collect Zoom air miles, because I feel like right now I could probably fly to Australia and back a couple of times. Meeting with these developmental services agencies allowed me to hear right away what some of those challenges were on the ground.

I want to just take a moment to recognize the folks who came together around that table. There was a wonderful group. We continue to meet on a monthly basis. There was Dave Ferguson from OCAPDD, Jocelyne Paul from Ottawa-Carleton Lifeskills, Gina St. Amour from the Ottawa Rotary Home, Risa Plotnick from Tamir Ottawa, Daniela Bara from L'Arche Ottawa and Mitchell Bellman from Service Coordination Support. Meeting with them on a weekly basis, those individuals were able to pinpoint for me where the vulnerabilities were, where we needed additional resources. Sometimes it was things as simple as, how can we make sure that PPE is getting down to these homes, these workers, these residents. And we worked very closely with the then Minister of Children, Community and Social Services, now the Minister of Energy. I thank him for the close collaboration that we had during

the pandemic. We would work with him and his office to make sure that there was a dedicated stream of PPE available for those developmental services agencies.

It also meant making sure that emergency orders that were in place would impact those in congregate care settings. For example, that single-employer mandate that I mentioned before was something so critical in our long-term-care homes and equally critical in our developmental services congregate care settings, because we needed to make sure that the workers going into those congregate care settings weren't moving around to multiple different settings where they could be transmitting COVID-19 unwarily to other homes, other residents, other workers. We made sure that that emergency order was in place for those congregate care settings.

Speaker, another piece of that was making sure that those workers in our developmental services congregate care had access to emergency daycare, something that was put in place for our health care workers. We needed to make sure that it was also there for our developmental services workers, because we couldn't afford to be short-staffed at this time of crisis. We needed to make sure that our homes had the adequate staff to support these residents during this time of crisis, so making sure that those staff had access to daycare was something else that we had to make sure we were dealing with. And making sure that the staff had access to the pandemic pay increase to allow those agencies to continue to attract good staff who wanted to be there, who wanted to do their part through COVID-19 supporting these vulnerable individuals. All of these things were examples of how I was able to work with these agencies in Ottawa, bring their feedback to the government and make sure that we were responding nimbly and as folks would expect their government to respond in a pandemic, to be able to adapt to changing situations on the ground and protect our residents.

I'm really proud, Speaker, that for the most part our developmental services agencies in Ottawa fared quite well throughout the pandemic. I really cannot thank all of those agency heads enough for all of their hard work and their leadership, and also of course to thank all of their staff, who have done just a phenomenal job, just like our PSWs. Oftentimes, our DSWs don't often get enough recognition, so allow me to just take a moment in this speech to sincerely thank our developmental services workers, our DSWs, for everything that they do to keep our folks protected.

Speaker, throughout that, we met to deal in a reactive way with the ongoing COVID-19 pandemic, but a silver lining has been that we've now continued those meetings and we're now talking about and getting feedback on what sort of proactive steps we can take to improve that sector going forward, talking about how do we attract more DSWs into the sector, how do we keep them there, how do we make sure that these agencies are adequately resourced to support the most vulnerable Ontarians in good times and in bad. So, Speaker, that again has been a true silver lining out of the pandemic, that we've continued to be able to deal with that ongoing situation.

There's so many examples that I could go into about how these emergency orders have helped on the ground. Another one that I can speak of a little bit is my work with the United Way in eastern Ontario. At the onset of the COVID-19 pandemic, the United Way in Ottawa pulled together a community response table; it was about 75 different community agencies reflecting a vast variety of different community needs, whether it was supports for refugees, whether it was mental health supports, whether it was support for women fleeing violence—all of these different issues. Every month we tackled one of those issues and gave the opportunity for those agencies to talk about the issues on the ground and to brainstorm potential solutions.

0920

I was really honoured to be the provincial representative at that table and so got to be there working with all of these agencies, working with our partners in the municipal and federal governments to be able to pivot and respond. It was wonderful. I had the opportunity to bring a number of ministers forward to speak to that United Way community response table. We had the Associate Minister of Mental Health and Addictions who spoke to that community response table, which was fantastic. Again, the former Minister of Children, Community and Social Services, the Associate Minister of Children and Women's Issues, all of them came forward and met with the group, heard about those issues and were able to take that feedback and bring it into the emergency order situation and make sure that we could continue to respond to protect some of those most vulnerable Ontarians who needed that protection.

Of course, Speaker, beyond the emergency orders, one of the biggest pieces there was the unprecedented investment of over \$1 billion through the social services relief fund that was getting down to those agencies, that was being used on the ground to support those who needed it most. These agencies were so innovative. They were coming up with truly remarkable ways and solutions to access some of those people who needed help when everybody was stuck at home and so many supports were being moved into a virtual setting.

All of this is to say that these emergency orders have been so important throughout COVID-19. Obviously, some of them have now lapsed and we no longer need them, but there are some of them that we need to keep in place for the time being to make sure that we can continue to protect some of our most vulnerable, support our front-line heroes and make sure that Ontarians are protected from COVID-19, and that's why we're doing this extension today. We're going to keep these accountability measures in place. We're going to have the select committee continuing to meet, providing access to ministers. We're going to have the reporting mechanism in place and we're going to bring these extensions forward to the Legislature.

I'm pleased to support this extension, Speaker, and I thank you for indulging my remarks this morning.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mrs. Lisa Gretzky: It's my pleasure to rise to speak to the motion before us, government notice of motion 8, the extension of emergency powers under the reopening Ontario act. I want to start today by drawing a parallel to this government's handling of the pandemic and these emergency measures, and measures they should be taking and aren't taking—and something that came to my attention today. There is a particular person who is probably well known to most, if not all of the people in this House, who has recently taken to social media—and I will not say their name, because, frankly, they don't deserve the attention or the oxygen. But they posted that they will be in my riding, in Windsor, with other people to stop people, specifically parents, from taking their children to get vaccinated.

The reason that I highlight this is because, as my colleague from Waterloo pointed out yesterday, this government, while they say they need an extension of these emergency powers because there are very important things they need to do without conversation or debate or votes in this House, that they need to be able to move quickly on—one thing that they have failed to do and continue to fail to do is to protect our health care workers and those who work within the education system, those who are accessing health care, those who are accessing the education system, from people like this individual, whose only goal is to get more social media likes, to spread misinformation and to harass people on their way into work or those who are looking to access vaccines. Because they will not pass our legislation to create safety zones around hospitals and schools, this government is facilitating this nonsensical, very dangerous garbage happening in communities all over this province. So as we're talking about this government and their desire, their goal to extend the emergency powers that they've given themselves—they want to extend this power grab and make an even bigger one—they are terribly and deeply failing our health care workers who simply just want to go into work, do their job and go home to their family. They neither want nor deserve to be subjected to, frankly, the harassment and abuse from someone like this particular individual.

This government could put an end to that urgently and they choose not to. That, Speaker, is truly shameful—truly shameful. People are being put in harm's way and this government could do something about it and they're not. Instead, we are here because they are trying to extend their powers under the emergency order.

Speaker, really, I don't have a lot of time to speak. I'm going to try and get through as much as I possibly can. This government has been a step or more behind for this entire pandemic, ignoring the advice of experts and the needs of everyday Ontarians.

As a Gretzky, I can't pass up an opportunity to use a sports analogy. I'm going to quote a family member of mine, Wayne Gretzky, who said, "A good player plays where the puck is, a great player plays where the puck is going." Frankly, the Premier and his Conservative government have done neither of those things during this pandemic. They are always well behind where we are and where we need to go. The foresight is missing.

Frankly, Speaker, oftentimes when you have the health experts, the science experts and those people working on the front lines—whether that is in health care, education, long-term care or congregate care settings—the government disregards or dismisses the advice that they are being given that would actually start to get us ahead of this virus and get us out of this pandemic.

During this entire time, things have just been getting harder and harder for the people of the province. The cost of everything is going up. And rather than addressing the housing crisis, rather than addressing the food crisis, this government takes this power grab and ensures that those with the most—their friends and well-connected insiders—are getting everything that they need to get even further ahead while everyday Ontarians, the majority of the people in this province, are getting none of what they need and are getting even further and further behind.

They haven't brought in urgently anything to address paid sick days. In fact, they voted against paid sick days. On a good day, people in this province should have paid sick days, but certainly we have seen that, during a global pandemic, people need paid sick days.

Again, as this government looks to extend these extraordinary powers that it has given itself and continue those until March 28—I should point out: I said the government has this lack of planning or foresight, but apparently they can predict that the pandemic will end on March 28, 2022. As of today, anyway, that's their prediction, March 28, 2022, because that's how long they want to extend these overreaching powers for themselves. We can hope that it will be over by then. I certainly hope it will be over by then. I hope it's over before then. But the government has put an end date on this virus, is lifting vaccine mandates that are in place, because they certainly haven't put mandates in all the places they need to be. They're lifting vaccine mandates and the vaccine passports, and they're looking to lift masking and social distancing before they predict, through their crystal ball, that this pandemic will be over.

0930

Speaker, I can tell you what I'm hearing from my constituents, even the ones that, although they didn't like it in the beginning, understood why certain measures had to be in place and why those had to be really strong measures. I think it was said by one of my colleagues in the House yesterday that nobody wanted to be in lockdown. Nobody wants to be in lockdown, but many understood why it was necessary. They don't have to like it, but understood why it was necessary.

But I'm telling you that I'm getting constituents calling my office, emailing me and reaching out through social media who don't believe for a minute—not anymore—that this government and their power grab, through the emergency orders, has anything to do about them specifically, their well-being. Because if it was, this government, long before now—long before now—would have done everything possible to get us on the back side of this virus, to the point where we're in a really good spot, that we're not staring down another potential deadly wave of

COVID-19. They wouldn't be lifting measures before they should be lifted, and they certainly would have implemented measures in the early days when they should have been.

Speaker, I want to take the opportunity to talk about some of those measures, specifically in the congregate care settings. I want to point out to the members in this House and the people potentially watching at home that when we talk about congregate care settings, although there's updated guidance—it's not rules; it's not legislated. The government could do that through my More Than a Visitor Act. They supported it the first time it came through the House and they can do that now. So while there's guidance that is being followed by some long-term-care homes, there are many individuals living in group homes, individuals with intellectual and developmental disabilities who are still—still, to this day. How many months in are we now? Twenty months into this pandemic, and they're still being denied that consistent, meaningful access to their designated caregivers, to their families. In this government, there's no urgency to address that. They could have addressed it in September of last year when I tabled my bill. I tabled a motion in the summer; they could have addressed it then, but they didn't. In fact, what they did was, they prorogued the Legislature to ensure that every bill on the order paper died and we all had to start over again.

The Premier has done nothing to ensure that those that are struggling financially, especially low-income workers, had the boost that they need in order to be able to make a wage to be able to afford a home, or rent, or food. In fact, the Premier, when he first got elected, said no to a minimum wage increase. And now, just months before an election, he wants to be the hero by saying, "Okay. We'll give you a little bit." It's not enough now. It's not enough now, but this is what we see from this Premier, where he comes in and he says, "Absolutely not. We're scrapping this," or "We're not going to do that. Absolutely not." And then, just a few months before an election, he comes in and says, "I'm a great guy. I'm going to do this now. Vote for me. I always meant to do this. Vote for me."

He hasn't done anything to lower gas prices. Everybody in this House, I'm sure, remembers the Premier: "We're going to get those gas prices down." Well, they haven't gone down. They haven't gone down. In Windsor, the cost is high, and we are usually one of the lowest-cost jurisdictions for everything. Ours are really high. In the north, I don't know how people afford groceries and gas without taking out another mortgage on their home. And, yet, this government has done nothing to address that.

Speaker, the government wants to extend their extraordinary power under the emergency orders, but they haven't urgently worked to bring in \$10-a-day child care. There's no urgency with them for that. How are we to believe, when we look at the price of gas, when we look at auto and home insurance—in my area alone, some the highest auto and home insurance rates, something the Premier promised to address when he was elected, and it hasn't happened. He's allowed them to continue to rise. So

when they say that they're going to do those things and they don't deliver, how are we supposed to believe and how are the people of the province supposed to believe the members on that side of the House, who stand up and say that it's all about openness and transparency—"We need this motion to pass because we're open and transparent"—when there has been nothing open or transparent that they have done, really, since taking office, let alone throughout the pandemic?

Frankly, it's about the Premier not wanting to spend the money where it needs to be spent: on health care, on education, on paid sick days, on raising rates for people with disabilities that are on ODSP. Do you know, Speaker, that with the cost of inflation and the rise in the cost of everything in this province, an individual with a disability is further behind now because there have been no increases—no substantial increases—to social assistance? They are actually further behind than they were 17 years ago—17 years ago. They can't secure housing, they can't get food, they have trouble paying for transportation and they have trouble getting supplies for their specific medical needs. This government wants to extend their power to do whatever they want, including taking over decision-making for municipalities—they want to do that because it's urgent, but people with disabilities living in abject poverty is not urgent for this government.

Nearly 4,000 seniors died alone in long-term care in the midst of this pandemic. Now, we all knew, in this House, that there were problems in long-term care. My NDP colleagues and I, the workers in long-term care, the unions that represent them, the families have been raising alarm bells for years about the issues in long-term care. I will admit: Nobody expected us to be in the position where we are in the middle of a pandemic. But this government did nothing to address any of the issues that led to the horrors that we saw in long-term care. They did nothing to try to negate those from happening.

In fact, when we talk about the priorities of the government and openness and transparency, when we address the members opposite who are saying, "Just trust us. Give us these powers and trust us. We'll do you right"—look at what happened in long-term care: 4,000 seniors died in long-term care under this government's watch, and the government's response was to push through legislation to protect those private, for-profit long-term-care operators who were making millions of dollars in revenues and doling out millions of dollars to their shareholders. This government said, "We're going to protect you through legislation so that you can't be libel for that negligence."

0940

Not only did they protect those long-term-care operators, many of whom are Conservative insiders, donors, former Premiers and MPPs, but this government protected themselves from liability. So I don't think it's a stretch to think that the people on this side of the House and the people of the province don't trust the government side, don't believe that the government side should have these powers, because they've proven what happens. They've proven what their priorities are.

The government side gets up and talks about the health care heroes, the front-line nurses, but brought in Bill 124, which suppresses the wages of nurses. In a pandemic, it nonetheless suppresses the wages of nurses. While nurses are being run off their feet—they have mental stress, physical stress and they're doing everything they can to keep all of us safe and healthy and alive—this government's response was to say to a workforce that is largely made up of women, "We don't believe that you should be able to bargain fair wages. We're going to bring in a bill that says you're capped at 1%." And I want everyone to know that, based on inflation—I think it was 4.7%—that is actually a cut to their wages. This government could urgently repeal Bill 124. They haven't done it. So, again, why would we trust them with the powers they're asking for now?

I have a lot more here and I'm almost out of time, but I want to make sure that I mention the workers at Stellantis back home in my riding. We lost the third shift last year, they've announced that the second shift will be going, and this Premier has done nothing—nothing; no concrete steps. I mean, when the third shift left, he didn't even bother to return phone calls or emails to the president, Dave Cassidy, of Local 444. When Oshawa closed, he just waved those jobs goodbye, just like he did in Windsor.

If the Premier thinks that he needs to do something urgently, then I suggest that he get on that, that he ensure that those thousands of jobs in my community, and others across the province, are secure by having a real, concrete auto strategy so that we don't lose any more of those jobs, and, in fact, we can build on them and create more of them.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. Roman Baber: Ten days ago, the head of the Ontario science table said that we need two weeks to flatten the curve. Almost 20 months later, after the longest and harshest lockdown in the world and the longest school closure in the world; passports which Ontarians are supposed to present to strangers to get a bowl of soup at Tim Hortons; when doctors, nurses, first responders and everyone else are coerced into a medical procedure or lose their job; after we've done what the government has asked of us and 90% of us are vaccinated—after all of that, we go back to where we were 20 months ago for two more weeks to flatten the curve.

Now the government needs to extend the emergency orders by another four months. What does that tell us? It tells us that they were wrong about everything. They were wrong about the lockdown and the effect of the lockdown. They attribute cases going down to the lockdown, but, miraculously, the pattern is the same: Every time we approach May, cases go down. It's not lockdown; it's seasonality. The governor of California, a big purveyor of lockdowns, admitted a couple of days ago that it's seasonality and it was never about the strategy or how many people get COVID. It should have been about who gets COVID, because the illness is so highly transmissible.

On October 15, Statistics Canada confirmed that more than 80% of everyone who regretfully died from COVID

died in a long-term-care home. The average age is on par with life expectancy and one or more comorbidities. That doesn't mean that we should take COVID lightly or leave the vulnerable people destitute—no. We need to protect long-term-care homes. We need to protect the frail and elderly. We need to look at evidence objectively, end the mass hysteria and respond to the actual crisis before us. The groupthink, the politically correct narrative, fortified by cancel culture, led to the greatest policy error of our lifetime and it is now leading to the segregation of a whole group of people.

Look at the evidence, Speaker: We now have two years and we're still behaving as if it's March or April 2020. But it's this government that kept feeding the fearmongering narrative to justify its own actions.

Here's what happened. The Premier was late to the game on March 17, 2020. He was already accused of being a COVID denier because on March 12, 2020, he told everyone to go and enjoy their vacation. So, after the weekend, his advisers probably got together and they decided that they're going to get ahead of it and they're never going to deviate from what public health says. To be clear: I think Premier Ford himself disagrees with his own government policy. The Premier agrees with me and so do most government members. This is all a show. All of this is a show, except they do not have the courage to admit it and they allow the catastrophe to go on.

Remember what the Premier said on March 13, 2021. He was at Centennial College and he said: "No politician will disagree with the medical officer. Disagreeing with the medical officer is like tying a noose around your neck and going off a bridge.... I'm telling you the truth, it's not going to happen."

The Premier forgot who he was talking to at that moment. He thought he was talking to his caucus or his cabinet. He forgot he was talking to the media and he told everyone what he really thought—that not following the insane course that we were on may amount to a political disaster for him. That tells you everything you need to know about what's happening here today. It's not about COVID. It's not about health care. It's not about keeping people safe. It's about politics.

That quote was also very demeaning and insensitive toward anyone who suffered mental health anguish as a result of the pandemic and the lockdowns, and toward the families of those who self-harmed.

Every day this government looks at opinion polling, and this is where the polling led them to. They created all this fearmongering and now they have to respond to it. They also have to justify their actions so they have to feed more fear. Now they can't retreat from it. They are stuck. Instead of calling out public health, they decided to take a back seat.

But how did they not make the distinction with long-term-care homes, and allow for this catastrophe to unfold? Why did more people die in the second wave in long-term-care homes than in the first wave? All of this is a distraction because of their failure to protect long-term care, because of the fundamental unwillingness by public

health, the science table and the celebrity doctors to admit that they were wrong.

Public health was wrong about everything. Even when the science evolved, public health continued to deny science. Let's look at some examples. We understood very early on that there's no transmission on surfaces, but public health has not acknowledged that until recently, and the obsessive cleaning at my Metro grocery store continues.

They claim that it's a droplet virus. That's one thing I agree with, with my buddy David Fisman: It's not droplet; it's aerosol. The New York Times had a piece on this in the summer of 2020. We still can't admit that it's not a droplet virus because acknowledging that distinction will make so much of what we've done for the last two years completely absurd. We had evidence that it's not droplet when the restaurants opened in New York in spring 2020. People were getting COVID through the ventilation, but they continued to suggest that it's droplet as late as last week. Finally, Dr. Tam admitted last week that it's not droplet. It took them two years.

Until two weeks ago we had restrictions outdoors. Why? Why this theatre of the absurd? We know that the virus does not transmit outdoors, but they prohibit gatherings. The government cannot point to a single example of an outbreak outdoors—not one—and yet we denied gatherings, assembly and expression. People were getting arrested for holding a Canadian flag at Dundas Square because they wanted their kid back in school or because they wanted to open their shop.

They claimed that they wanted to reduce mobility, remember? We're talking about mobility. They were going to implement a police state on April 16, but 34 out of 35 police forces in the province said no, God bless their hearts. But then they were wrong about mobility, because as mobility increased into the spring and summer, cases decreased, but the talk about mobility by public health still went on.

0950

For two years, they refused to utter the words “natural immunity.” Natural immunity is the first principle of immunology. But we're firing nurses and paramedics who had COVID because of the cancel culture that the Premier has succumbed to, because he wants to be loved and re-elected. Millions of lives are broken, Speaker. Millions of families are broken.

The goalposts kept moving every month, for the last 20 months. Public health knew of resistant variants as early as November 2020. Moderna said on January 12 that their shot is only good for a year. Pfizer was talking about a booster about a year ago. But public health continued to insist that we needed to reach herd immunity. How are you going to reach herd immunity with a leaky vaccine? How are we going to reach herd immunity when the efficacy wanes after six to eight months, and yet the government continues to deny science—which is why now it needs two more weeks to flatten the curve and four more months of emergency orders.

Despite this policy of destruction, they're coming back for more. They want an ability to reimpose lockdowns, to reimpose restrictions without any limitations, without coming back to Parliament and having a debate. Does it sound right to anyone, conceptually, that we should have emergency orders without a declaration of a state of emergency? If they want emergency orders, if they believe that there's an emergency or if they require extraordinary action that will only be available through emergency orders, then they should declare a state of emergency. They should put their money where their mouth is.

Instead, they have a government-controlled committee which rubber-stamps everything the Minister of Health and the Solicitor General put before it. They're not even allowed to ask questions, the government members. They have staffers out of university writing down questions for them that they're permitted to ask. I don't even know what it is they do here and why they don't stand up for their constituents. Instead, they're suffocating small business, suffocating hospitals, suffocating school boards and suffocating children, literally and figuratively.

The greatest denial of science is the failure to acknowledge that, thankfully and statistically, kids are almost at no risk. We should celebrate that. We should shout it from the rooftops. But instead, we're scaring children: “Stay away from Jenny. If you play with Jenny, you'll get the virus, and grandma will die.” That's the generation we just raised. That is the catastrophe we've caused to Ontario's children when we put them in boxes in the schoolyard and behind Plexiglas, in masks for eight hours.

I was joking with someone the other day. I was out for dinner this weekend—not a physically distanced dinner—that we should substitute all the classroom tables with restaurant tables, because that way it's probably safe, and the kids should be able to take off their masks and even talk while they eat. How come the adults are allowed to go out for dinner, sit down, take off their mask, eat and talk with no physical distancing, but kids, who are known to transmit less, who are statistically at almost no risk, are not allowed to take off their masks when they sit at their desk, are not allowed to talk during lunch?

Speaker, none of this makes any sense. None of it ever did. A smart lawyer taught me once and for life—and it's served me very well—that if it doesn't make sense, it probably doesn't work.

Interjection.

Mr. Roman Baber: My neighbour from Sault Ste. Marie should return calls to his constituents instead of heckling me.

Here's what it is: It's a respiratory virus, Speaker. It's dangerous. For anyone who wants to understand COVID, here is my take on COVID: It's dangerous to folks at end of life, especially with comorbidities. It's very transmissible and it may be risky to folks with metabolic conditions, particularly diabetes. But it's no cause to reorder society, to lock down people, to close schools or shut down our businesses. We have never done that before.

I know we don't even talk about businesses, because the Conservatives are the new NDP now. They're the party

of yes, the party that can pay non-efficiencies and gravy trains. They're now the party of yes. How many lives—how many businesses have been shuttered by virtue of these emergency orders?

According to the CFIB, an average business took on \$170,000 worth of COVID-related debt. This is despite the fact that they were not responsible for much of the spread. You see, most of the spread is actually happening within government-run institutions. Why can't we leave kids alone and leave small business alone? The saddest part, Speaker, is that all of this was foreseeable.

Lockdown is deadlier than COVID. I wrote that a year ago, which is why I now sit on this side of the House. Finally, the Minister of Health admitted yesterday that people died from related causes other than COVID, and the evidence against them is piling up. Lockdown is deadlier than COVID. I know that most members on the other side know it. The Premier knows it. I think the media is coming around to it. The Liberals play pretend. Some Dippers get it. But everyone here is still pretending. Yes, this is on all of us.

Let's look at evidence. Look at the Toronto Star on May 19 this year, a day or two after Public Health Ontario released their report—

Interjections.

The Acting Speaker (Mr. Percy Hatfield): Order, please. I'm sorry to interrupt the member from York Centre. We're having cross-aisle dialogue which isn't enhancing the debate. I have to listen to what the member is saying and I can't always hear him if we're doing the cross-aisle thing. So, please, he has another seven minutes.

I return to the member for York Centre.

Mr. Roman Baber: Let's look at the evidence, okay? The Toronto Star comes out on May 19, two days after public health opined on overdose. The increase in overdose—

Interjection.

Mr. Roman Baber: The member from Sault Ste. Marie has a crisis in his riding and he's heckling me over overdose. Shame on him.

The increase in overdose alone in people under 50 is more than double than all of those who passed away from COVID. Look at Statistics Canada this year on excess mortality last year. During some periods, excess mortality is 3 to 1 on other causes versus COVID. Don't bury your head in the sand; go look at the evidence.

We have a mental health catastrophe, especially in pediatric mental health. We've always had hallway health care, but now CHEO and McMaster Children's Hospital don't have any pediatric mental health beds left. A quarter of a million surgeries were postponed. How many people are going to die as a result of that? We deserve an answer. A million cancer screenings were missed. How many people will die because they were diagnosed late?

Just under a year ago, when I warned the government about the mental health catastrophe, about the drastic increase in overdose and the pending tsunami of cancer that Princess Margaret hospital was worried about, I was accused of misinformation and removed from caucus.

Instead of recognizing that we're on a collision course with an iceberg, the government House leader decided to flex his muscle.

The deputy leader of the NDP: The only thing the NDP had to say in response to me sounding the alarm was that we need to recall Parliament a month early so they can take away my committee chair, so I make \$1,000 less for the following month. That's what the opposition thinks about children who are self-harming and the human catastrophe of overdose that is gripping their own ridings.

COVID is real and it can be deadly. Two very close people in my life lost a family member to COVID. It breaks my heart, but that doesn't change the objective evidence that lockdown is deadlier than COVID.

If the point is to save lives, then we're not saving any lives. We are costing and harming lives. This motion will cost lives.

I would like to conclude with portions of an article cited by the CBC last Sunday by Dr. Sheila Singh, a pediatric neurosurgeon from McMaster Children's Hospital in Hamilton. Dr. Singh published an article in *Brighter World* on October 5, 2021. Among other things, she writes as follows—this is a Hamilton brain surgeon, a pediatric surgeon. I'll quote and I'm editing some:

"Many aggressive brain cancers occur before the age of five, and are difficult to diagnose in young children...."

"Very often in the last year or so, I have seen children for the first time when they have already reached the end stage of brain cancer...." These "are children whose lives we could have saved if ... diagnosed even six months earlier...."

"Sometimes families were too reluctant to take their children to see their family physicians, or regular care was only accessible through" virtual "appointments, where so much less information is available to the clinician. This includes the vital observations that can only come from a physical examination...."

"The fear and distraction generated by our approach to the pandemic drowned out other concerns, with dreadful consequences," says the doctor from Hamilton.

"Sadly, I'm certain that these preventable deaths are happening throughout the health care system, among children and adults alike. Patients have delayed seeking diagnosis and treatment because they were more afraid of the virus than of whatever else was happening.

1000

"My colleagues talk about adult patients who skipped diagnostic procedures like colonoscopies, ignored chest pains or failed to investigate other serious concerns."

Speaker, she says, "As we appear to be emerging from the worst stages of the pandemic, I am bracing myself to see more children with advanced terminal cancer, knowing they could have lived if not for this well-meaning but misguided approach."

I want to be very clear, Mr. Speaker, these cancer deaths in these children, resulting from delayed diagnosis, are the fault of this government. This government, this Premier, this health minister, this Solicitor General, are responsible for every one of these children. And the

opposition and the independent Liberals who have no courage to stand up for the vulnerable, for the minorities, for the children, just like they have no courage to stand up against the segregation that is now happening in our province, they too are responsible for the catastrophe that this motion seeks to extend.

It is important to note that Dr. Singh pleads for more in-patient, old-fashioned care, when a doctor can have a good look and feel, particularly with patients who don't communicate well, like children. And yet the Minister of Health releases a nonsensical survey that suggests that patients and doctors like virtual care. It's the main complaint I get in my constituency office: "I want to be able to see a doctor in person." There should be an option to see your doctor in person.

Speaker, more and more people are realizing the gravity of the disaster caused by this government and this pandemic. I wish I was wrong in my letter to the Premier of January 15, but I was right: Lockdown is deadlier than COVID. Any MPP with a working cell phone would have known that a year ago, and a lot of MPPs are now waking up in this House. Don't look away; I can see all of you, and the public can see all of you.

Yesterday, the Minister of Health finally admitted that people died from other causes, and we're going to dig down and get to the bottom of it. I just surely hope that the truth will prevail. It's important that it does, or else groupthink and cancel culture will drive the response during the next pandemic or any other issue that we're dealing with—labour, health care, the environment, our finances. We should entertain opinions instead of censoring them or punishing well-meaning professionals who tender opinion.

I hope the truth will prevail, although there are either of two ways that this is going to end: Either the narrative will continue crumbling down and the truth will prevail and everyone is going to be held accountable, or the narrative will reinforce itself with censorship and misinformation. Of course, government members want this narrative to stick for re-election purposes. It's very unfortunate that the Conservative Party, which used to stand on principle and good government, on doing the right thing even if it was the unpopular thing, is now the party of yes.

Please withdraw this motion, protect long-term care, build hospital capacity and leave Ontarians alone. Going back to normal is the best thing we can do for the health care of Ontarians.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. Bill Walker: It's truly a pleasure to stand here and speak today in regard to government order number 3, the reopening Ontario act and the extension until March 28, 2022. It's truly a pleasure to stand today.

What I want to do is start off by saying, again, a tremendous thank you, a heartfelt, sincere thank you, to every single person out there on our front-lines, in every capacity—I'm not going to try to name them, Mr. Speaker, but every single person who has stepped up and put themselves first for the betterment of our community, for

the betterment of our world. I want to make sure that we do that. We truly have had heroes at every step of the journey that we've been on.

And none of us want to be on the journey, Mr. Speaker. Let's make that absolutely clear, that nobody had a choice and we've done our best to try to get through it. But the people of Ontario have truly stepped up and ensured that we have been able to get through it. And, now, as we go through the reopening act, as we go through the recovery period, we are continuing to put the health and safety of people first, Mr. Speaker.

Volunteers, businesses, Ontarians, not-for-profits, every single person, every business, every group has been impacted by this. And, sadly, Mr. Speaker, I want to pay homage to those who have lost their lives during this once-in-a-lifetime pandemic. Our thoughts and prayers go out to all family members who have been impacted. It's why we must remain vigilant and continue to do all we can do to stop the spread of COVID-19 and its variants.

Mr. Speaker, I was part of cabinet when all of this happened, and I can tell that you that every decision made was with the guidance of the Chief Medical Officer of Health for the province and the medical and scientific table. Nothing was done just on a whim to say, "We're going to do this," and it bothers me, frankly, when I hear members of the opposition or the other side suggesting that this is about partisanship, that it's about the Premier, that it's about someone making an individual—because, if they were in that room, which they weren't—the people speaking from the opposition were not in that room. They do not know. But I sat through every one of those meetings while I was a member of cabinet, and we truly put the thought of the people of Ontario as the greater good of our decision-making and we truly did rely on the expertise of the science and health table, those experts.

Again, even they had never been through something such as COVID-19 as a pandemic, but they were doing their best. They were using their knowledge, their experience, their education to guide us, and we truly listened to them at every step of the way and continue to do that. I'm extremely proud to have been part of that cabinet, and I commend my colleagues who are still at that cabinet table continuing to make the decisions that they are, and that includes the extension to this order.

Mr. Speaker, we have to do things in a prudent manner. We are continually looking at how we can gradually and safely lift these restrictions and ensure that we move forward every day to get back, as some members opposite have said, to normal, whatever that normal will be. We want to safely reopen. We want to go back to a cautious restart of those everyday activities. Every single one of us has had to step back and actually appreciate how good we had it and how flexible our world was to allow us to have things on a whim, but we need that steady recovery from the pandemic.

I want to also do a shout-out, in my particular case, to our medical officer of health, Dr. Ian Arra, and his whole team at the medical health unit and all of the people who are involved, again, in every capacity of our health care

system particularly. I'm so proud at the end of the day—and I'm going to throw some stats out just so that I don't run out of time—to commend Dr. Arra and his team:

- total doses for Grey Bruce vaccinations: 244,716;
- per cent of eligible population with one dose: 86.2%;
- per cent of eligible population with two doses: 83.4%;
- per cent of total population with one dose: 75.6%;
- per cent of total population with two doses: 73.2%.

We have administered, in Bruce–Grey–Owen Sound, third doses to long-term care, retirement homes and high-risk elderly congregate living settings meeting the provincial target. We've completed the first and second doses of vaccines in school clinics for youth aged 12 to 18 years and offered two clinics in each school in Grey Bruce. They've established 17 local community mini-hubs to increase accessibility for the launch of third-dose boosters, last-mile administration and the five-to-11-year-olds. We started our clinics to provide the third dose to age 70 on the same day as the provincial announcement, and they're ready to commence the five-to-11-year-old campaign as the vaccine for this age arrives in Ontario this week. I believe the plan is for Friday, to give an extra day to ensure that it will be there to be able to do it.

They've continued to work together to support pharmacies and primary care to administer COVID vaccines, and continue to work together in support of Indigenous communities in administering and implementing vaccine strategies and plans. We had the GO-VAXX bus come to Grey Bruce back on October 24 and October 25: 47 doses administered in Ripley and 67 in Durham. Those two buses, as you know, were converted to serve as mobile vaccine clinics and were great additions to our area.

A highlight of the vaccine rollout of Grey Bruce in 2021 was that Grey Bruce was the only health unit that was a hot spot for less than four weeks, and lessons learned were shared with colleagues across the province. A new provincial COVID-19 booking system was tried as a trial in Grey Bruce, to be part of the process to find ways to improve and do it as efficiently and effectively as possible, and the ability to download the Grey Bruce COVID-19 vaccine app so that, again, people who wanted to could utilize the latest technology to be able to do that. It was truly an honour and it continues to be an honour to work with a doctor who has dedicated his passion and his commitment—his life, frankly—to serving the people of Bruce–Grey–Owen Sound and our great province.

I might have said it already in the House, but it's worthy of a repeat: Dr. Arra, again, was the originator of the hockey hub. How much more Canadian can you get than a hockey hub to serve the people's health of not only Ontario and Canada but, frankly, around the world? This hockey hub transformed the effectiveness, the ability and, frankly, the speed with which people could get vaccinated. It was set up in a standard hockey arena and could administer around 4,500 vaccines in a 10-hour shift of five vaccinators. Mr. Speaker, it truly was a game-changer.

1010

The hub model capitalized on the optimal readiness and collaboration among Grey Bruce Health Unit, Grey and

Bruce municipalities, police services in Grey and Bruce and community partners. It actually was hosted in Hanover in my riding, in Owen Sound in my riding and in Kincardine in neighbouring Huron–Bruce, Minister Thompson's riding. Again, over 5,000 people a day on average were seen.

I want to send a special shout-out to Bruce Power because Brampton, we'll recall, was a significant hot spot, and what happened is Dr. Arra reached out to their medical officer of health and said, "How can we help you?" What they said is, "It would be great to have one of your hockey hubs here in Brampton." So they did, and Bruce Power mobilized and helped set that up very, very quickly, again, to try to put that fire out in the hot spot, Mr. Speaker. It was fantastic.

Then, people around the world started calling. New Zealand, for example: A three-day clinic there running July 30 to August 1 averaged over 5,000 patients administered vaccine a day.

We also have a vaccine task force that was set up in Bruce–Grey–Owen Sound to be able to do that. Again, we had a hot spot happen in one of our First Nations communities. Dr. Arra and team rushed in as quickly as they possibly could to help put out that fire and make sure we could. They've also gone to homebound residents in Bruce–Grey–Owen Sound to help with that—again, just fabulous, fabulous leadership and execution by Dr. Arra and his team at the Bruce Grey medical health unit.

Mr. Speaker, I want to return to some of the key points in regard to some of the misinformation that's out there in regard to how decisions are made, were made and continue to be made, and it is always under the guidance and support of the medical officer of health and the health and science table. They guide us. What we've tried to do is make sure that we actually have very prudent, very measurable and very methodical processes.

Some people are suggesting you don't need to have this act, that you don't need to extend the time. Mr. Speaker, what I would suggest to you is that then means that we would not be able to act as swiftly; we would not be able to act as quickly. As we know, we will rise for Christmas recess early in December. If something happened—we saw it with version 4 of the—it happened, it moved very quickly, and we had to again make very quick decisions on something that's rapidly moving. If you don't have this act, if you don't have the ability for cabinet and government to act quickly, you would have to reconvene. You would have to come back and debate. That's a time delay when people's lives are hanging in the balance. What are the consequences of having to go through that long process as opposed to giving process and ability for the government to make decisions quickly and swiftly to protect the safety of the people we are given the pleasure to serve?

There's a saying, "Extraordinary measures for extraordinary times," and I truly believe COVID-19 has put us in that situation. We have to, as a government, regardless of what the political stripe would be, be given the ability to do the job, to make the safety and the health of the people of Ontario the absolute priority.

Mr. Speaker, we need to have acts like this that the Solicitor General is seeking to ensure we have flexibility and that we can move as quickly as we possibly can. We have, all the way through the pandemic, particularly in the recovery and now again in the reopening Ontario act—to move gradually, to move safely to reopen, to ensure that. The threat is still there, and we can't lose sight, Mr. Speaker. Yes, we're moving in the right direction; yes, we've been able to take back some of the precautions because we have as a society, as a community, as fellow friends of each other and family, stepped up and done the right thing so we are able to safely and gradually reopen, but that threat is still there. We still need to be vigilant, and we still need to be able to perform as quickly and rapidly to adjust. Just as the vaccines have helped significantly—and to every single person out there who has stepped forward to have a vaccine, thank you, because not only are you doing it for yourself, more importantly, you're doing it for others.

We will continue wherever we can to ease restrictions, but we will maintain the important select measures to protect the people from the ongoing threat of COVID-19. This act, the reopening Ontario act, allows—

The Acting Speaker (Mr. Percy Hatfield): Allow me to stand and say, unfortunately, sir, you have run out of time at this stage of the debate because the agenda says that we move on to members' statements.

Debate deemed adjourned.

The Acting Speaker (Mr. Percy Hatfield): You will have the opportunity later when this matter is back on the floor to continue with your presentation. Thank you so much.

WEARING OF PINS

The Acting Speaker (Mr. Percy Hatfield): I recognize the member from London North Centre with a point of order.

Mr. Terence Kernaghan: I'd like to ask the House's permission to wear a diabetes pin for my member's statement today.

The Acting Speaker (Mr. Percy Hatfield): The member for London North Centre is seeking unanimous consent without notice to wear a diabetes pin when it is his turn to do a member's statement. Are we agreed? Agreed.

MEMBERS' STATEMENTS

LAND USE PLANNING

Ms. Rima Berns-McGown: Last week, a new carving by Garrett Nahdee of the Seven Grandfather Teachings was unveiled inside the legislative chamber at Queen's Park. The eagle, beaver, turtle, wolf, bison, bear and raven represent the guiding principles of love, wisdom, truth, respect, humility, honesty and courage. They watch over us to urge us to legislate in a good way and to take legislative steps towards meaningful reconciliation—

which, in turn, must mean working with community, including urban Indigenous communities, to co-create transit that safeguards the environment and our urban wetlands and ravines wherever we can.

The Friends of Small's Creek and local community are incensed that Metrolinx is intending to clear-cut half the Small's Creek ravine—one that is treasured by local Indigenous people—and destroy its precious wetland in the coming days, because it is completely and utterly unnecessary. Engineers have outlined alternative approaches that would preserve the integrity of the ravine and wetland and save many of the ravine's mature trees.

The bigger, systemic issue is that Metrolinx has been designed to not engage in meaningful consultation with community. Yesterday, the Auditor General blasted the government for exactly this failure where it concerns the environment. It's time to do things differently. We can build transit and save our precious wetlands and ravines. There is no need to choose between them.

The Seven Grandfathers' guiding principles must be central in everything we do, including building transit that doesn't destroy the environment. It's the only way that we will build Ontario in a good way, for everyone who lives here.

PLACES OF RELIGIOUS WORSHIP

Mr. Billy Pang: This September, I was honoured to attend and speak at the Intercommunity Breakfast Summit. Organized by the Canadian Coptic Foundation, this summit was joined by many religious communities, including Greek Orthodox, Coptic Orthodox, Jewish, Hindu and more. This event created a space for attendees to openly discuss and create an appropriate response towards a growing concern many of us here also share: the concern regarding the incidents of targeted attacks on churches throughout our country. According to the organizer, to date, over 68 churches of different denominations have been vandalized or set on fire across Canada. And, I want to emphasize, this number is just for this year alone.

Targeted attacks against churches and places of worship are wrong and unacceptable. Such crimes and acts of hatred have no place in Ontario and Canada. Ontario was built on the backs of Ontarians from different cultural and religious backgrounds. This is what makes Ontario unique, and this is what makes us strong.

Mr. Speaker, every Canadian, regardless of their religion or denomination, has the right to feel safe when they practise their faith. Here in Ontario, let's raise more awareness towards this issue and continue to work together and stand against religious violence in all of its forms.

ELECTRIC VEHICLES

Mrs. Lisa Gretzky: The Premier recently shared his plan to get electric vehicles built in Ontario. Unfortunately, like many of the Premier's announcements, there is no substantial plan for how the Conservatives will motivate

Ontarians to buy electric vehicles. An NDP government would start by reinstating the Electric Vehicle Charging Incentive Program that this government cancelled in 2018.

Though the Premier calls it a millionaire's incentive, it's not millionaires buying the award-winning Chrysler Pacifica that is built in my riding of Windsor West, it's hard-working, middle-class families in my community and across Ontario that are looking for a reliable, built-in-Ontario vehicle—people who work in restaurants, grocery stores, health care, schools, auto parts manufacturing and those at Windsor assembly who build the Pacifica. It's the people who work hard, give back to the community and live under constant uncertainty about their job security.

Thousands of my constituents lost their auto jobs while the Premier waves them goodbye, without any concrete plan to retain these jobs. Windsor assembly lost their third shift last year, and the second shift is now in jeopardy too. We continue to lose good-paying auto jobs to countries that offer incentives to buy electric vehicles.

1020

The Premier said he won't bring back incentives because of slow EV sales. News flash for the Premier: The purpose of incentives is to increase sales and usage of electric vehicles. By reinstating EV incentive programs and building back the charging stations his government removed, it would demonstrate a real commitment to the auto industry as our country competes to secure once-in-a-generation investment against other countries.

The Premier must immediately rethink his decision and offer incentives to promote EV sales, protect our environment and help save thousands of jobs in my community and across the province.

SHOSHINKAN MARTIAL ARTS

Mr. Michael Parsa: Recently, I had the opportunity to meet with Sensei Steve Armes, the director and chief instructor at Shoshinkan Martial Arts, to celebrate the dojo's 10-year anniversary. Mr. Armes and his team instruct martial arts classes and teach self-defence to hundreds of youth and adults across my riding of Aurora–Oak Ridges–Richmond Hill.

But, Speaker, joining a dojo goes beyond learning self-defence. They focus on developing patterns of thinking and problem-solving. When speaking to the staff and students at this event, it was quite clear that a dojo's main goal is more than just teaching martial arts.

As students progress through the ranks, they develop life skills which promote a strong and disciplined mindset which will remain with them for life. Such skills include service to the community and unconditional support to anyone who is in need of assistance. Senpais also teach their students how to develop a relentless work ethic to achieve their goals, and obtaining a black belt, which is the highest honour, means you possess the leadership skills to not only defend yourself, but to also serve others around you.

Speaker, I'm proud of Shoshinkan Martial Arts for their commitment to helping people in my riding. Their work is

vital to developing future leaders in our province. I want to thank Steve once again for being a wonderful leader in our community. Your commitment to helping others is very much appreciated.

DIABETES

Mr. Terence Kernaghan: I recently had the honour to be at Banting House in my riding of London North Centre to mark World Diabetes Day, Dr. Banting's birthday and the 100th anniversary of insulin, a defining moment in Canadian and world history. Along with Charles Best, John J.R. Macleod and James Collip, Banting's team changed the world for diabetics. They changed what was a life sentence for some and a starvation diet for many more into a full life, something many of us take for granted.

It's also inspiring that these visionaries understood that no one should profit from another person's ill health, selling the patent to U of T for \$1. This is truly Canadian: that no one, regardless of their ability to pay, should be out of pocket for health care. Banting never profited from his discovery, and I believe that we must continue Banting and Best's legacy, to ensure that diabetes supplies and testing equipment are fully covered by the province.

On May 13 this year, I was proud to vote in favour of the member from Essex's Bill 272, opening the Assistive Devices Program to include flash glucose monitoring and continuous glucose monitoring devices. While this particular bill did not pass, it remains something everyone in this House should support for those living with diabetes. Diabetes is an expensive disease to manage, and equipment and supplies should be covered. Diabetics deserve universal pharmacare, no matter how old they are. Too many people on ODSP live under the poverty line, on the brink of financial ruin, simply trying to manage their diabetes. This is wrong, and this is not Banting's dream. Banting believed insulin belonged to the world, and I couldn't agree more.

I'd like to thank Banting House's curator, Grant Maltman, as well as the donors, sponsors, visitors and volunteers, for maintaining the flame of hope and Banting's legacy.

JOSÉE FOREST-NIESING

M^{lle} Amanda Simard: C'est avec tristesse que j'ai reçu la nouvelle samedi du décès de la sénatrice Josée Forest-Niesing, une fière Franco-Ontarienne dédiée au service public. Nous avons perdu une femme remarquable qui a défendu les intérêts de la communauté franco-ontarienne avec ardeur.

Au nom de tous les Franco-Ontariens, de tous les gens de Glengarry–Prescott–Russell et de mon équipe, je tiens à exprimer mes sincères condoléances aux proches de M^{me} Forest-Niesing. Son temps ici fut limité, mais tellement bien investi. Nous sommes plus forts à cause d'elle.

Mr. Speaker, Senator Forest-Niesing died of complications of COVID-19. She had received two doses of the

COVID-19 vaccine earlier this year, but had an autoimmune disease that made her particularly vulnerable to the virus. Despite how far we've come, people continue to get sick and, sadly, die. Senator Forest-Niesing's death is a very real reminder of the importance that we all get vaccinated—to protect ourselves, to protect others, but most importantly to protect people like Josée, the most vulnerable who cannot protect themselves. They are counting on us.

GURU NANAK DEV JI GURPURAB

Mr. Amarjot Sandhu: Friday, November 19, marked Gurupurab, the 552nd birth anniversary of Sri Guru Nanak Dev Ji. Gurupurab is a holy and religious holiday for members of the Sikh community, including myself. It is celebrated as the birth of Sri Guru Nanak Dev Ji, the creator and founder of Sikhism.

Sri Guru Nanak Dev Ji was a renowned philosopher who travelled the world teaching the three pillars of Sikhism. These three principles are: Naam Japna, remembering God through meditation; Kirat Karni, earning an honest living; and Vand Chakna, sharing with the needy.

Sri Guru Nanak Dev Ji travelled the globe on foot with a mission of uniting the world through love and kindness. All of his teachings and lessons contributed to the creation of Sri Guru Granth Sahib, which is the central holy religious scripture in Sikhi.

Through you, Speaker, I would like to highlight Sri Guru Nanak Dev Ji's selfless and kind nature. Gurupurab is celebrated to honour his life, achievements and, most importantly, his legacy. The holiest day of the year for Sikhs is typically celebrated through visiting the gurdwara and partaking in seva, which is an act of selfless service that is performed without any expectation of result or award for performing it.

HEALTH CARE WORKERS

Mrs. Jennifer (Jennie) Stevens: I stand today to follow up on a commitment I made to honour Nursing Week. Decision-makers in this chamber and across Ontario have expressed genuine gratitude to the experience of our front-line health care workers throughout the pandemic. While I recognize these expressions are genuine, I also see through the lens as a former front-line health care worker.

Next spring, Ontario will be hosting an election, and the front-line health care workers who have kept us safe deserve more than to be treated as political tokens, more than being labelled heroes but seeing no action or delayed action on health care issues. So the last few weeks I have reached out to most of the front-line health care organizations in Niagara. Simply, they want to push for meaningful action in this Legislature today. That means hospital funding and resources when nurses need them so they feel safe. But, at the core, show them that you want to fix the human resource crisis in health care today. Do it

by enacting a policy that hires more nurses and PSWs to reduce burnout and increase recruitment today, not just commitments that are too little and stretch too far in the future. That means removing Bill 124 that caps earnings below inflation, to increase retention.

Across Niagara, we are launching a petition where we will get hundreds of front-line health care workers to join in and say the same thing. Just because there is an election coming up does not mean they need to settle for election promises. When it comes to health care, our true heroes deserve real action today.

OMEMEE BICENTENNIAL

Ms. Laurie Scott: I am pleased to rise today to recognize and celebrate the village of Omemee's bicentennial. Two hundred years ago, in 1821, Omemee was founded by the Cottingham family who immigrated to Upper Canada from Ireland. In the early 1800s, after the Cottingham family established a grist mill and sawmill on the Pigeon River, a village grew around the mill. More than a decade later, in 1835, the village was named Williamstown, later renamed Metcalfe in the 1840s, and finally Omemee in 1857. The name Omemee was based on a Mississauga word meaning "pigeon."

The construction of a railway in 1857 fostered the growth of the community, which became a thriving shipping point for timber and grain. In the late 1800s, Omemee had become a central hub with a grist mill, two sawmills, a tannery, a foundry, a shingle mill, a cloth mill, three churches, four hotels, an elementary and secondary school and a newspaper.

1030

Today, Omemee remains a reflection of the bustling hub it was, with beautiful historic buildings and community landmarks. Small towns like Omemee are filled with history and character, and continue to remind us of the importance of our past and show us how communities are capable of growing and adapting to the changing economic need. Happy anniversary to Omemee.

VISITORS

The Speaker (Hon. Ted Arnott): I'm very pleased to inform the House that one of our page captains today is page Athisha Surees, from the riding of Markham–Unionville, and we have with us today at Queen's Park her mother, Juga Surees, and father, Surees Panchadcharam.

Also, our other page captain today is Rishi Bharagava, from the riding of Etobicoke North, and we're joined today by his aunt, Radha Mistri, and his uncle, Smiteen Mistri.

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

MICHAEL JAMES BREAUGH

The Speaker (Hon. Ted Arnott): I recognize the government House leader on a point of order.

Hon. Paul Calandra: Mr. Speaker, if you seek it, you will find unanimous consent to allow members to make statements in remembrance of the late Mr. Michael James Breough, with five minutes allotted to the independent members as a group, five minutes allotted to Her Majesty's government and five minutes allotted to Her Majesty's loyal opposition.

The Speaker (Hon. Ted Arnott): Agreed? Agreed.
I recognize the member for Ottawa South.

Mr. John Fraser: I'm honoured to stand and say a few words about Michael James Breough, member of provincial Parliament for Oshawa. First elected in 1975, he was re-elected four more times and then he successfully ran to fill Ed Broadbent's federal seat in Oshawa in 1990.

He was a city councillor, a regional councillor and a teacher, and most importantly, he was a husband, a father and a loving grandfather. His long service to his community in elected office and as a teacher made a difference in the lives of many, and by all the accounts I have read and the people I have spoken to, Michael Breough was a positive, kind person who wanted to help people.

That kindness was not a weakness, because he had a sense of what was right and what was wrong. Brian Nicholson, a regional and city councillor, said, "If you went up against him, and tried to do things he thought were harmful, you were in for a fight." Nicholson also said Breough taught him never to forget where he came from, which is an important lesson to all of us in elected office.

Michael Breough's maiden speech in Ottawa reflected a common theme, a theme that I read and heard from others. He simply wanted his colleagues to be better at listening to each other and to the people who elected him. It's noted that he often clashed with NDP leader Bob Rae in the 1980s, and—although leaders don't agree on this, Premier—we all need a Mike Breough, right? We all do. We need people who speak their mind.

In his final speech in this chamber, he said, "We get a little carried away with party politics in this country, I think, and a ... bit more with party discipline.... I have found, in all parties, people who are good, honest people trying to do a job, and that is the bottom line."

To Michael Breough's family, his wife, Andrea; his children, Sean and Erin; and his grand-daughter, Kiera: We thank you for sharing him with us and supporting his contributions to his community, to our province and to our country.

The Speaker (Hon. Ted Arnott): The member for Guelph.

Mr. Mike Schreiner: I'm honoured today to also rise to pay tribute to Michael James Breough, former MPP and MP for Oshawa. Mr. Breough's accomplishments are long, and his family, I'm sure, is proud.

Born in 1942, a farmer and former feed salesman, he later became the first member of his family to attend university and was a proud teacher and union member. I think those earlier experiences shaped his interests and his career and his commitment.

In addition to being involved in politics, I was impressed with Mr. Breough's extensive involvement in

his community through the Canadian Legion, the Oshawa food co-op and the Oshawa Community Credit Union, to name a few of his many community involvements.

As stated, he served in the Ontario Legislature starting in 1975 and was by all accounts well-respected for his ability to both be a fierce partisan, even challenging his leader, but also somebody willing to work across party lines and a true gentleman, respectful of his colleagues of all parts of the aisle.

I love doing these tributes, because you get an opportunity to read the comments that people make in the House. One of his statements that stuck out to me was he said, "Politics is about you and I getting together to take care of one another." I thought, given the last 20 months that we've all been through, what a profound statement that was.

Mr. Breough's son, Sean, described him as a person who "wanted to make a difference for those who he felt didn't have a voice at all, who didn't have anybody to talk to at that level. His background being a school teacher brought that out in him."

I'm inspired by his commitment to his constituents. I'm inspired by his commitment to serving his community. I want to thank Mr. Breough's family for sharing him with us, because Ontario is a better place because of his service.

The Speaker (Hon. Ted Arnott): The member for Whitby.

Mr. Lorne Coe: What an honour it is to be able to speak to the sterling career of Michael Breough, a former member of provincial Parliament from 1975 to 1990 and a member of federal Parliament for Oshawa from 1990 to 1993.

Michael's legacy of public service started as a city councillor, followed as a regional councillor on Durham regional council for a number of years, where he left his mark in several areas in shaping the region of Durham, planning and development being one. During his time here at Queen's Park, he was the First Deputy Chair of the Committee of the Whole and also chaired other standing committees of the Legislature.

Following the election of June 1985, the NDP once again held the balance of power at Queen's Park, and Michael was appointed by his then leader, Bob Rae, to the three-person negotiating team with the Liberal Party. The result of those negotiations was the accord between the Liberal Party and the NDP, which saw the first democratic change of Ontario's government in over 42 years and led to the successful implementation of a host of reforms.

Speaker, there was nothing artificial about Michael Breough, and that's why so many people loved and respected him. Michael lived his life and made his career in this place without making any enemies, only friends and friendships that lasted across party lines.

It was no surprise, then, that Michael was a strong contender for Speaker of the Legislative Assembly in 1985. When asked about this by a reporter at the Oshawa Times, he responded, "They are looking for someone who can go from being fiercely partisan to fiercely neutral.... And I guess they need someone who's a parliamentary

junkie, and that's what I am." While another MPP was ultimately elected as Speaker, it was an honour for Michael to be considered for the position by his peers.

Following the retirement of Ed Broadbent, the sitting federal member of Parliament for Oshawa, in 1990, Michael contested and won the by-election. In Ottawa, he distinguished himself once again, both in committee work and in numerous debates in the House of Commons.

1040

As a former educator, Michael was passionate about introducing young people into politics. During his time in public office, he worked successfully to bring young people from Oshawa and adjoining towns and cities throughout the region closer to discussions with the body politic—the discourse and deliberation that shapes all of us here today, and those who serve.

Once he retired, Michael and his wife, Andrea, became members of the Whitby Yacht Club, situated in the south part of my riding. As a new councillor for the town of Whitby, it was my privilege of representing my mayor on the club's board of directors, which Michael chaired in his capacity as commodore. And during his tenure as commodore, he was highly principled and pragmatic, but engaging and smart, while never assuming that he knew it all. His accomplishments as commodore of the Whitby Yacht Club are numerous and forever etched in its history.

Colleagues, Michael wasn't in this, as is the stereotype, for money or for power. Michael was driven by conviction, of loyalty to his constituents and duty to our great province and country. He was who he was—nothing more, nothing less. A man who loved his family, loved his community and always worked to strengthen it.

In closing, I would like to share a quote from former American president, John F. Kennedy, another yachtsman, like Commodore Michael Breaugh, the captain of the B and B. "We are tied to the ocean. And when we go back to the sea, whether it is to sail or to watch it, we are going back from whence we came."

Sail well, my friend. Sail well.

The Speaker (Hon. Ted Arnott): The member for Oshawa.

Ms. Jennifer K. French: It is always an honour to stand in this proud Legislature, and today it is my honour to stand to share, on behalf of Ontario's New Democrats, and pay tribute to Mike Breaugh.

I am please to acknowledge Mike's family and friends on behalf of the Legislature. Mike is survived by his wife of 55 years, Andrea; his two children, Sean Breaugh and Erin Breaugh; as well as his beloved granddaughter, Kiera Breaugh. I know that Mike's cherished friends and extended family will have wished they could join us in person today.

When we pay tribute to former MPPs, it is a chance to remember them, recognize their work and celebrate their lasting impact. It is my honour to share a few words today on behalf of my home community of Oshawa, the community that Mike Breaugh loved and served for more than 20 years.

Michael James Breaugh started his journey on September 13, 1942, in Napanee, Ontario. Napanee was a

small town with heart, where everybody was connected. I've been told that the thing to do in Napanee was to spend all day at the hockey rink, which Mike loved to do. Years later, his wife told me that if you came to their home, it was always either politics on the TV or hockey. But Mike's father sold agricultural feed, was active in the local church and was connected to every facet of the community, and it was from these small-town roots that Mike would have drawn many of his community values—values about a shared journey, where every person was a friend waiting to be met and someone to learn from and laugh with.

Mike grew up and became a teacher and later a principal. It was at a grade 7 teaching job in Toronto where he met Andrea Todkill, a grade 5 teacher across the hall. They were married in 1963 and then moved to Oshawa, where Mike started his journey as a principal. Andrea told me that they hadn't lived quite a year in Oshawa when Mike ran for mayor. He had found out there wasn't anyone else running at that time and thought that was awful, and so he ran. They didn't know anyone at that time and he did not win, but, Speaker, Mike soon was elected to serve the city of Oshawa as an alderman and later as a councillor for the region of Durham, and was clearly committed to Oshawa and his many constituents.

It was in 1975 that Mike first ran for and was elected to provincial office as a New Democrat in the 30th Parliament. Across the years and successful elections in 1977, 1981, 1985, 1987 and 1990, NDP campaign volunteers and supporters became friends and family.

Mike's children, Sean and Erin, remember growing up in politics—in committee rooms and scrutineering. "It was just normal to have your name on lawn signs every once in a while," recalls Sean, who also shared that it was "just normal" to have Ed Broadbent over playing cards in the basement, and Nester, Bob, Sharon and the Oshawa NDP folks were "the family that they had for years."

Sean also remembers when Tommy Douglas and Stephen Lewis came to town to lend their support to Mike. Mike was well liked, well respected and well connected in the truest sense of the word. His way of making small-town sincere connections was a big part of who he was. There was "no political hierarchy, no job hierarchy—everybody was just part of it," or so I've been told.

His humour, too, was something everyone remembers fondly. He liked to have a good laugh, and as Ed Broadbent shared, he had an "incorrigible sense of humour which was infectious to be around. His characteristic wisecracks and self-deprecating humour would shine through. Mike could bring people down to a level with a wisecrack about something—which was always welcome."

Sean remembers when the Legislature cameras were new, and he just couldn't believe the way his father could stand and speak wonderfully and without notes. He said, "Dad would talk and talk and talk and talk—he was an excellent orator and a very organized mind." His assistant, Lorna, would have to convince people visiting that he was really in his office, because he would keep his desk

completely clean. He would get something and read it, deal with it and get on with it.

Mike also served the Legislative Assembly of Ontario as the First Deputy Chair of the Committee of the Whole House—or, in plain language, was a Deputy Speaker. He commented in 1985, “They are looking for someone who can go from being fiercely partisan to fiercely neutral.... And I guess they need someone who’s a parliamentary junkie, and that’s what I am.”

Mike served for 15 years as an NDP MPP here at Queen’s Park, from the 30th through the 34th Parliaments. He made the move to Ottawa in 1990, succeeding Ed Broadbent. Ed Broadbent remembers that Mike was a gifted orator: “He was a no-nonsense kind of guy. When he spoke on party matters, he spoke in plain, unpretentious language—straight language—that was quite clear to anyone who was listening, which was a great quality for a politician.”

After 22 years in office in Oshawa, when Ed Broadbent resigned his federal Oshawa seat, it was Mike who won it in August 1990. He commented, “The trust of this city in the NDP is justified and still there.” He stepped into Ottawa with his small-town roots, brilliant humour and clear sense of community values.

From an article in 1991, Mike was asked about the differences between Ottawa and Queen’s Park. As he remarked, “I find it different, which is the polite word, but frustrating is the accurate word.... The animosity levels are high all the time in Ottawa. At Queen’s Park you basically had to get along because you had to work together.”

In 1993, Mike Breagh, along with many great MPs, had to make the adjustment from public servant to public. Mike continued to keep his eye on politics and was a frequent pundit on election nights. He stayed connected to the community, and any club he was in, he was involved in completely.

But his real joy in his retirement was his granddaughter, Kiera. They were, as her mom, Erin, put it, partners in crime. They did everything together. Mike would go everywhere with Kiera: out to lunch, around town and to the boat. As the only grandbaby, she was the sparkle in his eye, and I am sure that Kiera has wonderful memories and will carry his love with her into her bright future.

Mike and Andrea spent time boating through the years, and their last boat, the B and B, was a 39-foot power boat that Mike loved. He loved boating. In his retirement, he was the commodore of the Whitby Yacht Club. His son remarked, “He was always just sailing the boat forward, calmly and coolly, which was quite amazing.”

Michael Breagh was 78 when he passed on November 22, 2019. We offer our sincere condolences to his loved ones and sincere appreciation to Andrea, Sean, Erin, Kiera and to Mike’s extended family and many friends for sharing him with this House and the province. As Mike’s daughter told me, “He was a good one. He did the job right—the way it was supposed to be done. He was in it for the right reasons, did it the right way and cared about the people.”

In Mike’s own words, “It all comes down to a simple process: politics is about you and I getting together to take

care of one another. That’s mostly what drives me. I’m enthralled by it.”

Mike Breagh took his family and so many wonderful friends on a remarkable voyage with him. He made some waves, but always sailed forward confidently through 20 years of politics with purpose, humour and resonance. May the wind be always at your back, Mike, and may the sun shine warm upon your face.

Oshawa and Ontario are ever grateful to Mike Breagh for his life of service, invested heart and commitment to the people he loved.

Applause.

1050

The Speaker (Hon. Ted Arnott): We give thanks for the life and public service of Mike Breagh. I want to thank the members for their tributes this morning.

It is now time for oral questions.

QUESTION PERIOD

COVID-19 IMMUNIZATION

Ms. Catherine Fife: Good morning, Speaker. My question is for the Premier. Parents are relieved that they can finally book appointments in this province for their young children’s vaccines, but they found out this morning that the province’s booking system doesn’t have appointments for families with more than one child. Parents have to book separate appointments for each child, and they are not being offered at the same time, much less the same day.

Speaker, I don’t know if it’s news to this government, but there are many families with more than one child. Why did the government not get this plan right again when they designed the vaccine portal at the very start of this process? Why do they keep messing up vaccines in the province of Ontario?

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

Hon. Christine Elliott: Thank you to the member opposite for the question. In fact, we have had an incredible vaccination program for adults. We currently have 89% of people 12 years old and older having had the first dose of the vaccine, 86% with a second dose. I’m sure that the vaccinations for children will go equally well.

It is wonderful news that Health Canada has approved vaccinations for children aged five to 11. They’ve been received in Toronto. They’re being shipped now to places where they can be delivered into little ones’ arms. We expect that will happen as of this Thursday.

We recognize that people can book their appointments on the central booking portal, but there are also parts of Ontario where some of the 34 public health units already have their own system that will allow for multiple vaccinations. We are hoping that some parents will be going with their children to receive the vaccines where

other members of the family can receive them, as well as the parents themselves.

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

Ms. Catherine Fife: Speaker, it is not going well. A mum named Katherine wrote this morning that she was relieved to finally have appointments for her young children, but she writes that she can't book multiple kids at the same time, so they'll have to be vaccinated on different days. Another mum, Beyhan, said, "Booked both my kids for their vaccine on different days, in different regions."

In BC, 75,000 kids were pre-registered last week. In both Alberta and Manitoba, somehow, those two Conservative Premiers were able to design a system that worked for families. Why are parents having to take multiple appointments on different days in different regions, just to get their kids vaccinated in the province of Ontario?

Hon. Christine Elliott: First, with respect to what's happened in other provinces, that was not done in Ontario because we did not know when we would be receiving the approval from Health Canada. There's no point in booking appointments when you don't know when you will actually have the vaccine.

Secondly, this is a problem that can be easily remedied by calling the line that one has always been able to call and making appointments for all two, three children, however many children you have. It's not necessary to book them online for separate days. This could be done with a simple phone call, to make sure that all children can receive their vaccine at the same time, and perhaps the parents as well, if they haven't received their vaccine.

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

Ms. Catherine Fife: Speaker, this chaos could have been avoided. There shouldn't be more roadblocks for families. They've already been through enough. Parents have done their part. They kept their kids home from visiting their friends or going to birthday parties. In the spring, the Premier even told kids that they couldn't play on playgrounds and get some exercise. Some parents today, right now, are being locked out from their kid's health card. Others are reporting that the government portal won't let their Internet browser through.

After all of the problems with these vaccine portals, how could the government not foresee that families need to book multiple appointments for their kids? Will the health minister commit today to correcting this design flaw that they apparently never saw coming? Families in this province deserve so much better, and we must get this right for children in Ontario.

Hon. Christine Elliott: Our vaccine portal has been very, very successful with respect to adults. This has been planned for months, for the vaccination of children. It's a problem that is easily remedied if the parent makes the phone call to ask to make sure that the appointments can be booked for all three children. This is not a serious concern.

Of course we anticipated that people might have more than one child, and this is a situation that can be dealt with very, very easily by simply making the phone call, as adults did in the previous situation for their vaccinations.

EMPLOYMENT STANDARDS

Mr. Gurratan Singh: My question is to the Premier. Workers in Brampton faced some of the greatest hardships during this pandemic. Not only are they essential workers who have to go to work so others can work from home, but a year into this pandemic, they didn't even have paid sick days because the Premier ripped up the two paid sick days that they actually had. That put workers at risk—their lives at risk and their families at risk.

In Brampton, workers and their families lost their lives because they didn't have paid sick days. But instead of fixing this problem, the Premier is making it worse by ripping up the temporary paid sick days that workers finally did get at the end of this year.

Why doesn't the Premier care about workers, and why won't he bring in permanent paid sick days so workers can stay home if they're not well?

Hon. Doug Ford: From the start of this pandemic, our government has said yes to protecting workers. We were the first to introduce unlimited job-protected leave so that nobody had to choose between their job and their health. This includes those who need to take time off, get vaccinated, mums and dads who need to take care of their children. The COVID-19 Putting Workers First Act passed unanimously for flexible paid sick days—no sick notes needed.

We've led the way with legislating COVID-19 paid sick days, offering double payments for the federal sick days program. More than 200,000 workers took us up on this offer, Mr. Speaker. Our worker income protection benefit does not require a doctor's note and includes time off staying home if you're not feeling well, getting a COVID test, awaiting COVID test results, going to get vaccinated or recovering from side effects.

I think we did a pretty good job with 23 paid sick days. No one in the country—

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

The supplementary question?

Mr. Gurratan Singh: Back to the Premier: The temporary sick days that this Conservative government introduced were never enough to cover the self-isolation period of COVID-19, which is 14 days. Our NDP bill on sick days will guarantee workers the respect they deserve with 10 permanent paid sick days. It also makes sure that the government helps businesses during the pandemic with the cost of up to 14 paid days.

For workers in Brampton, paid sick days would allow them to take care of themselves, their families and their co-workers. Why is the Premier so opposed to helping workers get the paid time off they need when they're sick?

Hon. Doug Ford: Make no mistake, Ontario workers, including foreign temporary workers, have access to the

most generous sick pay program coast to coast. No one even comes close to us. No province across the country comes close to what we offered—again, Mr. Speaker, 23 paid sick days.

We believe in taking care of people. We believe in taking care of the companies, unlike the opposition. They don't worry about the companies. They may talk a good game, but they do absolutely nothing to help small businesses and the workers.

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

Mr. Gurratan Singh: Back to the Premier—I don't think the Premier understands who's impacted by paid sick days, so let me spell it out for him: 60% of workers in Ontario don't have paid sick days. This number shoots up when you talk about front-line workers in food services, in hospitality and in retail. Those front-line workers who we applaud every single day in this House are often racialized and new Canadians.

Speaker, these front-line workers deserve decent wages, they deserve workplace rights and they deserve workplaces that respect their health, including the right to stay home when they're sick. Will the Premier do the right thing today and support the NDP bill for paid sick days?

Hon. Doug Ford: Again, Mr. Speaker, I'm not too sure if the opposition heard what I was saying. We have the best program in the entire country: 23 paid sick days. We also made sure that we boosted up the minimum wage to \$15, which they agreed with until we did it, and then they switched their mind, like they usually do.

We are the party of the hard-working folks. They're the party of the backroom deals and—

Interjections.

1100

The Speaker (Hon. Ted Arnott): The House will come to order. The member for Ottawa South will come to order. The member for Hamilton Mountain will come to order.

The next question.

HIGHWAY SAFETY

Mr. John Vanthof: My question is to the Premier. We've had our first snow event of the year in northern Ontario, and as a result portions of Highway 11 and Highway 17—the Trans-Canada Highway—were closed for over 24 hours. You have to understand, in many places in northern Ontario there are no places to park, no places to stop and you've already been on the road for several hours when you find out the road is closed.

In the last session we put forward legislation—the NDP did—to make Highways 11 and 17 class 1 highways for winter maintenance, like the 400 series, because they're the Trans-Canada Highway. Your government, Premier, voted solidly against it. The minister said it wasn't necessary because, "You know, the 11 and 17 are often the same standard as the 400 highways." That wasn't accurate when she said it and it certainly wasn't accurate a few days ago. Northerners need to know, will you make Highway

11 and 17, the Trans-Canada Highway, a class 1 highway for winter maintenance once and for all?

The Speaker (Hon. Ted Arnott): I will remind the members to make their comments through the Chair.

The government House leader to reply.

Hon. Paul Calandra: I appreciate the opportunity to answer the question. The member knows full well that the government has been making significant investments in improving on road maintenance, not only in northern Ontario but across the province of Ontario. I was pleased yesterday to see the return of the Ontario Northland as well, Mr. Speaker. That's good news for northern communities.

But as the member knows, it's not just about road maintenance. We've increased road maintenance in the north because we understand how important it is to get people moving across the north. It's part of the work that we are doing to unleash economic activity in the north.

There have been significant other investments in the north. I know in Sault Ste. Marie the member there has been working very hard to ensure that the steel industry there remains secure with significant investments. And there are a whole host of other investments that have been made in northern Ontario to bring prosperity back to the north, to make it safer for people to travel in the north.

The one thing that remains constant is the NDP vote against every single one of those investments.

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

Mr. John Vanthof: That's cold comfort when you're stranded on a highway with your kids.

The government House leader said winter maintenance isn't the only challenge. There are other challenges on northern roads. Transport trucks: The majority of transport drivers are excellent, but not all. Recently in Latchford the driver of a 40-ton tractor trailer, fully loaded, was charged with stunt driving, going over 100 in a 60. OPP stats: Deaths involving commercial vehicles on those highways are up 40% in the summertime and now we're going into the wintertime.

I urge the folks on the other side to look at the videos on Facebook. There's one from Beardmore that will send chills—chills—through you. Where is the MTO? What are you doing to make sure that all drivers are adequately trained for the unique conditions on northern roads? Where is the MTO?

Hon. Paul Calandra: It's obviously a priority of the government that we ensure that our roads are safe. That includes driver testing for those individuals that transport our goods and services along our highways, Mr. Speaker.

But let's be clear that it is the opposition that has voted against every single one of those initiatives. Whether it's initiatives to increase policing and additional resources for the OPP, they vote against it. Whether it's increased legislation to protect against stunt driving, they vote against it.

We understand how important it is to keep the economy going, not just in the north but across Ontario. In order to do that, there have to be significant investments in health

care. There have to be significant investments in roads. We have to make sure that our roads are safe, that people can get their driver testing done. Unlike the member opposite, who would seek to put scorn across all of those people who do the hard work of transporting our goods and services to market, we are doing the opposite. We're supporting them.

Interjection.

The Speaker (Hon. Ted Arnott): Once again, the member for Waterloo will come to order.

The next question.

GREEN POWER GENERATION

Mr. Vijay Thanigasalam: My question is to the Minister of Energy. My constituents often write to my office with questions about how Ontario is generating the energy that they are using on a daily basis. They want to know that their homes and businesses are powered by clean and sustainable power. At the same time, they also want to be sure that their government is fighting for them to ensure their bills remain affordable.

Ontarians can count on access to affordable electricity to get by and they know this province can't go back to the skyrocketing hydro rates we had under the previous Liberal government. Speaker, through you to the minister: What is our government doing to ensure Ontarians continue to have access to electricity that is affordable, reliable and emissions-free?

Hon. Todd Smith: I want to thank the member from Scarborough for the great question this morning. Ontario has one of the cleanest electricity grids in North America—in the world—94% of our electricity is being generated with zero emissions. It's all made possible by the foundation—the backbone—of our electricity system and our diverse power supply: nuclear power. Nuclear currently supplies 60% of the power used by Ontarians every single day. It is emissions-free, it's reliable and it's low-cost. It's also helping to drive economic growth here in Ontario. Most of the 76,000 Canadian jobs in the nuclear industry are right here in our province. The planned refurbishments and the refurbishments that are under way at Darlington and Bruce are creating \$100 billion to our GDP over the next number of years, Mr. Speaker.

Earlier this month I was with the MPP from Peterborough–Kawartha and there was a \$50-million—

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

The supplementary question.

Mr. Vijay Thanigasalam: Thank you to the minister for his answer. It's great to hear more in this House about the many benefits that nuclear power has for all Ontarians. I am glad that our government have been strong supporters of this source of energy that offers clean, reliable and low-cost power while driving economic growth in our province. Ontario and Canada have a storied history of being at the forefront of technological development in this exciting field that we should all be proud of.

Speaker, through you to the minister: Can the minister tell us more about some of the opportunities presented by the technological developments in the nuclear sector and

how the province will position itself to ensure all Ontarians can benefit from them?

Hon. Todd Smith: Very good question. Thanks to the member from Scarborough again. The member is correct: Ontario has a tremendous opportunity in front of us. I recently met with my colleagues from Saskatchewan and from New Brunswick and Alberta to talk about the further development of SMR technology—small modular reactor technology—here in Canada. They can be a game-changer, Mr. Speaker, generating clean, low-cost reliable energy while continuing to drive economic growth and export opportunities around the world.

I also recently discussed exciting new possibilities in the field of life-saving medical isotopes—

Mr. Bill Walker: Hey, hey.

Hon. Todd Smith: And I want to thank the member over there from Bruce–Grey–Owen Sound for his great motion that he brought forward, a motion to make medical isotopes production a key, strategic priority for Ontario going forward.

We know that the global isotope market is expected to double by 2023. That's just around the corner. We can see all kinds of opportunities when it comes to isotopes here in Ontario in jobs and making sure that we are providing this life-saving treatment—

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

The next question.

CHILD CARE

Ms. Jill Andrew: My question is to the Premier. Ontario has yet to sign the \$10-a-day child care deal, a delay not only hurting families but our economy. In Toronto–St. Paul's, I heard from a constituent, Sandy, who quit her job, as the cost of child care in Toronto outweighed her monthly income. It was less expensive for her not to work than to afford child care.

Their family's case is by no means isolated. As child care costs continue to rise, more families will be forced to make this same decision. The result? A labour exodus, mostly being experienced by women. Meanwhile, it's confirmed: Low-cost, universal child care is an economic multiplier. Tax credits—a patchwork solution—simply don't have the same impact.

Speaker, how does the Premier explain his delay to sign this deal aiding the economic recovery—especially and particularly a she-covey—in our province of Ontario?

1110

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

Hon. Paul Calandra: I appreciate the question from the member opposite. Look, we understand how important it is to make child care affordable across the province of Ontario. Obviously it's important to the economic recovery of the province. That is why we set out, right from the beginning, to reverse the trend that we saw under the previous Liberal government that saw rates for child care increase to the highest levels in the country.

We are working very closely with the federal government to bring forward a deal that would see Ontario families have access to far more affordable child care, \$10-a-day child care. We're working on that closely right now with the federal government, and I am confident that we'll get there.

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

Ms. Jill Andrew: Well, Sandy needs them to get on it yesterday.

My question is to the Premier. Just last week the Minister of Education excused this delay, saying they were waiting on a deal with "minimal strings attached," instead of the federal deal that emphasizes non-profit or public spaces. Speaker, we have seen what this government does with no-strings-attached funding: It pads the pockets of rich, for-profit investors and lets whatever pennies are left trickle into a failing care system.

When will the needs of struggling families, faced with costs many times upwards of \$2,000 for "child care" per child come before the needs of this government's Conservative buddies? When will the government get to the table to sign the affordable child care deal, following in the footsteps of provinces, even those led by Conservatives, across Canada. Even Kenney said yes. When is Ford going to get on the ball?

Interjection: Say "Premier."

The Speaker (Hon. Ted Arnott): Stop the clock. If I require the assistance of the government members in the discharge of my responsibilities as the Speaker, I will request it. And I will remind all members to refer to each other either by their riding name or ministerial title.

Please start the clock. To reply, the government House leader.

Hon. Paul Calandra: Again, the question is somewhat perplexing. What we have here is a federal government that is willing to work with the province of Ontario to better understand the needs of getting to the stated goal of \$10-a-day child care for the people of the province of Ontario. The circumstances are a little bit different in Ontario than they are in other provinces. We are working with the federal government to achieve that goal for the people of Ontario.

Mr. Speaker, what the NDP and the Liberals are saying is, "Don't worry about it. Just sign any deal that comes forward." But what we have here is a federal government working with us to get to that goal, Mr. Speaker.

I can give the member confidence that, like it was a Progressive Conservative government that brought in public health care, it will be a Progressive Conservative government that delivers \$10-a-day child care for the people of Ontario—like it was a Conservative government that brought in the college system and like it was a Conservative government that brought the first subways to Ontario. We'll get the job done while they talk.

POST-SECONDARY EDUCATION

Mr. Roman Baber: My question is to the Minister of Colleges and Universities. Post-secondary students have

suffered a catastrophe over the last two years. Even though, thankfully, late teens and early twenties are statistically at no risk of the virus, they missed many milestones like graduations, proms, frosh weeks and pub nights, but now many post-secondary schools are exacerbating the catastrophe and de-enrolling students who made a different medical choice.

Schools like Brock and Wilfred Laurier won't even allow students to enroll in online courses unless they're vaccinated, even though you can't transmit COVID over Zoom. Many students whose health or religious persuasion precludes them from taking the shot are unable to get an exemption and are forced to choose between their health and their education. I'm getting calls and emails from students who cannot graduate or are forfeiting their tuition.

My question to the minister: I don't anticipate that she will end this discrimination, but will she at least make sure that students who want to learn remotely can continue to do so, just like they've done for the last two years regardless of their medical status?

Hon. Jill Dunlop: Thank you to the member for his question. I'd like to remind you that universities, colleges and private career colleges are autonomous legal entities that are responsible for making their own academic and administrative decisions. In fact, in August we provided an opening framework, in conjunction with the Chief Medical Officer of Health. This included masking, as well as exempting institutions from certain indoor physical distancing requirements and also a mandatory vaccine policy in place. In fact, the vaccine rates in universities, colleges and private career colleges is 96% for students and 95% for staff and faculty. So I'd like to congratulate the sector for the high vaccine rate, in fact above the provincial average.

In fact, my own daughters attend post-secondary institutions and are happy to be back in their classrooms. This is so important for the mental health of our students. Thank you for the question.

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

Mr. Roman Baber: Speaker, how about the mental health of students who are getting de-enrolled, who cannot get an exemption like members of the Ontario PC caucus and cannot complete their education? When the minister says that she doesn't have the ability to regulate what's happening vis-à-vis the policies, I'm not sure that's accurate, and I invite the minister to consider that again.

Last week, I received a call from a Don Valley North constituent. He told me about his son who just started at York University and paid full tuition. York didn't have a policy in place until the first day of school. By then, the students had enrolled in all online courses and paid tuition. Two weeks ago, he learned that all of his courses are moving to in-person. He sought a religious exemption, but was denied. The email that denied him the exemption also advised him that, because of his medical status, he was de-enrolled from every course he was in, effective immediately, without notice. The school won't let him attend class remotely and won't refund his tuition.

I ask the minister, what is the harm in making sure that students can learn remotely? They're not putting any lives at risk. Instead, they are seeking accommodation. Will the minister please ensure that students who made a different medical choice are able to continue to learn remotely, and if not, why not?

Hon. Jill Dunlop: Thank you to the member for that question. As I mentioned, universities and colleges have had the opportunity to allow students to return safely to in-class. I have my own three daughters who have all returned to their universities for this semester and are happy to be back, with high vaccination rates in place.

The vaccination policy was in place by September 7. Universities, colleges and private career colleges followed that mandate and have returned, in some situations, to full in-class, others to hybrid and some to online as well. But we're continuing to work with the post-secondary sector to ensure that Ontario is best positioned to deliver high-quality post-secondary learning consistent across the province. It's important that the updated post-secondary education health measures—the framework for the fall of 2021 was in place at the end of August. Thank you to the Chief Medical Officer of Health for his work in ensuring that students were able to return safely to post-secondary education.

COVID-19 IMMUNIZATION

Mr. John Yakabuski: My question is to the Minister of Health. Speaker, we heard yesterday that children ages five to 11 will now be eligible to receive their COVID-19 vaccine. I know this announcement is welcome news for many of my constituents. Throughout the pandemic, parents have reached out to my office and the offices of my colleagues to find out how to best protect their children from the COVID-19 virus, which is why we were thrilled with Health Canada's recent approval.

Because of this, I know many constituents in my riding are anxious to have their children receive the vaccine. Could the minister please tell the House how Ontarians can book their children and when they can expect to receive their vaccination?

Hon. Christine Elliott: Thank you to the member from Renfrew–Nipissing–Pembroke for the question.

Mr. Speaker, I am proud of our success with our vaccine rollout, which has resulted in one of the highest vaccination rates in the world, with 89% of the population having a first dose and 86% being fully vaccinated. With the announcement yesterday, we are happy that children aged five to 11 will be eligible to book an appointment to receive the vaccine beginning today, and I've been advised that 68,000 appointments have already been booked since 8 a.m. this morning.

Ontario is receiving over one million doses of the pediatric vaccine from the federal government, and throughout the week, doses will immediately be shipped to public health units, pharmacies and primary care settings across the province. Appointments across the province are expected to begin as early as November 25, but timing, of

course, may vary slightly based on local context. But this is very good news for the people of Ontario.

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

Mr. John Yakabuski: I'd like to thank the minister for her response. Minister, parents in my riding will be excited to hear the news that they are now able to book appointments for their children. We know that achieving the highest vaccination rate possible is key to limiting the risk of transmission and to protecting our hard-fought progress against COVID-19. Most parents in my riding are excited about this announcement, but I know some parents have reached out and would like more information on the vaccine.

1120

Speaker, can the minister tell us where constituents who have questions or who are just not sure yet can go for more information?

Hon. Christine Elliott: Thank you again to the member for the question. I'd like to start by saying that we know vaccines are the safest and most effective way of preventing COVID-19 transmission, but we do understand that many parents have questions and they need answers before having their children vaccinated.

Parents, caregivers and children are encouraged to call the Provincial Vaccine Confidence Line that can be accessed by calling the provincial vaccine contact centre at 1-833-943-3900, or visit the COVID-19 vaccine consult service to book a confidential phone appointment with a SickKids clinician. We look forward to getting another step closer to having all Ontarians have safe and effective protection from COVID-19.

TENANT PROTECTION

Miss Monique Taylor: My question is to the Premier. There is an affordable housing crisis in Hamilton. Renovictions have become a serious issue in my community. My constituency office has received countless calls from constituents who are at risk of being displaced by this unfair practice, and they will have absolutely nowhere to go. My office received a call from one of my constituents named Doug, who is being threatened with an eviction notice at his townhouse complex where he and his family have lived for years. Doug and his son are both on ODSP and cannot afford the rent anywhere else. These constituents will have nowhere to go if they are evicted.

Speaker, will the Premier commit to ending the practice of renovictions in Hamilton and across the province?

The Speaker (Hon. Ted Arnott): Minister of Municipal Affairs and Housing.

Hon. Steve Clark: I want to thank the member for the comment. I know that the Attorney General has worked very hard with improvements that our government has made at the Landlord and Tenant Board. I want to remind the member opposite, we made some significant changes regarding tenant protections in our strengthening community housing and rental housing bill, a bill, again, that that member and her party voted against. We'll continue

to work with both landlords and tenants. Again, I want to say that, completely through the pandemic, we have seen tremendous co-operation between both.

I want to say to the member that if her constituent suspects that there is wrongdoing from the landlord, there is the Rental Housing Enforcement Unit, which I can put her in touch with, and we can have an investigation on that particular situation.

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

Miss Monique Taylor: This minister is obviously completely out of touch with what is happening across this province. He needs to have a look around. Look at the increase of tents, look at the increase of homeless people, and then maybe he'll maybe want to have a new answer.

Doug's home means everything to him and his family. This is the last place he lived with his late wife, Rosa. This is not just a rental unit to him; it is their home. And now they are facing the looming threat of an eviction notice if they do not move out on their own.

Renoviction is a predatory practice that only serves to harm tenants, and continues to leave people displaced. Once again, will the Premier acknowledge that renovictions are predatory, and will he commit to stopping this practice immediately?

Hon. Steve Clark: Again, the member should rethink her voting against Bill 184. That increased fines under the Residential Tenancies Act to \$50,000 to an individual and \$250,000 for a corporation. The member should rethink the fact that she voted against requiring landlords to disclose whether they had previously filed for an eviction at the Landlord and Tenant Board. She voted against increased tenant compensation for bad-faith evictions. She voted against providing a tenant with two years instead of one if they applied to a remedy from a landlord. We continue to propose and present, on the floor, improvements and protections for tenants. This member and her party vote against it every single time.

ELECTRIC VEHICLES

Mr. Stephen Blais: My question is for the Premier. Mr. Speaker, electric vehicle sales have declined dramatically in Ontario after this government eliminated incentive programs. British Columbia and Quebec both have EV incentive programs and it's reflected in the sale of vehicles. In Quebec, 5.5% of all cars sold were electric in Q1 and in BC that number approaches 9.5%. Here in Ontario, the engine of Canada's economy and the home of the Canadian auto sector, EVs account for an anemic 1% of sales.

If there is to be an EV market in Canada, it has to be anchored here in Ontario, Mr. Speaker, and yet this government actively discourages middle-class families from buying electric. This government labels electric cars as for the rich, only for millionaires.

Incentives would allow middle-class families to enter the EV market, spurring uptake, which means more builds, more jobs and lower prices.

This morning, Ontario Liberals announced an aggressive program to incentivize EV ownership. If the Premier

is serious about making Ontario an EV powerhouse, will he join us in helping middle-class families enter the EV market?

The Speaker (Hon. Ted Arnott): Minister of the Environment, Conservation and Parks.

Hon. David Piccini: I appreciate the question from the member opposite. Speaker, on this side of the House, the Premier and this government are working extensively to create the market for EVs. That means investing in our Critical Minerals Strategy to ensure that EVs are made right here in Ontario.

The net result of the \$6-billion investment that we have seen attracted under this Premier's leadership, when under that previous government we saw manufacturing flee the province of Ontario, is a 210% increase in EV sales year over year from Q2 2020 to Q2 2021. The facts are, this year alone, we've seen a record number of EV sales in the province of Ontario.

We're going to continue to create the opportunity for economic growth. We're going to keep ensuring Ontarians have an opportunity to get up on the auto corridor each and every day with the dignity of a job—a clean, green one at that.

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

Mr. Stephen Blais: For nearly two decades, Ontario had been a leader in the fight against climate change, but when this government was elected, that came to a screeching halt.

We need a government that will revive the EV market to fight climate change, create good, well-paying, green jobs and deliver much-needed pocketbook relief for middle-class families.

This morning, Mr. Speaker, the price of gas in Ottawa is \$1.375, \$1.49 in Toronto and a whopping \$1.501 in Thunder Bay. The government should be focused on giving hard-working families the help they need to enter the electric vehicle market to get rid of that gas guzzler. Instead, they spent hundreds of millions of dollars ripping out charging stations, cancelling green energy jobs and fighting losing court battles.

Under this government, the cost of living has skyrocketed. We're approaching winter with the highest gas prices we've ever seen, and this government has no plan to help middle-class families enter the electric vehicle market. Why is this government so dead set against supporting middle-class families helping them buy their first electric car?

Hon. David Piccini: We'll take no lesson, first and foremost, from that member opposite, whose leader bypasses permitting processes to build his own pool in his backyard, and secondly, from that government, who got all of their insider friends rich off of green energy contracts, off the backs of hard-working rural Ontarians, farmers, and bypassing the municipal planning process.

On this side of the House, we recognize that investing in public transit will help reduce greenhouse gas emissions. Investing in clean alternatives is helping to reduce greenhouse gas emissions.

Furthermore, we've seen that, partnering with industry, we can make a far more meaningful impact on climate change, like the partnership with Algoma, a three-megatonne decrease in GHG emissions under this government. That's equivalent to 50 million trees planted—or cement, a regulation I just signed off on, equivalent to a two-megatonne decrease, another 33 million trees.

Speaker, we'll take no lessons from that member opposite, who couldn't even get transit right in his own community.

ANTI-RACISM ACTIVITIES

Mr. Michael Parsa: Speaker, as we all know, our government is committed to taking continued action to combat racism and discrimination in our province. While our government has been clear that any act of hatred and violence will never be tolerated, the terrorist attack that took place in London this past July reminds us that strong leadership is needed to stamp out Islamophobia in Ontario. We are proud that Ontario is home to many racialized communities including the Muslim community.

To the Minister of Citizenship and Multiculturalism, what is government doing to confront and dismantle Islamophobia wherever it hides?

1130

Hon. Parm Gill: I want to thank my colleague the member from Aurora–Oak Ridges–Richmond Hill for his tremendous work. I want to also assure this House that our government will always defend the right of every person in Ontario to worship, practise their faith and live their lives free of hate and discrimination.

One of my first acts as a minister was to meet with the National Council of Canadian Muslims, and it was great, being able to carry on our conversation yesterday during their advocacy day here at Queen's Park. This is also why our government continuously worked closely with our community partners, like NCCM, to develop our Anti-Racism and Anti-Hate Grant Program. We recognize that more investments are needed for this grant, so we doubled it in our recent fall economic statement.

Our government will continue to listen to and work with communities right across this great province and fight Islamophobia, racism and hate in all of its forms.

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

Mr. Michael Parsa: I want to thank the minister for that answer. I'm pleased to know that our government is working closely with community partners to take immediate action that targets Islamophobia in our province. Doing so ensure that anti-Islamophobia initiatives like the Anti-Racism and Anti-Hate Grant Program respond to the needs of local communities in a meaningful way. This is an important step forward to building an even more inclusive province, where everyone is welcome and kept safe.

As this critical work continues, we know that there is more to be done, and we need to reach out to our community partners. Can the minister tell us specifically

how he is connecting with community groups to support racialized communities in Ontario?

Hon. Parm Gill: I want to thank the member for the question.

Again, racialized communities across Ontario have an ally in this government. We listened, and that's why, in our recent fall economic statement, we are investing an additional \$8.1 million to address some of these challenges. We said yes to doubling the Anti-Racism and Anti-Hate Grant Program, from \$1.6 million to \$3.2 million; we said yes to helping businesses build a fully inclusive workplace, with \$1.5 million for a business resources hub for employers; and we said yes to developing a grant for racialized and Indigenous entrepreneurs, an investment worth \$5 million.

On this side of the House, we will not rest until Islamophobia and hate are eliminated right across our province.

SMALL BUSINESS

Mr. Faisal Hassan: My question is to the Premier. In March 2020, coming up to two years ago now, your government announced it was providing businesses suffering due to construction of the Eglinton Crosstown LRT with \$3 million in additional support, having recognized the project being delayed and disruptive. Business owners, the Eglinton Hill BIA in our community of York South–Weston, and other BIAs on the Eglinton Crosstown corridor are asking where the support is and want and require more than just their windows washed.

Through you, Mr. Speaker: When can I tell the business owners and, indeed, our community that the overdue help is on its way?

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

Hon. Paul Calandra: At the outset, let me just say that we're very pleased with the work that is progressing on the Eglinton Crosstown. It is another one of these important transit initiatives that the government has undertaken not only to reduce gridlock, but as the Minister of the Environment has said on numerous occasions, it is an important part of helping to reduce our GHG emissions.

Obviously, we understand, though, that at the same time, it is a very difficult challenge for local businesses when projects like this occur. There are a number of initiatives that we have to undertake, whether it's working with the local BIA, whether it's working with the city or Metrolinx, to ensure that local businesses have the support they need to not only get through the construction phase, but to ultimately bring people back into communities that might have suffered—

The Speaker (Hon. Ted Arnott): Response?

Hon. Paul Calandra: —that construction.

We're continuing to work on that, Speaker. Again, I'm encouraged that the member is excited about the project that is being undertaken—

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

Supplementary question?

Mr. Faisal Hassan: My question back to the Premier: I have written letters to the transportation minister about

this issue. Residents and the Eglinton Hill BIA have made appeals as well. This government has acknowledged the disruption to businesses and has promised financial support, but there seems little planning and oversight to ensure money spent is done so meaningfully, not only just washing their windows. They need direct support.

Through you, Mr. Speaker: When will this government provide direct relief to the members of Eglinton Hill BIA and across the Eglinton Crosstown corridor in our community of York South–Weston?

Hon. Paul Calandra: Again, of course the member will know that the minister has committed, I believe, \$3 million to assist local business owners in the area.

Look, it's an important transit initiative, another important infrastructure initiative that the government is undertaking. It's part of a historic rebuild of the province of Ontario following 15 years of inaction by the Liberal government. It's part of a multipronged approach to not only building roads and transportation, but building subways. It's about building hospitals. It's about building long-term care. There is a tremendous amount of work that has to be undertaken in the province of Ontario, really to recover from 15 years of stagnation that we saw under the Liberal government.

The people of the province of Ontario know that they can always rely on Progressive Conservative governments to get the job done on their behalf, whether it's for subways, whether it's for schools, whether it's for the college system and universities. We will get the job done and we will continue to get the job done for your constituents too.

COVID-19 IMMUNIZATION

Mr. Rick Nicholls: My question is to the Minister of Health. You just approved injecting children five to 11 with vaccines that many still call experimental drugs. Recently, London Health Sciences and Toronto SickKids have been prepping their pediatric stroke wards. Don't you find it coincidental that while you are jabbing these little arms, hospitals are enhancing their pediatric stroke protocols?

Research has shown that children between zero and 19 years are not at serious risk from COVID. Pfizer's own data shows their inoculations are doing more harm than good. Their six-month trial results show a 300% increase in adverse events, a 75% increase in severe events and a 43% increase in deaths.

Now, Taiwan has stopped using the Pfizer vaccine in 12-to-17-year-olds due to the risk of adverse reactions. Our kids deserve the same protections, especially our younger ones. Minister, can you guarantee parents that their child will not die from these injections, since you say they're safe?

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

The Minister of Health to reply.

Hon. Christine Elliott: We are relying on the expert opinions of epidemiologists, experts in this field. We

know that Health Canada has approved these vaccines for children age five to 11, as has the FDA, as has the World Health Organization.

We know that while there can be some adverse events with the vaccines, there is a much greater—much greater—risk of children contracting COVID and having very, very serious results, even resulting in death. We also know right now that a third of all the COVID cases that we have right now here in Ontario are in school-aged children, so it is imperative that we work quickly to provide children with these vaccines and provide their parents with the information that they need in order to make the decision to provide them with the vaccines. It's the safest way to save their lives, and that's what we need to do in the province of Ontario.

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

Mr. Rick Nicholls: Back to the minister: Today in the Legislature, we will vote to extend the emergency orders to March 28, 2022. If this motion passes, you're giving pharmaceutical companies a get-out-of-jail-free card, as they can't be sued for injuries incurred from these injections. Isn't it ironic that on the same day that you approve the start of injecting children five to 11, the government wants to extend the emergency orders?

You confidently claim the vaccines are safe for everyone. What will you tell families when their child suffers a vaccine injury, or even dies? I will not vote in favour of this extension, nor should any elected official. Hold big pharma accountable.

I have a saying: Dare to be a red jacket in a world of blue suits. I choose to stand up and speak out on behalf of millions. If this motion carries, who are you really protecting: Ontarians or Pfizer and other pharmaceutical companies?

The Speaker (Hon. Ted Arnott): Again, I'll remind members to make their comments through the Chair, not directly across the floor.

Minister of Health.

1140

Hon. Christine Elliott: To the member opposite: There's no correlation between those two issues. It is imperative that we protect the children of the province of Ontario. We need to protect them with these vaccines that specialists, doctors, epidemiologists have indicated are safe for children. Absolutely, we need to carry on with this because of the fact that we want to save these children. With a third of the new cases of COVID coming into Ontario right now being involved in school-aged children, there is a far greater risk if these children catch COVID and have serious, permanent injuries as a result. So it's our duty, it's our obligation to move forward and to protect these children with these vaccines to make sure that we can save their lives and that they can have a future to look forward to.

DRIVER EXAMINATION CENTRES

Mrs. Lisa Gretzky: My question is to the Premier. Constituents in my riding have been contacting my office

because they are unable to book a road test with our local DriveTest centre until well into 2022. Some can't book before 2023. I wrote a letter a month ago to both the Premier and the Minister of Transportation requesting that, as they have done in many other cities across Ontario, they open a temporary DriveTest centre in Windsor to alleviate the backlog of tests. They have yet to address this issue for my constituents.

The closest temporary location is in Sarnia, almost two hours away from Windsor. No one should be forced to travel hours to the next available testing centre or risk losing their entire licence and be forced to start the process all over again at step 1.

Speaker, when will this government fix this problem and open a temporary DriveTest location in Windsor, with adequate staffing?

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

Hon. Paul Calandra: As the member knows, obviously we are coming through a global health and economic pandemic, which has caused backlogs in a whole host of sectors across the province of Ontario, and that also includes driver testing. But I know the minister has been working very closely with the sector to ensure that additional resources are in place across the province of Ontario so that we can make up for the testing backlog.

The member will know that those resources have been put in place by the minister, which includes in her area. We've heard also some discussions with the need for additional resources in northern Ontario. We have done that, but obviously more work needs to be done, Mr. Speaker. The sooner we can get out of this pandemic and catch up on that—I am sure that the member will do everything in her power to assist us and vote for those initiatives that help us make up that backlog.

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

Mrs. Lisa Gretzky: I just want to remind the government House leader—a little geography lesson—Sarnia is not Windsor. It's at least a two-hour drive for people in my area to get to a temporary DriveTest.

Windsor residents need cars to get to work, school, medical appointments, to pick up their children from child care and to get groceries. People are worried they are going to lose their job because their licence is set to expire before they can book a road test. For some, a driver's licence is a condition of employment. Windsor residents are faced with the avoidable reality that their current classification of licence will expire before they can book an appointment. Many will be forced to start the entire licensing process all over again, causing an even bigger backlog for tests. Over 420,000 road tests were cancelled across Ontario. The government should have anticipated the backlog problem and put something in place to try and alleviate it.

Speaker, just for statistics' sake, according to a 2020 StatsCan—they reported that Sarnia's population on its own was just over 74,000. With the entire Lambton county, it's under 140,000, yet Windsor alone is 336,000.

How can this government justify not putting in a fully staffed temporary DriveTest centre for the people of Windsor?

Hon. Paul Calandra: Again, we are on the tail end, we hope, of what has been a very challenging global health and economic pandemic. It has caused challenges, not only in driver testing, but in a number of areas. That is why the Minister of Finance, in his most recent budget and in the ones prior to that, put in significant resources to help us address the backlog, not only in driver testing but in a whole host of other areas. We are working very diligently on this. We understand how important it is, and the member should have every confidence that not only do we know, but we are moving to address the problem as quickly as possible.

LAND USE PLANNING

M^{me} Lucille Collard: To the Minister of the Environment, Conservation and Parks: This government refuses to acknowledge that our environment is at high risk. Yesterday's Auditor General's report says so in many ways. The government said no to consulting the public on environmental decisions. They said no to making polluters pay. They said no to recycling. They said no to protecting endangered species. Despite this government's assertions, Ontario is far behind on its goal to reduce gas emissions.

Mr. Speaker, for you and everyone watching at home, let me break it down simply: This government has no credible plan to fight climate change. So my question is, will the government release a credible plan before the next provincial election?

Hon. David Piccini: I appreciate the member opposite's question. I'll start by correcting the record on recycling. It is that member's party that said no to diverting waste from landfills. They were staring down the barrel of an impending crisis with landfills, and they did nothing.

It was this government, under the leadership of Premier Ford, that launched extended producer responsibility—in fact, a subject that was of great interest to others at the COP conference. We're taking meaningful action because we know that Ontarians want to do more to recycle. We're enabling them to do just that.

Under that previous Liberal government, we had batteries and toxins leeching into landfills, and they did nothing about it.

Under our government, we're supporting fertilizers for our farmers, reducing it to core minerals that can be used once again, supporting clean, green jobs in the province of Ontario. I could go on, Speaker.

That member's party presided over—

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

Supplementary.

M^{me} Lucille Collard: This government has been breaking environmental laws and avoiding accountability for their actions. The use of MZOs by the government has violated the Environmental Bill of Rights by bypassing consultations that are legally required. These orders have

been used by this government abusively to pave over nature and farmland for projects that were not a priority to help us recover from COVID-19, but that were for the benefit of a few.

The Auditor General has said that the government deliberately avoided consulting the public on projects that harm the environment.

My question is, how can the Minister of the Environment justify turning his back on Ontarians by not allowing them to have their voice heard on important environmental matters and decisions?

The Speaker (Hon. Ted Arnott): Minister of Municipal Affairs and Housing.

Hon. Steve Clark: Again, that party in this House shows disrespect to Ontario's 444 municipalities. She mentions minister's zoning orders, which we on this side of the House feel is a very valuable tool. They had a chance for 15 years to build long-term care. They built 611 beds. With MZOs alone—not all the other initiatives the government is doing—we're already putting in place 3,700 beds. So there's the compare and contrast.

Again, every minister's zoning order that I consider on non-provincially-owned land comes at the request of a council resolution to me. It's up to the council to do their public due diligence. It's up to the council to do their Indigenous consultation. We value our municipal partners, but they've got to dot their i's and they've got to cross their t's before they send the MZO request to me.

COVID-19 TESTING

Mr. Terence Kernaghan: My question is to the Premier. People have done the right thing, limiting their contacts, being safe and careful throughout this pandemic.

Going to fill a prescription or to pick up essential health care items should not put someone at greater risk for COVID-19 infection. The Premier's plan to allow symptomatic COVID-19 testing in Shoppers Drug Mart is a terrible idea that puts seniors, immunocompromised folks and workers all at risk. My constituent—we'll call her Donna—told me she felt purposefully put in harm's way by this government.

Why is the Premier bulldozing ahead with this inappropriate, dangerous and wrong-headed plan when other major pharmacy chains like Rexall and Pharmasave have declined or are still awaiting details?

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

Hon. Christine Elliott: It's important that we have more venues for people to be tested, especially as we are gradually, slowly, incrementally opening up Ontario. With more students returning to in-school classes, we want to make sure that people can have a place where they can be tested that's closer to their home, especially in more rural and northern communities. Pharmacies are performing a great purpose here.

But not all pharmacies will be available to do that, just because of the physical configuration of their areas, but this is something that has been reviewed by our medical officials.

Dr. Kieran Moore, our Chief Medical Officer of Health, has this to say on symptomatic testing: "We absolutely anticipate a great partnership with our pharmacy experts and that they will be able to test in a safe manner within their facilities for those who have symptoms. We're working with them to have the best infection prevention and control protocols in place to best protect their clients, but very much welcome their partnership."

So this is not going to be done in every pharmacy, but everywhere it is going to be done is going to be subject to very strict infection prevention and control measures.

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

Mr. Terence Kernaghan: It seems like these Conservatives are talking about a plan that adds more choice and more danger for Ontarians. It's pretty simple: Mixing people who are suffering COVID symptoms with the general public is a recipe for disaster. It's like this government has learned nothing.

When the announcement about Shoppers offering symptomatic COVID testing hit the news, my constituent Donna called the Premier's office. Even the Premier's staff who answered the phone was shocked by the announcement. Throughout the pandemic, Donna told me about the difficulty accessing PPE from her employer, and now remains concerned about protocols that the ministry says "should be in place." That's concerning. Should is not a strong requirement; should is a heck of a lot weaker than must.

According to a memo obtained by CP24, Shoppers franchisees fear that their agreements with the Loblaws-owned chain will be terminated if they refuse to perform symptomatic testing inside stores. Again, why is the Premier stumbling ahead with this weak plan which puts seniors, immunocompromised folks and pharmacy workers at risk of COVID infection?

Hon. Christine Elliott: This is an opt-in program for pharmacies. Some pharmacies may choose not to do so because of the limitations of their space. Some may have outdoor spaces where they will be able to do this testing; that's not always the case with some urban areas. But we need to make sure that with the holiday season approaching that there are more places to be tested. That's in the interest of the health and safety of all Ontarians, because we want it to be a convenient location for people to attend.

However, there will be a requirement to have these strict infection prevention and control measures in place. This is something that will continue to be followed by the inspectors who we have out there and also by the College of Pharmacists, that requires certain protocols that must be adhered to. So we have no concern about the adherence by pharmacies with respect to this. They will require appointments that they will have time in between appointments to make sure that the appropriate sanitization can be done.

This is for the health and safety of all Ontarians, but we do need more venues for testing for the basic security of everyone in the province of Ontario.

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

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

The House recessed from 1153 to 1500.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON GOVERNMENT AGENCIES

The Speaker (Hon. Ted Arnott): I beg to inform the House that today the Clerk received the report on intended appointments dated November 23, 2021, of the Standing Committee on Government Agencies. Pursuant to standing order 111(f)(9), the report is deemed to be adopted by the House.

Report deemed adopted.

STANDING COMMITTEE ON PUBLIC ACCOUNTS

Mr. Taras Natyshak: I beg leave to present a report on Outbreak Planning and Decision-Making, chapter 2, special report on COVID-19 Preparedness and Management of the Office of the Auditor General of Ontario, from the Standing Committee on Public Accounts, and move the adoption of its recommendations.

The Speaker (Hon. Ted Arnott): Mr. Natyshak presents the committee's report and moves the adoption of its recommendations.

Does the member wish to make a brief statement?

Mr. Taras Natyshak: I'd like to take this opportunity to thank the permanent membership of the committee and substitute members who have participated in public hearings and the report-writing process. The committee extends its appreciation to the officials from the Ministry of Health, including the Chief Medical Officer of Health, Ontario Health, Public Health Ontario, and the secretary of cabinet. The committee also acknowledges the assistance provided during the hearings and report-writing and deliberations by the Office of the Auditor General, the Clerk of the Committee and legislative research.

I move adjournment of the debate.

The Speaker (Hon. Ted Arnott): Mr. Natyshak has moved adjournment of the debate. Is it the pleasure of the House that the motion carry? Carried.

Debate adjourned.

PETITIONS

STUDENT SAFETY

Ms. Rima Berns-McGown: My thanks go to Kat Lanteigne, the families of Bowmore public school and the caring community in Beaches–East York for this petition.

“To the Legislative Assembly of Ontario:

“Whereas children in the province of Ontario have a legal right to a safe and supportive education;

“Whereas the Ontario Human Rights Code prohibits discrimination and harassment against people on protected grounds, which includes gender identity and gender expression;

“Whereas the Ontario Human Rights Code prohibits actions that discriminate against people in protected social areas, which include schools;

“Whereas protests that promote discrimination and harassment on grounds protected by the Ontario Human Rights Code create an unsafe environment for students while accessing and attending schools;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows: a no-protest safe zone around schools be implemented in order to ensure the ability for children to access school safely is no longer impeded.”

I completely agree with this petition, will be affixing my signature to it and giving it to Athisha to take to the table.

AFFORDABLE HOUSING

Mr. Faisal Hassan: I would like to thank the decent and hard-working people of York South–Weston for a petition on affordable housing.

“To the Legislative Assembly of Ontario:

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

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

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

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

I support this petition. I'll be affixing my signature to it and providing it to page Ella to deliver to the table.

OPTOMETRY SERVICES

Miss Monique Taylor: I have a petition to save eye care in Ontario.

“To the Legislative Assembly of Ontario:

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

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

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

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

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

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

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

I fully support this petition and will affix my name to it.

I thank Dr. Salaba from my riding for providing me with these petitions.

OPTOMETRY SERVICES

Mr. Jamie West: I’m glad to hear that there are negotiations going on for saving eye care. I have a lot of petitions that I’ve collected over the last two weeks that I’d like to submit, and I’m sure more will show up if the negotiations don’t go well.

“Petition to Save Eye Care in Ontario.

“To the Legislative Assembly of Ontario:

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

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

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

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

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

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

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

I support this petition. I’m looking forward to putting down this heavy stack. I will affix my signature and provide it to the table.

FRONT-LINE WORKERS

M^{me} France Gélinas: I would like to thank Joanne, Isabelle and Beverly Mann from Hanmer in my riding for these petitions.

“Make PSW a Career ...

“Whereas there has been a shortage of personal support workers (PSWs) in long-term care and home care in Ontario for many years;

“Whereas Ontario’s personal support workers are overworked, underpaid and underappreciated, leading to many of them leaving the profession;

“Whereas the lack of PSWs has created a crisis in LTC, a broken home care system, and poor-quality care for LTC home residents and home care clients;”

They petition the Legislative Assembly as follows:

“Tell Premier Ford to act now to make PSW jobs a career, with full-time employment, good wages, paid sick days, benefits, a pension plan and a manageable workload in order to respect the important work of PSWs and improve patient care.”

I fully support this petition. I will affix my name to it and send it to the Clerks with my good page Serena.

NURSES

Miss Monique Taylor: I would like to thank ONA/Southlake folks for providing me with this petition from Newmarket–Aurora, the Minister of Health’s riding.

“Petition to Stop Unsafe Patient Care and the Erosion of Quality Critical Care at Southlake Regional Health Centre in Newmarket.

“To the Legislative Assembly of Ontario:

“Whereas patients requiring critical care have complex and urgent care needs and their conditions are unstable, unpredictable, and can quickly change and deteriorate; and

“Whereas these patients need registered nurses with specialized education and training who are highly skilled and experienced, and anything less puts patient safety at risk...; and

1510

“Whereas existing expert RNs will be required to intervene to provide care to multiple patients when the appropriate level of care in an ICU is a 1-to-1 nurse-to-patient ratio; and

“Whereas while ICU RNs are exhausted from providing life-saving care during the COVID-19 pandemic, Southlake’s plan puts patient and staff safety at risk and is driving away the expert and experienced ICU RNs this hospital can’t afford to lose; and

“Whereas cutting skilled care means patients can suffer from unnecessary complications or death because of unassessed care needs, delayed care, missed care, miscommunication, or errors which erode safe quality patient care;

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

“Stop the pre-sponsorship program in the ICU at Southlake Regional Health Centre—a program that does not provide newly hired RNs with full education and training in critical care nursing prior to working in the ICU;

“Immediately transfer any RNs who were hired into the pre-sponsorship program enrolment into the sponsorship program—a comprehensive critical care education and training course, the successful completion of which is required prior to working in critical care at Southlake;

“Cease the plan to implement ‘team nursing’ in the ICU at Southlake—a model that does not provide the appropriate level of care for critically ill patients, which is a 1-to-1 nurse-to-patient ratio;

“Cease any subsequent plans to implement a team-based nursing model of care in the cardiac intensive care unit and the cardiovascular intensive care unit at Southlake;

“Create increased opportunities for funded full education and training of new critical care RNs at Southlake;

“Commit to fund initiatives that retain existing specialized, highly skilled, educated, and experienced critical care RNs at Southlake;

“Ensure this hospital recruits appropriately educated and trained critical care RNs to provide safe, quality care to patients who need life-saving care.”

I fully support this petition. I will affix my name to it and give it to page Joel to bring to the Clerk.

OPTOMETRY SERVICES

Mr. Faisal Hassan: I have a petition to save eye care in Ontario. I would like to thank Dr. Heather Shear for giving me this petition, signed by many members of our community.

“To the Legislative Assembly of Ontario:

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

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

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

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

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

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

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

I fully support this petition. I will be affixing my name to it and providing it to page Hayden to deliver to the table.

LONG-TERM CARE

M^{me} France Gélinas: I would like to thank Steph Marshall from Chelmsford in my riding for these petitions.

“Time to Care....

“Whereas quality care for the 78,000 residents of (LTC) homes is a priority for many Ontario families; and

“Whereas the provincial government does not provide adequate funding to ensure care and staffing levels in LTC homes to keep pace with residents’ increasing acuity and the growing number of residents with complex behaviours; and

“Whereas several Ontario coroner’s inquests into LTC homes deaths have recommended an increase in direct hands-on care for residents and staffing levels, and the

most reputable studies on this topic recommend 4.1 hours of direct care per day;”

They petition the Legislative Assembly as follows:

“To amend the LTC Homes Act (2007) for a legislated minimum care standard of four hours per resident per day, adjusted for acuity level and case mix.”

I support this petition. I will affix my name to it and ask my good page Ellie to bring it to the Clerk.

PRÉVENTION DU VAPOTAGE CHEZ LES JEUNES

M^{me} France Gélinas: J’aimerais remercier M^{me} Bernadette Denis de Hanmer dans mon comté pour cette pétition.

« Protéger les jeunes du vapotage....

« Alors qu’on en sait très peu sur les effets à long terme du vapotage sur les jeunes; et

« Alors qu’on en sait très peu sur les effets à long terme du vapotage sur les jeunes; et

« Alors que la commercialisation agressive des produits de vapotage par l’industrie du tabac, fait en sorte que de plus en plus de jeunes deviennent dépendants de la nicotine par l’utilisation de cigarettes électroniques; et

« Alors que les leçons importantes apprises sur les effets du tabagisme sur la santé ne doivent pas être répétées avec le vapotage et le principe de précaution doit être appliqué pour protéger les jeunes contre le vapotage; et

« Alors que plusieurs agences de la santé et les Médecins pour un Canada sans fumée appuient pleinement les propositions concrètes visant à réduire le vapotage chez les jeunes incluses dans le projet de loi »;

Ils demandent à l’Assemblée législative « de demander au gouvernement » de M. Ford « d’adopter immédiatement le projet de loi ... Le vapotage n’est pas pour les jeunes, afin de protéger la santé des jeunes de l’Ontario. »

J’appuie cette pétition. Je la signe et je la donne à ma page Ellie.

LONG-TERM CARE

M^{me} France Gélinas: I would like to thank Lisa Toner from Garson in my riding for these petitions.

“Ban Retirement Home PPE Charges

“Whereas Ontario’s retirement homes are largely privately owned corporations;

“Whereas these businesses have a responsibility to provide personal protective equipment (PPE) to their employees;

“Whereas many retirement homes are adding PPE charges to the residents’ monthly bill, but the PPE is not for the residents but for the employees of the retirement home; and

“Whereas residents of some Sudbury retirement homes have effectively organized letter-writing campaigns and actions to have the PPE charges to residents cancelled and recognized as a retirement home’s cost of doing business;”

They petition the Legislative Assembly as follows:

“Treat our province’s seniors with respect and ban any additional COVID-related fees, including PPE, to retirement home residents.”

I fully support this petition. I will affix my name to it and send it to the Clerk with Ellie, who has been very patient.

GASOLINE PRICES

M^{me} France Gélinas: I would like to thank Claire Tremblay from Val Caron in my riding for these petitions.

“Gas prices....”

“Whereas northern Ontario motorists continue to be subject to wild fluctuations in the price of gasoline; and

“Whereas the province could eliminate opportunistic price gouging and deliver fair, stable and predictable fuel prices; and

“Whereas five provinces and many US states already have some sort of gas price regulation; and

“Whereas jurisdictions with gas price regulation have seen an end to wild price fluctuations, a shrinking of price discrepancies between urban and rural communities and lower annualized gas prices;”

They petition the Legislative Assembly as follows:

“Mandate the Ontario Energy Board to monitor the price of gasoline across Ontario in order to reduce price volatility and unfair regional price differences while encouraging competition.”

I support this petition. I will affix my name to it and send it to the table with Ellie.

ORDERS OF THE DAY

EXTENSION OF EMERGENCY ORDERS

Resuming the debate adjourned on November 23, 2021, on the motion for extension of emergency orders.

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

Mr. Bill Walker: Truly, it is a pleasure to finish off my remarks from this morning.

Mr. Speaker, I want to resume at this point by saying a personal message of sincere thanks to Dr. Ian Arra, the medical officer of health for Bruce-Grey. Dr. Arra has guided and shown leadership. He’s the epitome of leadership during this pandemic in our area of Bruce-Grey-Owen Sound. I know he is guided by his own principles, his dedication, his commitment, his professionalism to his career, but mostly I know he’s driven by the key tenet of what he does every day, and that is protecting the people of Bruce-Grey-Owen Sound.

He and I have talked at length over the last 20 months—probably I’ve talked more to him than I have to my wife—particularly about the scientific, about the spread of disease, which he is as qualified as anybody I know would be. He’s governed by the Health Protection and Promotion Act, the HPPA act, and he takes that very seriously—and that is to provide public health programs, prevent the

spread of disease, and the protection and health of people. Dr. Arra has given his all. He has been there at every hour of the day, night or day. He has dedicated himself. He’s always ahead of what’s happening. For any of the discussions or decisions I was making, particularly at the cabinet table, I would go back and ask him, because of his knowledge and his depth of wisdom in regard to disease prevention, something that most people really have no idea about, although they may think they do. He’s truly specifically trained and is one of the most qualified in the country. To him and his team and his family—his daughter, Vivian, and his wife, Andrea, who, again, have sacrificed the most, because every moment he was working on our behalf to keep us safe, he wasn’t at home as he could have been with them.

1520

Mr. Speaker, I want to share a little bit, particularly to those people who have challenged whether it’s the government or the Premier or all of us during this time—and I particularly want to acknowledge the efforts of the Solicitor General, who has brought this amendment and this extension forward.

When I was at that cabinet table, we didn’t take a single thought process lightly—the burden and the weight of the decisions we were making in, as I said earlier this morning, extraordinary measures for extraordinary times. We had to deliberate and make those decisions. That’s what leadership is. I did that with the confidence that the people who were guiding us, who were counselling us—the Chief Medical Officer of Health, the health and science table—were giving us the best data, the best information that they could at the time for us to then make those decisions. I know that all of my colleagues went into that room and came out of that room in a very similar manner and wanted to make sure we were doing—those were tough decisions.

We know that people have had challenges throughout this. At this point, we believe we still need to extend those measures to be able to give us the flexibility, to be able to give us that ability to make timely decisions in this extraordinary time.

At the end of the day, as I said earlier this morning, what are the consequences if we don’t have the ability to move as quickly as we possibly can to make decisions in a once-in-a-lifetime situation that may actually help with the health and quality of life of people? We need to move quickly, we need to move prudently, and these orders allow us to do that.

Some people have talked about, “You want more power.” It’s not about power. It’s truly, for anybody who has the privilege to serve, first and foremost, but to be in that room making those decisions that are hanging people’s lives in the balance—it is a case of ensuring that we have the tools to do the job when we need them. At times when there has been the declaration of emergency, that was the ultimate tool. Over time, you ease the restrictions and you use things like the act to be able to do this and to have these powers and the ability for emergency orders to be extended.

The other thing we have to understand: If we don't extend the powers that are currently there to make life-saving decisions—and I'm going to give you one just to put it in context to people: to be able to authorize facilities, including electrical generating facilities, to operate as is necessary to respond to or alleviate the effects of the emergency. In a normal world, yes, there's a process you go through and you can take your time and deliberate and go through all of that. In an emergency, like a pandemic, you have to make decisions very quickly, to make sure you're responding in a timely manner. If we don't extend those abilities are gone and then we go back again.

I think I shared earlier this morning that we're going to go through for our winter recess—that would mean that we would have to reconvene all of Parliament, bring everyone back, go through the whole process.

It's not anybody trying to usurp debate or the ability—it's the reality of any government. If you ever have the ability to sit in that room and be in the situation we found ourselves in, you want to know and the people, I hope, want to know, that we have the competency and the ability and the tools to make decisions as effectively and as swiftly as we possibly can, because it's their loved ones we're truly thinking about.

In looking at this extension, what I see, and hopefully the people at home will be able to understand, is that those of us who have been in the room and made those decisions—that we are able to make those decisions, whether we're closing or regulating places, restrictions on gatherings, work deployment.

Think of when the third wave came in and then the fourth, and how quickly we had to adjust and make that move—and that can continue to move. With a variant, we know you can't predict it. You don't know what it's going to do, and you don't know how quickly it may spread. So it's only prudent, in my mind, to have tools that are available—and it's not a case of using them, unless we need them. There is a reporting requirement to come back in front of the legislative committee every 30 days to explain why you used it, provide the rationale for why you actually did it and how you will continue to move forward with it. We know, again, in the situation of transparency and accountability, that every single Ontarian has had to make great personal sacrifices throughout the pandemic, which is why we have been open and transparent. We put this 30-day requirement in there to do that. It requires the Premier or a designated minister to report regularly to the public on orders and to table a report within 120 days of the anniversary.

Mr. Speaker, as we've seen, the data continues to evolve, so we have always continually consulted with the Chief Medical Officer of Health and the health and science table, and relied on their expertise. As I said earlier this morning, no one has lived through one of these, the same thing as COVID-19, so it is a great deal of responsibility for every single person involved. We need to rely on those people who have the training, the background, the education and, in some cases, lived examples, lived experience as medical officers of health in other situations, so that they can do that.

We need to make sure that we continually assess and monitor ongoing key public health and health care indicators, such as identification of new COVID-19 variants, increases in hospitalizations and ICU occupancy, and rapid increases in transmission, to ensure that public health and workplace safety measures are lifted safely. They will continue, as we will—the Chief Medical Officer of Health and health experts will continue to review the data and provide advice to the government on the appropriate and effective measures that are needed to protect the health of Ontarians. Mr. Speaker, we have done that through every step of this.

We want to ensure—I think it would be erroneous for us not to, and we would be taking away our own responsibility if we didn't use tools that were available to us to actually protect the health and safety of our loved ones. That's why we came here. Most of us, I believe, come with the same intent, and that is to make the world a better place, to make our communities a better place, to make our province a better place, and the key tenet of that is the health and safety of the people. Let's never forget the people we are here to represent.

I fully support that we will have this extension. It will be used prudently. It will be used only as necessary. It will be reported on.

I, for one, will always stand with taking every tool we have in the tool box to protect the health and the safety of the people I am privileged to serve.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. Faisal Hassan: It is always a pleasure to rise in the House on behalf of the decent and hard-working people of York South–Weston. The community of York South–Weston is a richly diverse community that is home to many front-line and essential workers who have been the backbone of our community, and whose strength has carried us through COVID-19: the transit workers, grocery clerks, small business owners, and those front-line health care workers this government has called heroes—and indeed they are, Mr. Speaker.

COVID-19 has hit Ontario, Canada and the world extremely hard. York South–Weston was certainly no exception. In fact, the Toronto northwest, and York South–Weston in particular, were affected more than other areas and were identified as hot spots, high-risk areas where residents were at a higher risk.

I recognize full well the crisis that COVID-19 brought—in fact, an emergency situation. Emergency situations call for emergency measures, but it is how this government used their emergency measures and how they reacted to each development during COVID-19 that is what needs to be examined.

COVID-19 truly highlighted and amplified the disparities and inequities that already exist in society. This should be a wake-up call to every level of government. When COVID-19 rates are more than 10% higher in the Toronto northwest than other neighbourhoods, we need to examine why that is and how that can be addressed. It is a fact that these disproportionate rates of COVID-19 that hit

York South–Weston and similar Toronto northwest neighbourhoods were along racial and economic lines. The reality is that during the COVID-19 emergency, those front-line heroes, who are often largely racialized and economically disadvantaged, working more than one job, did not have the access to resources that wealthier communities had. The old line about “we are all in the same boat” did not apply during COVID-19. In fact, it doesn’t at all apply in day-to-day living for so many people in Ontario.

1530

This government, which granted itself extraordinary powers under the name of emergency measures, did not take direct action or seem to have any kind of coherent plan when it came to helping those who needed it most and in mitigating COVID-19 spread.

Time and again, in the early days of COVID-19, I stood in the House, pleading with the government for COVID-19 testing in my community of York South–Weston. I recognized the higher risk our community members faced. They were the ones travelling on crowded buses to long-term-care homes, working more than one part-time job and going home to their families. Yet, York South–Weston didn’t have access to local, convenient testing for months. In fact, it was September 28, 2020, when we finally got a permanent testing facility. Again, Speaker, it really troubles me that this government had no real plan to deal with COVID-19 and mitigating its spread. Rosedale had handy neighbourhood testing facilities, but we had to fight tooth and nail for months for equal treatment for citizens, quite frankly, who needed the testing and were at significantly higher risk to themselves and to their neighbours.

When, thankfully, COVID-19 vaccines started to arrive, we were hopeful our community would get the access they needed. Surely the government had learned its lessons of neglecting vulnerable communities with testing access, and surely the emergency response team, using their emergency measures, would make sure York South–Weston had ready access to vaccines. After all, public health statistics clearly showed a higher rate of infection. But sadly, no, it was a repeat of the testing, where we had no local testing facilities, no pop-ups, and no consideration.

I stood in the Legislature again, I wrote letters to the health minister, and I held virtual community meetings to raise awareness and advocate for the desperate need for COVID-19 testing in my community of York South–Weston. Those meetings led to my office partnering with local health care providers to offer testing. I’m grateful to my staff and volunteers who assisted on the ground at these vaccine clinics.

The testing access eventually grew, but we in our community needed to take a do-it-yourself attitude. The response from the government to my frequent calls for help—by the way, I’m sure they got tired of me always asking for and sometimes demanding help, and I’m sure they are tired of me reminding them of their sorry record today. Their response was always pointing fingers: “It is

the federal government’s fault we don’t have enough vaccines.” “It is Toronto Public Health’s fault. They determine vaccine allocations.”

Mr. Speaker, I reject both premises. It is the government’s fault, who enacted emergency measures but didn’t take leadership and full responsibility in how COVID-19 testing, vaccines, data collection and everything related to dealing with an emergency were dealt with.

So when I see before us the government’s desire to extend emergency powers until March 28, 2022, I need to know what they will do differently, Mr. Speaker. Will they address the affordability crisis? Will education finally get the support they needed for children, their families and educators? Will health care improve? I see nothing in this motion that will do that.

For the public’s benefit and for the sake of the transparency of which this government seems to care little, let me mention what this motion proposes to do—and think about how you and your family, your children, your elders and your neighbours can help, by this motion. It looks to extend current emergency powers that include:

—the Premier can control certain aspects of municipalities’ administration or facilities that would normally be under the control of municipal government;

—cabinet can override or even rewrite existing legislation without the involvement of the Legislature” in certain cases;

—cabinet can make emergency orders that allow it to do things like close any public space, evacuate individuals, regulate or prohibit movement to, from or between areas, or establish emergency facilities,” among others.

These extraordinary powers the government wants to grant itself will expire March 28, 2022, a few short months from the next election. The timing is, in fact, curious.

Yesterday, I watched the emergency measures debate with interest, as I’m always looking to hear all sides of an issue. I heard the member from Whitby speak about his government’s motion. He stated, “The emergency orders were intended to limit the spread of COVID-19, protect Ontarians, give flexibility to allow our front-line providers that I referred to earlier to support the response, give cost relief to consumers, gradually reopen the province, and support local businesses in a way that did not jeopardize our recovery.” Mr. Speaker, I must admit that when I heard about providing cost relief to consumers and helping local small businesses I was happy I was standing, because otherwise, I would have fallen off my seat—cost relief for consumers? We are in an affordability crisis and have been for a long time. This government and emergency measures have done nothing to help with the crisis in housing affordability. There has been nothing for child care, and their petty fighting with the federal government has put Ontario at a disadvantage in obtaining \$10-per-day child care.

In York South–Weston, we continue to raise concerns of postal code discrimination when it comes to auto insurance. We pay some of the highest rates in Ontario. During COVID-19, cars sat in driveways and accident rates were substantially down, yet insurance companies

didn't lower rates or give us a break. The Premier encouraged the insurance companies to do the right thing and lower rates. I'm not sure emergency measures are needed to go cap in hand and ask insurance companies if they would not mind lowering rates. That is not leadership, Mr. Speaker. That is not lowering consumer costs.

The comment yesterday from the government side about helping local small businesses was equally incorrect. In York South–Weston, as in other areas, small businesses, those family-run ventures, were shoved to the curb in favour of big box stores, foreign-owned corporations. Those big box stores operated while small shops had to close. Even though small businesses could control and handle fewer groups and shoppers in a safe manner, the Premier chose big box stores over them—big box stores with large crowds and also the ability to sell non-essential goods.

Small business owners I speak with in York South–Weston really struggled during COVID-19 and are still not out of the dark. Perfect Blend is closed, Wiff is closed, and many others like them are closed in our community. Many just barely stay afloat, and sadly, many family businesses had to close up shop. With no rent or insurance relief, so many small businesses were devastated. Many more didn't even qualify for government help, such as dry cleaners. And for many that apparently did qualify, we had to fight for months to get them the financial assistance they qualified for—this from a government that prides itself on cutting red tape yet could not operate an efficient business model to distribute approved small business funds.

Small business owners in York South–Weston continue to need help from this government.

Just this morning, I rose in the House to ask the transportation minister to spend promised money to Eglinton Hill BIA small businesses that have long been dealing with disruptions from the Eglinton Crosstown LRT and are only getting their windows cleaned. They do not need windows cleaned. They need direct relief. These businesses have struggled enough. It sounds funny, but it isn't, and the government time and again acts like it has no plan and is basically making things up as it goes along. Small businesses in York South–Weston want transparency on the money promised and how it will be spent, and they want input and consultation as well. The government doesn't want input and certainly doesn't want transparency.

1540

The other emergency we face in Ontario is a climate and environmental emergency. In my community of York South–Weston, we have faced severe flooding for years, as well as air quality and odour issues in the Stockyards area. I have raised the issue here many times, and residents' complaints to the Minister of the Environment have largely gone unaddressed.

This motion looks to extend basically taking over powers of municipalities, so I'm wondering why complaints of an environmental nature to this government always get shifted and finger-pointed to municipalities. Emergency measures come with great responsibility, and

this government seems to want the power without the responsibility, Mr. Speaker. They certainly don't want accountability, community input or transparency.

Speaking of transparency, yesterday's Auditor General report on the environment showed that the Ontario government ignored the public's right to consultation on critical environmental decisions. The report was very damning. I won't go into detail here, but when a lack of transparency, violating the Environmental Bill of Rights, lack of disclosure about hazardous spills and not protecting species at risk, among others—this speaks to a government that cannot be trusted with the powers it does have, let alone enhanced emergency powers.

Mr. Speaker, I'm going to spend the rest of my time speaking to the crisis and the emergency that is long-term-care homes and retirement homes. Nothing sums up this government's emergency measures action more than what happened and indeed what continues to happen in long-term care. York South–Weston is home to those long-term-care workers, and we have long-term-care homes and retirement living as well. Every community should provide good living for our elders.

Many people in my community and across Ontario have reached out to me and my office with their concerns about the condition of the long-term-care and retirement sector here in Ontario. I have had heartbreaking calls from the families of seniors in long-term care. I have heard their stories of elders not being adequately fed and hydrated. I have spoken to families who have had to visit their loved ones through glass windows or on iPads because COVID-19 ravaged the long-term-care homes so devastatingly. I have heard from families who could not be with their loved ones in their dying days.

COVID-19 hit long-term care hard and only highlighted what we, on this side of the House, have recognized for years: Long-term care, particularly for-profit long-term care, is in a state of crisis. I heard from PSWs, nurses and health care providers ringing the alarm bells that this government and previous governments have turned a blind eye to short-staffing and terrible working and compensation conditions that exist in long-term care. There is little doubt we need a major change in how long-term care operates in Ontario. We have been calling for change and the urgency of this crisis with previous Conservative, then Liberal—and now Conservative government again. This is what we should be debating today. The conditions I speak to today happened during emergency measures and, in some cases, continue to this day. If anyone believes this government learned the painful lessons of what our elders went through during COVID-19 and continue to cope with now—they won't see this motion.

This issue of long-term care is one very close to the community I call home. York South–Weston is home to many front-line health care workers—those PSWs, cleaners, dietary aides, nurses, recreational aides this Premier has called heroes, who have seen so much in terms of death, suffering and neglect in the long-term-care sector. These workers, before COVID-19, during COVID-19 and now, as we are hopefully on the way out of the

COVID-19 darkness, have long carried the noble burden of caring for our elders while facing enormous challenges.

I see nothing in this motion to address the challenges of long-term-care workers. Calling those workers heroes is not by itself nearly enough to adequately address what those workers truly deserve.

Mr. Speaker, let me paint a picture of an average PSW essential worker in York South–Weston. Perhaps if this government actually knew or cared about workers in long-term care, their government motions and bills would be better targeted—maybe even using that laser focus the Premier speaks of to help workers and elders. The average PSW earns just over \$17 an hour. They’re working part-time hours so that corporations don’t have to pay benefits, and they are often working at more than one long-term-care facility in order to gather enough hours to be able to feed their families. Travelling to these workplaces on overcrowded buses and often having to make more than one connection is the reality of their very long day—arriving for work at a for-profit long-term-care facility that is devastatingly understaffed. On average, the ratio is 30 residents per home to four PSWs to provide care. This isn’t fair to the worker or fair treatment for our elders. I see nothing in this motion to address this in any meaningful way.

I would ask what the government has done to address the serious issues of understaffing and the overreliance of long-term-care operators to offer part-time work in order not to pay benefits.

When the Ministry of Long-Term Care’s own study they commissioned shows that 25% of all new personal support workers hired leave the industry within the first two years, this should be a wake-up call to the government that workers in long-term care are overworked, understaffed, underpaid and forced to take part-time—and no benefits, Mr. Speaker.

This side of the House recognizes that profit in long-term care is exactly why workers cannot be retained. We need change.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Ms. Lindsey Park: I rise today after carefully listening to the debate on this motion from my office. I have heard the government members explain the need for continued flexibility in the approach they’re taking to implementing and repealing pandemic restrictions and emergency measures, given the rapidly changing nature of what we’re facing as a province. And I’ve heard members of other stripes express concern for the amount of power that the government continues to wield by continuing the emergency measures. I must say, I have sympathy for both arguments. While it’s important the government continues to be nimble in its approach, these are also extraordinary powers that require extraordinary oversight and accountability—and we’ve heard that word from all members this afternoon.

Speaker, you will know that in my time in government, I sat on the Select Committee on Emergency Management Oversight, which has been meeting at least once every 30

days and has provided one such venue for that oversight and accountability during the pandemic. Important questions have been asked of the government at that select committee by all parties and have informed the government’s pandemic response. However, the longer these orders made under emergency powers continue, the more oversight ought to be required of any government of any stripe. I repeat: These are extraordinary powers that should continue to be exercised for the length of time they are needed with extreme caution and maximum oversight.

Again, I’ve heard the government on the need to continue many of these measures at least a little while longer. However, I believe there needs to be greater accountability, given the length of time these powers have continued in effect. That’s why I’m proposing the following amendment to the government motion—and I believe the table has copies of the motion for anyone who needs it.

1550

I move that the motion be amended by adding at the end:

“And that the Minister of Health and the Solicitor General shall appear before the Committee of the Whole to respond to questions from members of the Legislature at least once every 60 days for the time period commencing on the passing of this motion and expiring at the end of the day on March 28, 2022.”

The Acting Speaker (Mr. Percy Hatfield): The member for Durham has moved a motion that the motion be amended by adding at the end:

“And that the Minister of Health and the Solicitor General shall appear before the Committee of the Whole to respond to questions from members of the Legislature at least once every 60 days for the time period commencing on the passing of this motion and expiring at the end of the day on March 28, 2022.”

Back to the member from Durham.

Ms. Lindsey Park: Thank you, Speaker.

This amendment would provide an additional layer of accountability at a time when it is ever so important that we build our communities’ trust in government and not erode it. This is in response to concerns I’ve heard from my constituents in Durham—and frankly, we have all heard from our constituents—asking for more accountability and oversight over the pandemic measures.

I will note that the regulations under the reopening Ontario act are often being amended on a weekly—if not daily—basis, without going through any public consultation processes that regulations usually go through. I think we will see stronger regulation if we add this additional forum for feedback from all members of the Legislature, not just those sitting on the select committee.

I will add that this is not a particularly onerous request, and I hope the government will give it due consideration. I understand that the Minister of Health and the Solicitor General work around the clock and lead busy schedules. I’m not asking for daily or even weekly questioning. I think once every 60 days is a very reasonable proposal in the circumstances.

I hope the government will consider this amendment. I'm willing to support this government's motion with this amendment incorporated.

The Acting Speaker (Mr. Percy Hatfield): We now have further debate on the amended motion. I turn to the member from Markham–Unionville.

Mr. Billy Pang: It's a pleasure to rise in the House today to speak and voice my support to motion 8, to extend the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020.

We are living in an unprecedented time, when we have seen and witnessed the challenges that the COVID-19 virus can have towards the health and safety of Ontarians.

On January 22, Ontario made COVID-19 a designated reportable disease under the province's public health legislation.

On March 17, our province declared its first state of emergency. Mr. Speaker, that decision, like every decision our government has made, was not made lightly. Our government knew that immediate action was needed to prevent and reduce the serious harm COVID-19 was having on the lives of Ontarians and our public health system. We also took this extraordinary measure because we thought of our health sector, our front-line and health care professionals who are risking their lives every day, leaving their families and working long hours in hospitals, seniors' homes, long-term-care homes and congregate settings, to help Ontarians who are affected by this virus. Since the onset of COVID-19, we have made and continue to make necessary steps to keep Ontarians safe.

But before I dive into this, I want to take some time to thank Ontarians for the contribution they have made to support one another. From their friends, neighbours, to our communities—Ontarians are going above and beyond and displaying the true meaning of the Ontario spirit.

In my riding of Markham–Unionville, our community has been working together to ensure our most vulnerable are protected and our front-line heroes are supported. Some examples include:

—Nana Sun, Wang Hao and parents from Life Education and Growth Association Canada, who donated 4,000 masks and two boxes of hand sanitizer to 360°kids;

—local mask manufacturer SSE Care Solutions, who donated 500,000 level 3 masks to the provincial inventory that will be distributed to vulnerable families and communities across Ontario;

—Bobby Yeung, a Markham–Unionville constituent who donated 6,000 face masks to 360°kids; and

—St. Maurice and St. Verena Coptic church, who organized local initiatives such as Meals for Our Heroes, clothing and blood drives, and more, since the outset of the pandemic.

Mr. Speaker, these are some of the many examples of how residents of Markham–Unionville have shown the team Ontario spirit.

I have had the pleasure to attend and witness the donations and initiatives I have mentioned, and it continues to amaze me—the kindness, love and respect residents of Markham–Unionville show to our riding and surrounding

ridings. So I want to take this opportunity to thank all the residents and local stakeholders of Markham–Unionville. Thank you for following public health guidance and joining us in the fight against COVID-19. Most importantly, thank you for shining your bright light to our community during this challenging time and thinking of and supporting those who are in need of a helping hand.

Mr. Speaker, the health and safety of Ontarians is our government's top priority. This is a statement that we have emphasized time and time again and will leave unchanged. It guides our cautious approach to tackle the pandemic. That is why, since day one, the Ontario government consulted with the Chief Medical Officer of Health and partners in the health care system to implement a robust plan to monitor, detect and, if needed, isolate any cases of the virus.

The reopening Ontario act was brought into force in July 2020 to serve as a tool to ensure that Ontarians could continue to respond to the long-term impacts of COVID-19 while acknowledging that the government no longer needs the extraordinary tools available pursuant to the declaration of emergency made on March 17, 2020.

Throughout this pandemic, with the occurrence of new variants entering Ontario, our province was hit with different challenges. That is why the reopening Ontario act continued to be valid and vital. This legislation gives the province the flexibility we need to support our continued efforts to respond to an ever-changing situation—whether that was cautiously reopening Ontario when appropriate or strengthening public health measures when needed.

Since the onset of COVID-19, our province has made tremendous progress and taken necessary steps to tackle this virus.

We have made great progress with the rollout of the COVID-19 vaccine. Mr. Speaker, the data is clear: Unvaccinated individuals are 24 times more likely to be hospitalized and 43 times more likely to be in ICU than fully vaccinated Ontarians. Getting vaccinated is the best way to protect ourselves and our loved ones from COVID-19 and the Delta variant and will support the province in safely reopening and managing COVID-19 for the long term.

1600

To date, over 22.9 million vaccines have been administered in Ontario. Nearly 89% of Ontarians 12-plus have one dose, and nearly 86% have received both doses. In York region, where my riding is situated, a total of over 1.6 million vaccines have been administered. Over 88% of residents aged 12-plus have received at least one dose, and 85% of York region residents have been fully vaccinated. These are outstanding numbers, Mr. Speaker. Our province continues to hit milestones in our COVID-19 vaccine rollout, and it couldn't be done without Ontarians rolling up their sleeves to receive the vaccine.

As part of our province's rollout strategy, we want to make sure that vaccines are accessible to Ontarians across this province. That is why we are collaborating with partners to ensure that Ontarians who want to receive the vaccine will get the vaccine—partners including pharmacies, family doctors, primary care doctors, and many more.

Since mid-August, our government has partnered up with Metrolinx to temporarily retrofit three GO Transit buses as mobile COVID-19 vaccine clinics on wheels. The GO-VAXX buses are a new and convenient option for people to receive their vaccine and have proven to be a highly effective component of the province's last-mile strategy to get COVID-19 vaccines to Ontarians. Since the rollout, the mobile clinics have administered over 10,000 first and second doses. Of the 10,000-plus administered, over 48% were first doses. The GO-VAXX bus is an innovative and forward-thinking strategy. I want to thank all the organizations who have stepped up during this time—from front-line heroes administering the vaccine, drivers who operate the buses, to all the clinic organizations who graciously host the GO-VAXX bus. Thank you. This shows the team spirit and what our province can accomplish when we come together for a common goal.

Mr. Speaker, following Health Canada's approval of the pediatric Pfizer COVID-19 vaccine, children aged five to 11 will now be eligible to book their appointment to receive the vaccine. This vaccine offered to children will be a lower dose that is safe and effective at protecting this age group from COVID-19 and the Delta variant. Vaccinating this eligible population will help protect Ontario's progress in the fight against COVID-19 and keep the province's schools safer and open for in-person learning as more people move indoors and attend family gatherings during the winter months.

As of today at 8 a.m., children aged five to 11 across Ontario will be eligible to schedule a COVID-19 vaccine appointment through a variety of channels including:

- the provincial booking system and contact centre;
- directly through public health units using their own booking system;
- participating pharmacies; and
- select primary care providers.

Ontario is expected to receive over one million doses of the pediatric Pfizer COVID-19 vaccine on November 22 and 23, which will then be immediately distributed to public health units, pharmacies and primary care settings across the province. Appointments across the province are expected to begin as early as November 25, when the federal supply arrives at vaccine clinics across the province.

Mr. Speaker, achieving the highest vaccination rate possible is key to limiting the risk of transmission and protecting our hard-fought progress against COVID-19. I encourage all eligible Ontarians to visit ontario.ca/bookvaccine or call 1-833-943-3900 to book their appointment.

In addition to the vaccine rollout, our province is also enhancing our testing strategy. As we head into the colder months, our government will be deploying several testing strategies across the province, to ensure that every Ontarian, regardless of where they live, can access testing closer to home when they need it and get a test result as quickly as possible. These strategies include:

- access to publicly funded COVID-19 testing at select pharmacies for all eligible individuals, including symptomatic individuals and close contacts;

- providing take-home self-collection kits for eligible individuals that can be picked up and dropped off at participating pharmacies;

- expanding ID NOW rapid PCR testing to select assessment centres and pharmacies across northern Ontario to increase access to convenient local testing and provide quicker results; and

- bringing asymptomatic testing directly to Ontarians with pop-up testing sites in higher-traffic public settings.

As I mentioned, the health and safety of Ontarians remains our top priority, Mr. Speaker. While vaccination remains the best way to protect against COVID-19, testing remains a key part of our pandemic response, by detecting cases earlier and providing an additional layer of safety if needed.

As Ontarians continue to tackle COVID-19, our government is aware that we need to look ahead to the future. Since the beginning of the pandemic, Ontario has taken a cautious approach to reopening. It is because of this cautious approach and collaboration from Ontarians that our province is where we are today.

Ontario continues to report one of the lowest rates of active cases in the country. That's why, in consultation with the Chief Medical Officer of Health, our government released our Plan to Safely Reopen Ontario and Manage COVID-19 for the Long-Term, which outlines the province's gradual approach to lifting the remaining public health and workplace safety measures by March 2022. This phased approach will slowly and incrementally lift all remaining public health and workplace safety measures, including the provincial requirement for proof of vaccination and wearing face coverings in indoor public settings, over the next six months.

This plan, like every decision our government has made since the start, will be guided by the latest science and evidence, in continuous consultation with the Chief Medical Officer of Health.

As we safely reopen Ontario, our government will continue to work with our partners to assess ongoing trends and monitor key public health and health system indicators. This includes identification of any new COVID-19 variants, increases in hospitalizations and ICU occupancy, and rapid increases in transmission, to ensure that public health and workplace safety measures are lifted safely.

1610

To manage COVID-19 over the long term, there will be local and regional responses based on local context and conditions. Additional public health measures would also be implemented provincially in exceptional circumstances, such as when the province's health system capacity is at risk of becoming overwhelmed or if a vaccine-resistant COVID-19 variant is identified in the province.

Mr. Speaker, we are looking to the future, to a day when the COVID-19 pandemic will finally be behind us. But that day is not today, and we cannot take our eyes off our ultimate goal of ensuring that, as a government, we are doing what we can do to save lives and keep communities

safe. COVID-19 is a deadly virus, and we haven't won the battle yet. That's why we need to extend the reopening Ontario act.

The Solicitor General often describes this legislation as legislation that “ensures that the province will continue to have access to a dimmer switch, rather than an on-off switch, when it comes to public health measures.” And that cannot be further from the truth.

We need to continue to have the tools necessary to respond to the pandemic while avoiding lockdowns and ensuring Ontarians don't lose the hard-fought gains we have made. I encourage all the members of the House to support this motion, the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020.

The Acting Speaker (Mr. Percy Hatfield): Further debate on the amendment to the motion that was made by the member from Durham?

Mrs. Jennifer (Jennie) Stevens: It's always a pleasure to rise in the House and speak on behalf of the residents of St. Catharines.

It almost has become common to bring up the exceptionalism of the last few years. It goes without saying that the COVID-19 pandemic has been a distinct time for people in Ontario. On the one hand, there has been the health crisis that has required a massive shift of institutional resources and priorities to keep people safe, particularly vulnerable people like seniors. On the other hand, it has resulted in massive shifts in every aspect of our personal daily lives.

A number of businesses have closed their doors or drastically shifted their model to survive. The result has been a historic economic recession across the entire country. The drop in economic productivity has been unprecedented, but it has created opportunity as well. I think it is clear that people in Ontario have been able to rise to this challenge; however, I can especially say that this is true for the members of my community in St. Catharines and within the greater Niagara region.

When I look around my community to neighbours, to colleagues, to other elected representatives, by and large, people have taken the crisis seriously. They have followed public health guidelines about socially distancing, staying at home, sticking close to your family unit, wearing masks—and that list goes on and on. In short, they have been good civic actors and have acted chivalrously and considerably to the broader community. They were safe. I understand that there are some outliers, but the vast majority of the Niagara community are trying their best to do the right thing. Over the weekend, we hit a milestone of 75% of our community having been vaccinated. I believe that this is the case in point.

Both sides of this chamber really have the same goal when it comes to safety throughout this pandemic. Where the division sets in is about trajectory, for me. This is because the plan by this government was not always to invest in supporting nursing homes or following public health advice. Often, the advice was taken on slowly. There was a series of situations that resulted in embarrassment for the government, and then they changed course.

When it comes to this motion and extending the emergency orders, there are two chief concerns that arise. The first can be captured in the special report on COVID-19 by the Auditor General, Bonnie Lysyk, from about a year ago that describes Ontario's response as “slow and reactive.” One would have thought that having extended exceptional decision-making powers, removing the check of the Legislature, would have made decision-making more streamlined, except that was often not the case. Decision-making at times was made with a political lens, not a health-based one. That's what the Auditor General's report went on to describe—that it was political staff, not medical experts, who were dictating decisions. The report raised concerns that flaws in Ontario's communication, decision-making and management of positive cases contributed to wider spread of the virus during the eight months since the pandemic was declared. This is one of my chief concerns with extending this motion. We saw the yo-yo effects of politics and decision-making throughout this pandemic: closing parks, opening parks; police checks, no police checks; schools don't spread the virus, schools are a major spreader of the virus, and so on and so on. Making the right decisions should not have to be made by pressuring the government to do it.

The second of the chief concerns—and I am starting to see this more and more in my community—is that decisions by this government no longer even pretend to be driven by good policy but by election promises. Too many lessons from this pandemic that do not fit, under this Conservative government, are no longer being pursued. The majority of my time speaking to this motion will be highlighting this gap, because politics that masquerade as policies are often temporal and always wasteful. The examples can lead to some head-spinning and heart-breaking examples that just leave residents with whiplash.

The Canadian military report that the Premier called “gut-wrenching”—he stood in front of the cameras telling people that the buck stops with him. And yet when it comes to taking on these large corporate nursing homes, he has come out and said that there will be no retroactive fines for any previous infractions. That's not justice. That's not stopping the buck at all. That means no corrective action for the bad actors. The whiplash and the political promises continued, when it was announced that fines are doubled. And yet policy is only as good, as strong, as the actors that use it. It is dangerous when it is a promise made and a promise broken.

Simply put—and I will expand on this throughout—government work is dangerous when you can't trust the source of the promises. That makes promises for items like four hours of care, something so central to the lessons of this pandemic—it's a commitment that is almost five years away. I will say, it no longer becomes government policy and is much closer to a political party election promise when commitments are back-loaded to this degree, particularly when the party holds government and can make change now and does not.

I'm going to get into child care. There has been something positive from all this anxiety, which is that issue and policy conversations that struggled to get into

the limelight are now getting attention—long-term care; dignity of housing for older adults; what is essential work and how we can compensate that work; front-line health care work; and, of course, the issue we are discussing today, child care.

1620

I brought up child care yesterday in this chamber for this very reason. Ontario is one of the last provinces to sign on to an accord for the Canada-Ontario Canada-wide ELCC agreement. I was pleased to hear that the government is finally going to sit at the table, finally going to get to work. Speaker, it is a credit to child care providers across this province to make that happen. It is a credit to the families that need affordable spaces. It is a credit to the municipalities that know it is about time. It is a credit to business chambers and women across Ontario that understand the cost of having to withdraw from the workforce because you have no choice. So I am glad to hear that the government will be sitting down. But there are concerns that I still have, Mr. Speaker.

We have a major workforce gap in Ontario for RECES and there is not a magic wand that can make that solution occur any faster than it will take to train and recruit more staff. That is why an action plan is so needed today.

It is dangerous politics, again, to see the government only talking about spaces but not delivering any substantial action on the human infrastructure and resources it requires to staff those positions. To my community service providers of the child care sector in Niagara, it is near to a slap in the face since they actually have spaces available right now, but they can't staff them, Mr. Speaker.

One of the costs of the pandemic is that the most vulnerable have had a light shone on the gaps. For women and families, child care is one of those gaps. We owe everyone in this province a plan that comes alongside real immediate actions and real earnest intent. Personally, I hope to see an action plan come out of these negotiations that are finally happening, to be honest—not just signatures that essentially prolong the negotiations until after the election, because that again would be political promises that masquerade as government policy.

Speaker, we saw what is at stake throughout this pandemic on child care and why I have concerns related to the emergency orders that extend decision-making powers that can potentially allow the government to recess the Legislature again during critical times. This is because there is a child care crisis still in Niagara and across Ontario. Our province has the highest child care fees in the whole country, and I just don't see enough action being made to deal with this issue.

A quick Niagara story about child care: I'm going to call her "Nancy." She came to my office after the first pandemic lockdown was coming to an end. This was the first lockdown, so it was early summer 2020 when Nancy came in to my office. This was the time in Ontario when you found on Friday that a lockdown was being changed on Monday. She was told to report to work that week, except child care was not available. She had three days to choose between going to work or providing child care for her children.

Nancy is one example of many, but the bottom line is, this silent problem that existed before the pandemic was no longer so quiet, was it? I found that I could talk about these issues in the Legislature and people would listen. Reporters would talk about it. Many people are talking about it now, and across the province we've seen recommendations for leadership and accountability for the she-covery, including safe and affordable child care, a development of a mostly female workforce, that can support flexible work and business development.

There is now an expectation to use a gendered labour market analysis from the impacts of the pandemic that look to governments to offer policy solutions for short- and long-term challenges in this sector. Niagara is operating at 50% capacity because we don't have enough staff for the spaces we currently already have. The need for affordable child care has been on the national agenda since women began to flood into the paid workforce, but I feel Ontario is on the cusp of new funding that will change this sector.

I want to spend some time talking about health care in Niagara. Speaker, at this time, I want to thank the front-line health care heroes on the maternity floor at the Niagara Health System in St. Catharines for being there on July 25, 2021, to care for my daughter, my son-in-law to be—for my fourth grandchild, Chase Jonathan Uhryn. Nurse Jen Adams, you did a wonderful job. I want to thank her for all of her love.

Interjections.

Mrs. Jennifer (Jennie) Stevens: Just checking to see if you guys were still listening.

Before the pandemic, it was a glaring issue for residents in my community. The pandemic changed the conversation from issues pertaining to hospital funding and hallway medicine to issues of hospital funding and long-term-care support. I think it's health care where the clearest divide between this side of the chamber and the other side can be seen.

This could be one of the more personal issues for me why providing executive powers to the Premier is not what people in Niagara would want. That's because motives matter, and history matters, and behaviours matter, and trust matters. And on health care, I worry about all of those items related to this government.

Before the pandemic, we saw a \$300-million cut to health care funding in 2018, and we saw a restriction on the ability of this government to keep seniors in nursing homes safe when they also got rid of comprehensive reviews of long-term-care nursing homes. Two years later, when we all read the Canadian military report on their observations in Ontario nursing homes, it is hard to not equate some cause and effect to these decisions and those outcomes.

This is why I worry that the commitment of four hours of care is stretching so far in the future that I can't trust this government to do it, when they can easily start real investments right now, today. However, it extends past the words of what the Ontario government plans to do, like promises for later that could be now. It extends past the

words of what the Ontario government wouldn't do, like how they no longer promise to make the worst of the bad apples during the nursing home crisis of the pandemic pay with fines—big fines—but it relates to what it has done.

I find it difficult to trust the government when I receive, time after time, concerns from residents about the quality and availability of Home and Community Care Support Services. Patients are receiving below-standard levels and quality of care from overworked and underpaid home care nurses and PSWs who are trying their best. This means often a week or more without showers. This means often-promised seniors' dignity that is not worth the weight of the paper it is written on.

We all recall almost two years ago when the government jammed through Bill 175. This was the Connecting People to Home and Community Care Act, and the intended goal was to make connections. It has changed none of the problems around private for-profit providers that underpay their staff and shortchange patient care, because that is the dark secret to for-profit companies operating health care in Ontario. There's no magical enterprise formula that only private companies know about to make profit and be efficient. The way they save money, the way they pay dividends to shareholders, is by saving on staffing. That's it: Pay the people who do the job less.

The consequence of these actions is that I had a resident in St. Catharines, Rory, who no one came for after he had surgery. I have a grandmother who feels ashamed to see her family. She doesn't let them see her on the weeks she isn't able to be visited and has to be washed.

It is clear in home care that we had an opportunity to fix it, but the government brought legislation that ended up providing more of the same.

1630

What happens when someone complains? It goes into a place that anyone who has had a problem through the pandemic will be familiar with—yes, a place that often doesn't get a response.

It comes down to what we think health care should look like. Providing and extending emergency powers leads Ontario down the path to solutions that I know we don't want to see. We certainly don't want to see more for-profit companies in our health care system. However, there is something to be said about the experience throughout the pandemic of sending a request up the chain, whether to the ministry or an arm of the ministry, and getting a confusing response back—or no response at all: silence.

Small businesses across Niagara, especially restaurants, have carried a disproportionate burden from the pandemic. Previous motions like this one have placed our trust in Ontario's government to come up with common-sense solutions to this pandemic, except this has not been the experience. Many small businesses had to wait almost a year from the start of the first lockdown to finally get grant support from Ontario, but many of them had problems being approved or fixing a simple mistake, like a misplaced number, believe it or not. When they complained and flagged the issue, it went into a process that sometimes

never came out the other side. That erodes trust. That is not fair, Speaker.

I see that I'm ticking down to my last minute here, and I've got six more pages to go through, so I think I'll sum it up and say that individual restaurants' complaints are simple: a provincial plan that has often been interpreted several different ways by different levels of government.

Speaker, the big reason I find myself opposing this motion: It comes back to trust and it comes down to doing the right thing. I think all of Ontario works best when we have an active Legislature that can make sure we avoid some of the chaos Ontario has endured throughout this whole pandemic.

Speaker, I'd like to wish all the residents of St. Catharines—I hope they stay safe. With that, Speaker, I want to thank you for this time to be able to debate this motion.

The Acting Speaker (Mr. Percy Hatfield): And the next member taking the floor to speak to the amendment made by the member from Durham to government order number 3 is the member for Chatham-Kent–Leamington.

Mr. Rick Nicholls: I am pleased to stand and debate my thoughts on the amendment to the main motion brought forth by the member from Durham, as well as to pass some comments along with regard to the government's motion to in fact extend the emergency orders, because they are tied together.

Speaker, I'm going to call it the way I see it. That's what I used to do when I refereed basketball and umpired baseball for many years at high levels—calling it the way you see it.

Let me be very clear: I'm not going to support the motion to extend the emergency orders; I will, however, support the member from Durham's amendment to the motion.

Listen, we've heard clearly the Minister of Health state that the vaccines that have now been injected into people are perfectly safe, and now, as of today, she wants to inject five-year-olds to 11-year-olds. To me, it's like playing Russian roulette.

By now, most people know that I've refused to be injected with an experimental drug for many reasons. Those were my reasons. Those were my personal reasons, but they were exploited by a member of the Premier's office. I'll go on record and say that I'm not very happy about that at all, because personal medical records are personal and they're nobody else's business. I'm telling it like it is.

In my opinion, there's not been enough clinical research done to determine possible mid- and long-term side effects. In my opinion, it's not safe. We are, however, hearing of adverse side effects within days and weeks of receiving one's first, second and/or even third injection.

Under the current emergency orders, pharmaceutical companies cannot be held responsible for any injuries, including death, that may occur. That's not right. Under the current emergency orders, pharmaceutical companies, as I mentioned, cannot be held liable. Take a look at high school and university students who have collapsed and, in

some cases, died as a result of being injected with this experimental drug, also called a vaccine. Recently, I watched a video compiled by a reputable news outlet showing captured clips of football, basketball and a rash of soccer players in Europe collapsing. All had recently had their second shot. Of special interest to me, in fact, was a basketball official who suddenly collapsed during live action. He fell backwards, out cold. I don't know of his outcome at this point in time. But it was of special interest to me, because, as I mentioned earlier, I was an official in basketball at high school and university levels. All of these individuals had been involved in an activity where there was a high degree of exertion on the heart.

It's now known that one of the severe side effects is myocarditis, which is an inflammation of heart muscle, and endocarditis, which is an inflammation of the inner layer of the heart. The result could be a heart attack. Sadly, the heart damage, regardless of age, is irreparable, and it is feared that many young people—and we have identified young males especially, between 12 and 17—are experiencing what I just described. Unfortunately, it is felt that these young people, some of them, may require a heart transplant in later years.

So I say, make the pharmaceutical companies liable now for any injuries. Do not extend the emergency orders.

Now let's just talk about what we know about COVID-19 and children. Health Canada has just authorized the Pfizer vaccine for children ages five to 11. I'm concerned, and you should be, too. Here are some facts that you need to know to help you make a more informed decision for your kids, maybe even for your grandkids. Healthy children between the ages of zero to 19 are not at risk of serious symptoms or death from COVID-19—I said "healthy children." In fact, the flu is more dangerous to kids than COVID-19. Studies have also shown that asymptomatic children are unlikely to transmit the virus to adults or pass it around at school. And even when children get sick, their symptoms are almost always very mild. We also know that natural immunity is better than any protection that vaccines can offer.

Pfizer's own data shows that their inoculations are doing more harm than good. Their six-month trial results showed that they are causing a 300% increase in adverse events, 75% increase in severe adverse events and a 43% increase in deaths. I'm not trying to fearmonger here; I'm just stating the facts, calling it the way I read it, the way I see it. We already know that COVID-19 vaccines don't prevent you from catching or spreading the disease, but we now also know that they are actually causing harm.

I'm going to suggest that if people are very interested with what I'm talking about, I would recommend that they go to the website www.canadiancovidcarealliance.org for more information on what I'm talking about. You know, it's unfortunate that the minister, when asked to have the CCCA speak with members of her science table, flatly refused. Why would she say no?

I point out that there is, engraved on the walls, right up there in the chamber, the Latin phrase "Audi alteram partem": Listen to the other side. Unfortunately, she's not

willing to listen to the other side. It's somewhat like saying, "Don't confuse me with facts. My mind is made up."

1640

Now, as of November 14, 2021, Public Health Ontario reported 537 incidents of myocarditis and pericarditis following the receipt of COVID-19 mRNA vaccines in Ontario alone. Across Canada, that number was 1,241. The highest incidence has been in adolescents and young adults—I spoke about that a few moments ago—and more often in males than females. Depending upon the cause and the extent of myocardial damage, historically the mortality rate is up to 20% after one year and 50% at five years.

It begs the question, what do other countries see that Canada doesn't? I'd like to inform the chamber that Finland, Sweden and Denmark no longer use Moderna in populations under 30 due to concerns about vaccines damaging the heart. By the way, Speaker, Taiwan has also stopped using the Pfizer vaccine in children between 12 and 17 years of age because of the risk of adverse reactions. Don't Canadian kids deserve the same protection? If we don't stand up for our children's health and safety, who will? Clearly not the Canadian government. Say no to a vaccine that children don't need to stay safe and healthy.

Then it begs the question, well what can we do? We can speak up for our children. People need to inform themselves and inform their friends. They need to use credible sources that provide actual data from current, unbiased research. The Canadian COVID Care Alliance is one useful resource. Share your concerns with your network of friends and family members. Vaccinating children, who have virtually no risk of serious side effects or death from COVID-19, with unproven vaccines that have been shown by the manufacturer to cause harm, is wrong. You need to ask questions. I'm going to suggest that the people out there start phoning their elected officials at the federal and provincial levels, because I know that the members at the provincial level, the MPPs here, all of their offices are getting calls from parents and grandparents worried about the side effects that the experimental drugs could have on their little ones.

Now, there continues to be mounting evidence regarding the use of inexpensive repurposed medicines to treat COVID-19 in early phases. This is based on numerous clinical trials and population data, which include the experience of many front-line physicians globally. Recently, doctors from around the world gathered in Rome for the international COVID summit to discuss early outpatient treatment and to share that information with the international community. Sadly, the Ontario science table supports therapeutic nihilism; that is, not to treat the patient early.

Hospitals put patients on expensive remdesivir, with no evidence of efficacy. There are, however, reports of liver and kidney damage. In November 2020, the World Health Organization stated not to use the drug, as there was no evidence of benefit. Now, there's an old saying, "An ounce of prevention is worth a pound of cure." More

natural preventative ways of strengthening your immune system could, should and must include the use of vitamin C, vitamin D, zinc, ivermectin, keracitin and even hydroxychloroquine, although it appears as though those drugs are becoming few and far between. It's difficult to get them. Why? Well, that's something you might have to ask perhaps the College of Physicians and Surgeons or other so-called medical experts.

Let's not shame the vaccine-hesitant and therefore create a two-tier society. Why, as one nurse recently asked, do the "protected need to be protected from the unprotected by forcing the unprotected to use the protection that didn't protect the protected" in the first place? Speaker, these are, in part, my reasons for not supporting the government's motion to extend the emergency orders to March 28, 2022.

The Acting Speaker (Mr. Percy Hatfield): Further debate on the amendment made by the member from Durham to government order number 3?

Mr. John Yakabuski: I'm pleased to join this discussion on the motion, although it seems that the discussion goes just about anywhere with respect to any item that any member deems necessary for their own agenda to speak about, because I've heard an awful lot over the last couple of days, some of it here in the chamber and some of it watching on the legislative channel to watch this debate. I've certainly come to the conclusion that the members of the opposition—they've said they're not going to support this, but believe me, Speaker, I know they want this to happen. It's good politics for them and their agenda to say, "We're voting against it," but they know that the order is necessary. They know that in order to have order, governments must have the tools in order to be able to ensure that order will exist.

Interjection.

The Acting Speaker (Mr. Percy Hatfield): Member for Hamilton Mountain, come to order, please.

Mr. John Yakabuski: The one thing that we've learned through the last almost two years is that there is no playbook. I was around—I wasn't yet elected. Well, you were around too, Speaker, but I was actually running for office at the time of SARS. There was quite a kerfuffle over SARS and the threat of SARS and what measures would need to be taken, and the government of the day was doing what it could. But who would have thought at that time, if you lived through SARS, that we would have something 18 years later like COVID-19? SARS, while it was a massive news story and considered to be a serious, serious threat to the health of the population at the time, relatively speaking to what we've experienced with COVID-19, it was a hiccup.

Interjection.

The Acting Speaker (Mr. Percy Hatfield): Member for York Centre, come to order.

Mr. John Yakabuski: Not to dismiss in any way the seriousness and those that lost their lives to SARS, but in the big picture and worldwide, we look at this now and say, "Wow, that was a concern, yes; now we have something that the world has actually seen what a true pandemic

looks like." We're talking well in excess of five million people across the world that have perished as a result of COVID-19.

All governments all across the world and certainly here in North America and particularly here in Canada were faced with a tremendous challenge at the time. Quite frankly, we were learning as we went along, because there was no pattern to go by. There was no "you know that it starts here and it ends here and it has this many phases or this many"—what do we call it?

Interjection.

Mr. John Yakabuski: No, the first, second, third—

Interjection: Wave.

Mr. John Yakabuski: Wave. The waves, the phases: I got the waves and the phases mixed up. It has this many waves and then we'll have it taken care of, because there was no history. You couldn't even compare it to the pandemic of the Spanish flu in 1918-20 because we lived in such a different world then. Most people never went more than a few miles from their own home, quite frankly. Today, we live in a wide-open planet, where it's almost impossible to keep something contained in this day and age.

As this pandemic grew and got more and more—it just spread right across the world. Governments were, I would say, forced to but also acted in the way that they believed they must act to protect the people. Whenever you do something like that, Speaker, whenever you make decisions, you will find that there will be people who will agree with the decisions you make and there are people who will disagree with the decisions you make. You won't actually know whether it was the right decision, the best decision, the could-have-been-better decision, really hit the nail on the head on that one, until—as my father used to say, "Son, in the fullness of time." In the fullness of time, and we are starting to get to that point. We are starting to get to that point where we're actually starting to understand. If there is a positive here, just think of what we have learned as a society, our medical professions. All of the science out there has been forced—as they say, necessity is the mother of invention. The science out there has progressed at such a rapid rate because it had to. The world was at stake. Humankind was at stake. Think of the advancements and the changes that have been made and the rapidity at which it took place.

1650

There's not a jurisdiction anywhere that won't look back and say, "Boy, if we had known that, we might have done something a little different." We're no different here, but I will say this, Speaker—and I've heard so much criticism from the other side. In fact, throughout this pandemic, the Leader of the Opposition gets up on a daily basis in this House and automatically opposes whatever this government has proposed. I really think there's this little sign up on the mirror in the morning that says, "If the Tories propose, then we will oppose. If the Tories propose, we must oppose," because that's been the tradition of the opposition throughout this pandemic.

Yet I know—and they will heckle when I say this; I hope they do, unless they've all gone to sleep. But I know

that they sit back privately when they have a discussion and will have to say that, on balance, Ontario has done a tremendous job. Ontario has done a tremendous job. We are the most diverse, concentratedly populated province. Look at the facts; look at the numbers; look at the number of active cases today per 100,000 people; look at the number of people per 100,000 who have lost their lives, and then compare us to jurisdictions that are similar to ourselves. Today, we're the best in Canada. I know my colleague from Oakville yesterday talked about those numbers across Canada and active cases per 100,000.

Why have we gotten there? I heard the member for Waterloo yesterday talking about oh, my goodness, how bad this government is in the rollout of the vaccine. Well, Speaker, the fact that we did the rollout in the measured way we did, not just the vaccine but all of the measures which are part of this emergency order that the Solicitor General's looking to extend—all of those measures are part and parcel of what has made Ontario a leader in protecting its citizens throughout this pandemic.

Those were the steps; every one of them very, very seriously considered. The amount of consideration—and I know; I was there for the longest part of it, but the amount of consideration—and we know we don't talk about discussions in the cabinet—the discussions and the depth of them and the weight of them throughout this pandemic, the weight of the decisions that had to be made in order to protect the people of Ontario, not just that day but going forward.

And we know: I heard my friend from Markham—Unionville, Mr. Pang, speak earlier about—and I'm just paraphrasing—that wonderful day, that great moment when we can say we've won. But we haven't won yet. I think he said something like that. We haven't won yet, and why we have to have an emergency order continued like this is because the battle is not yet won. The battle is not yet won, but the enemy is quivering. The enemy is starting to show those signs of weakening because our resolve is putting them on the defensive. Our resolve as a society—I say that: as a society—is putting that enemy, a worse enemy than we've ever experienced before in mankind, on the defensive. That is why our government knows that ending this on, I believe, December 1 will simply not do.

We know that the cases over the last couple of weeks have risen. The cases have risen. But the positive side of that is those cases have actually made the case for our vaccine rollout. The caseloads of the last few weeks have made the case on the efficacy and the righteousness of our vaccine rollout.

What is happening now, Speaker, as you know, is the case numbers have been high the last number of days, but the number of people who are getting seriously ill continues to decline. Our numbers in the ICU are low, very low relative to what they were in the second wave and the third wave. And why is that? It's because the people who have been vaccinated and double-vaccinated and many of our population have received the booster—but those people who have received the full vaccination are not getting seriously ill. That says that the vaccine works.

Let's talk about those people who are receiving the third dose. The people in our long-term care, the most vulnerable, the ones that I hear so much from the other side—Ontario led in getting those shots in the arms of our most vulnerable because we saw tragedy in the spring of 2020. We remember it. It was painful. It was sad. But we didn't have a vaccine at the time. We didn't have a vaccine.

If you look at it, we weren't alone. We weren't alone in that tragedy. That tragedy struck seniors in homes all around the world. But the vaccine and the fact that we were proactive on the booster shots and said, "We're going to do what we can to protect our vulnerable as soon as we can"—that has paid dividends. That has made a difference in our long-term-care homes. That has made a difference so that our most vulnerable, those people who built this country—we're doing whatever we can to protect them so that those final years, those final days are days in dignity, the way it should be.

That's one of the reasons we are working on reforms in long-term care that will change the environment and the circumstances for that segment of our population in a way that nothing has ever come close to since we embarked on the long-term-care system. This is a massive game-changer. It will bring to that segment of the population the dignity that they so deserve.

Thirty-thousand new beds—and I heard my friend from York Weston—is it York South-Weston?—earlier today, talking—something Weston, there.

Interjection.

Mr. John Yakabuski: Yes, York South-Weston; I got it right. I heard him earlier talking about long-term care and the lack of supports. But we've embarked on the biggest, fastest, most aggressive hiring program in the history of long-term care, to bring those people into the system to help those people, to make sure they have the services, to make sure we can provide four hours of care for each individual. Four hours of care for each individual—the most aggressive hiring program in the history of the province. But my friends in the opposition somehow think, "Oh, you failed because you didn't pick up the 8,000 who were sitting on the shelf at Costco or Walmart or Canadian Tire and just put them to work." They make it sound like somehow you snap your fingers and you've got people filling jobs. We want to make sure that the people who are filling those jobs are qualified and that they're the right person for the right job.

I know for a fact that I wouldn't make a very good PSW. Some people say I don't make a very good golfer either. Billy Walker might tell you that.

1700

Mr. Bill Walker: Hear, hear.

Mr. John Yakabuski: I'm not going to be applying for that, but I am thankful to the dear Lord that we have people who are applying for that—people who want to give the best they can to those people who need them so badly. When we can get them trained, when we can get them placed and we can get them into those homes, that's going to be part of that changing game for those people. We are committed to making sure that it happens.

I also had the opportunity to listen to the member from Waterloo yesterday—and this is how my friends in the opposition sometimes like to twist things around for their own purposes; it does happen in here from time to time, Speaker. I heard the member from Waterloo talking about when the Premier and the minister came out and talked about a plan to put some dates and put some meat on the bone, so to speak, about an exit strategy.

All along through this, whenever something would come up, the folks over on the other side and the leader would say, “What’s your plan? What are the dates? When will that take place? We need to know when that will take place. You need to give us a time and a place.”

So then we came out with our exit plan that did attach dates, but right from the very beginning—I heard it with my own ears—I heard the Premier say, “All this is predicated on continuing to make the progress we’ve been working on on this pandemic.” But no, the member for Waterloo makes it sound like these were etched in stone, like Moses came down from Mount Sinai, etched it on the tablets and said, “March 28, 2022, it’s all over.” No, it won’t be up to the humans of this world to determine exactly when this pandemic will end, but by God, I’ll tell you this: We’re going to do everything we can to see that it does come to an end.

And speaking of an end, Speaker, I move that the question now be put.

The Acting Speaker (Mr. Percy Hatfield): Mr. Yakabuski has moved that the question be now put. There have been over seven hours of debate and 21 speakers. I’m satisfied that there has been sufficient debate to allow this question to be put to the House. Is it the pleasure of the House that motion carry? I did hear a no.

All those in favour of the motion that the question be now put, please say “aye.”

All those opposed to the motion that the question be now put, please say “nay.”

In my opinion, the ayes have it.

Interjection: On division.

The Acting Speaker (Mr. Percy Hatfield): I declare the motion carried, on division.

Ms. Jones has moved government notice of motion number 8 relating to the extension of emergency orders. Is it the pleasure of the House that the motion carry? I heard a no.

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

All those opposed to the motion will please say “nay.”

In my opinion, the ayes have it.

Interjection: On division.

The Acting Speaker (Mr. Percy Hatfield): Carried on division.

Motion agreed to.

The Acting Speaker (Mr. Percy Hatfield): I recognize the government House leader.

Hon. Paul Calandra: Just to inform the House, on a point of order, there will not be a night sitting tonight.

Speaker, if you seek it, I’m sure you’ll find unanimous consent to see the clock at 6.

Interjections.

The Acting Speaker (Mr. Percy Hatfield): The independent members may not have heard what the government House leader was saying because of the chatter.

The government House leader has said there will not be a night sitting tonight, and if I seek it, we will see the clock at 6. Are we agreed? Agreed.

Orders of the day.

PRIVATE MEMBERS’ PUBLIC BUSINESS

STAY HOME IF YOU ARE SICK ACT, 2021

LOI DE 2021 PERMETTANT AUX EMPLOYÉS MALADES DE RESTER CHEZ EUX

Ms. Andrew moved second reading of the following bill:

Bill 8, An Act to amend the Employment Standards Act, 2000 with respect to paid leave / Projet de loi 8, Loi modifiant la Loi de 2000 sur les normes d’emploi en ce qui concerne les congés payés.

The Acting Speaker (Mr. Percy Hatfield): The member will have up to 12 minutes to speak to this issue, and then we’ll have a debate, and then we will continue on with our agenda.

I turn to the member from Toronto–St. Paul’s.

Ms. Jill Andrew: Speaker, I rise today on behalf of my community members in St. Paul’s and workers across Ontario who do not have access to permanent paid sick days. This is why we have put forward Bill 8, the Stay Home If You Are Sick Act, and why this government must say yes to workers’ and families’ health, safety and wellness today.

Approximately 60% of Ontario workers, especially those who are low-wage, do not have access to paid sick days. Some 75% of racialized and immigrant workers in Ontario lose pay when they are sick and cannot come in to work.

I’m speaking on behalf of Ontarians who have stood up for our communities as essential workers, who have literally been on the front lines, working around the clock for us. Their physical and mental health matters. Workers are burnt out. Many are battling depression and anxiety and cannot take a day to recover without fear of loss of income.

I’m sure the Premier doesn’t want workers coming to work drunk, but for some reason he’s okay with them coming excruciatingly exhausted or sick, when accidents that could cost a life are just as prone to happen.

I rise on behalf of parents and caregivers in St. Paul’s who have had to go in to work sick or send a kid to school or daycare ill because they don’t have paid sick days and couldn’t risk losing their homes or going another night rationing food—and don’t even talk about the ones who

cannot afford child care because the Premier refuses to legislate \$10-a-day child care in Ontario.

We must never forget: The Premier of Ontario has paid sick days. If we didn't know it before, the whole of Ontario witnessed it when the Premier was able to isolate and quarantine at home without losing a penny of his salary. He was able to keep his family safe. He was able to keep his workplace safe by staying home. Every Ontarian deserves the same right to stay home when they're sick without fear of losing their job or going broke.

Instead, the Conservative government, led by that Premier, has voted against paid sick days over 25 times.

Even former Conservative party leaders Patrick Brown and John Tory, mayor of Toronto, have called for Ontario to introduce paid sick days.

The Association of Local Public Health Agencies, which represents all 34 Ontario boards of health, and medical officers of health sent a letter to the Premier urging the permanent inclusion of paid sick leave provisions under the Employment Standards Act as a public health measure to prevent transmission of communicable diseases, including COVID-19.

After our collective pressure, the government put forth an inadequate three-day paid sick days program which ends in December. How is three days sufficient when 14 days are required for quarantine—during a public health emergency no less?

Right now, this Conservative government has an opportunity to right its wrongs and say yes to one of the most important public health policies this government could legislate to protect children, seniors, predominantly women working in hospitality, retail, front-line health care workers—all workers—and some of the most marginalized of our communities.

1710

I thank the member for London West, Peggy Sattler, our NDP official opposition labour critic, for championing this Stay Home If You Are Sick Act legislation, which she first tabled—Bill 239—last year, and for inviting me to be her co-sponsor, alongside the MPP for Scarborough Southwest, Doly Begum, and the MPP for Brampton Centre, Sara Singh. Each of us has spoken in this House ad nauseam on how critical it is that Ontario have a permanent paid sick days program, especially now, during an unprecedented pandemic. The government has had three, going on four waves to get it right—and he refuses to listen to workers living the realities of battling this pandemic without protection from their own provincial government.

Thank you to the tireless organizers and supporters of our official opposition's repeated calls and legislation for permanent paid sick days. Thank you to the Decent Work and Health Network, Workers Action Centre, Toronto and York Region Labour Council, Ontario Federation of Labour, Ontario Chamber of Commerce, the Better Way Alliance, CUPE, USW, OPFFA, PSAC, SEIU, RNAO, OSSTF district 12, PSSP, EFTO, OPSEU, OECTA, ONA and countless others who have raised your voices and your fists clearly in support for legislated permanent paid sick

days from this government to protect workers, their families, students, patients, residents, customers and our communities at large.

Permanent paid sick days is a public health issue, it is a racial justice issue, and it is undeniably a gender equity issue.

The Conservative government will be showing its hand, its truest feelings about Ontario's workers—predominantly Black and racialized people and women—if this government refuses to say yes to this piece of legislation. Today we, the Ontario NDP, are demanding again 10 permanent paid sick days, plus 14 additional days during a pandemic. This government must say yes to our Bill 8, the Stay Home If You Are Sick Act. Anything less than a yes would be anti-worker, Speaker.

Bill 8 amends the Employment Standards Act, which currently has no permanent access to paid sick days. Bill 8 would provide every worker with up to 14 days of paid infectious disease emergency leave. Bill 8 replaces the existing patchwork of three days of unpaid sick leave, three days of unpaid family responsibility leave and two days of unpaid bereavement leave with 10 days of paid, job-protected personal emergency leave that can be used for illness, injury and urgent matters, including those related to care of certain family members. Bill 8 expands the list of family members for whom care leave can be taken to recognize the changing realities of Ontario households. Bill 8 prohibits employers from requiring a doctor's note for personal emergency leave. Bill 8 also calls for a program of financial support to assist struggling small businesses and non-profits with the transition to regular paid sick days.

Speaker, yesterday I counted, on the Canadian Federation of Nurses Unions website, last updated on November 10 of this year, over 20 health workers who died from COVID-19 and many more who were anonymous. How many of these and thousands of other residents and workers across sectors could have been prevented if workers had permanent paid sick days? Instead, for a year during the pandemic, the Conservatives fought against us, the NDP official opposition, workers' rights advocates, and workers and families, most importantly, and refused to give workers paid sick days—because he didn't want to spend the cash. In that time, 455,000 Ontarians were infected and nearly 8,000 died of COVID-19.

But if the audience doesn't want to listen to what I have to say, here are some comments directly from the mouths of St. Paul's:

"As someone who worked in retail and foodservice for nearly 10 years, I absolutely know how frustrating and disheartening it is to have to navigate calling in sick. If I decide to buckle down and go to work with symptoms and feeling miserable, I get paid but likely worsen my illness and make my coworkers sick too—which could affect them much worse than me, if they have an immune condition." That's from Melanie.

Maureen, a respiratory therapist, says that she works with "many people who don't have paid sick days.

"I have spoken with cleaning staff members who would come to work sick—working directly next to patients in

the ER or ICU who are already exceptionally vulnerable to illness. Their reasoning? They could not afford to take the day off.... Too often they have no choice but to show up for work and risk it.”

Solange Scott, the president of Professional Student Services Personnel in Toronto OSSTF District 12, says, “Workers not having paid sick time continues to exacerbate the crisis we are currently in. Workers are having to choose between going to work sick or paying rent or feed their families. Paid sick days save lives. If Doug Ford truly cares about the residents of Ontario, there wouldn’t be a debate on sick days. Sick people need to focus on getting better, not focus on figuring out how to ensure they have enough money to pay their rent after being off work with no pay.”

Debbie is a contract faculty member at a community college and has worked there for over 20 years. She has a genetic condition, HLA-B27-positive, which means—as she says, “I have been left to deal with multiple immune system disorders and I lack the necessary sick time required properly to deal with it. As a result, I am often teaching while incredibly sick.”

Let me tell you something: Debbie has had no extended leave or time to care for her family. As a result, she had to step away from classes when her dad was dying of stage 4 metastatic melanoma and her grandmother was also dying from the impacts of a recent stroke. So there she is, dealing with her own illnesses, dealing with the two estates of those loved ones who died, all without any compensation from her employer for the time she needed.

Debbie goes on to talk about her severe postpartum depression because—oops, I forgot—she was also pregnant during all of this: “I’ve had no chance of going on leave to address my mental health issues and was forced to go into work and complete my job or face reprimand. As a result of all of this, I feel broken.... I feel, like many contract and part-time faculty, as if I am a cog in a much larger profit-driven machine; that my rights are simply not valued.”

Speaker, to wrap up, I have another quote from Birgit, a highly esteemed registered nurse in the ICU, who is on the front lines of this pandemic: “It is unconscionable to think that front-line workers like myself and many others are not entitled to 10 permanent paid sick days in Ontario, especially during a pandemic. As an ICU/ER registered nurse and a sole-support mother of my 10-year-old daughter, I have had to choose between going to work sick and putting food on the table on numerous occasions.”

She goes on to say that racialized workers like herself, women and people with disabilities are disproportionately impacted by the lack of 10 permanent paid sick days. “I am a living testament to this injustice. Despite working throughout the pandemic as an ICU/ER registered nurse, last year I had to endure 14 days of no pay when I tested positive for COVID-19, and another 14 days when I had to isolate due to a COVID-19 exposure.”

This is unacceptable, Speaker. If this government claims to care about workers, they must put workers and their families first. They must say yes to Bill 8 and allow

people across Ontario to stay home when they are sick so that we can actually get a handle on this pandemic.

Dr. Karen Flynn, an esteemed academic, has also lent her words:

“I support the NDP-proposed Stay Home If You Are Sick Act, for all Ontario workers. We owe it to the families, friends and co-workers of Christine Mandegarian, Arlene Reid, Sharon Roberts, Leonard Rodrigues and Maureen Ambersley” and so many others.

“These people paid with their lives. It is our duty and moral obligation as Canadians to ensure that members of our workforce have the resources they need.”

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. Deepak Anand: Mr. Speaker, before I start, I want to thank the member opposite for introducing her private members’ bill for workers. Workers are the backbone of our province, and our government will do whatever it takes to protect them.

Right from the get-go, I want to start by saying that I will not be voting in favour of this bill, but I am glad to discuss how our government is standing up for the workers. We are doing everything we should to keep our workers and their families safe, and we want to say to the workers, we are here to support you if you are sick.

Since the start of this pandemic, we have had the backs of every worker in our province, and we have taken historic steps to keep them safe during these unprecedented times. As part of our comprehensive plan to support workers, in April we introduced and passed the COVID-19 Putting Workers First Act.

1720

This piece of legislation included the Ontario COVID-19 Worker Income Protection Benefit program, the most comprehensive provincial paid sick days program in the country. The program provided workers with paid leave to stay at home due to a long list of reasons related to COVID-19, including, if someone feels sick and has symptoms of COVID-19, they can stay at home or go and get tested and still get paid. It means they can take time away from work to get themselves or their children vaccinated and still get paid. It means that they can even take care of a dependent who is sick and still get paid. It means they can take care of themselves without any financial stress.

Our government recognizes that there are many residents who are like small business owners, mom-and-pop shops. They’re the lifeblood of our communities and the backbone of our economy. They have also gone through an exceptionally tough time. They are struggling to keep themselves up and running. To make sure they are also not burdened with additional expenses, our government is working to support them as well. That is why our government has been covering the cost for these paid sick days through our program by reimbursing these employers so that they don’t have to pay. Simply put, this program is a win for workers and a win for everyone.

Our program has also bridged gaps in the federal Canada Recovery Sickness Benefit. It is unfortunate that

the federal government has let this program lapse. I hope, and I wish, that my colleagues, not just on this side of the aisle but everyone in this House, will stand up and represent Ontarians and call on Ottawa to extend this program.

While on the topic of the federal program, I would also note that it paid employees a maximum of \$500 per week, which is less than the minimum wage for a standard 40-hour workweek and not nearly enough for many Ontario workers to ensure that they can cover their rent or a mortgage, pay their bills or buy food for their families.

I still remember having multiple discussions with the residents and we came up with a proposal, a proposal that our government offered to pay for doubling this federal program. Unfortunately, Mr. Speaker, the federal government did not partner with us.

Unlike the federal program, our program, on the other hand, pays \$200 a day or \$600 for only three days of missed work. It helps to bridge the gap between when a worker gets sick and when they can start accessing the federal program. I am thankful to the residents, I am thankful to the members—Ontarians have benefitted from this program, and we were able to help over 200,000 people. This means that these workers were able to stay home or get vaccinated without worrying about losing their pay; and not only that, their employers did not have to worry about these costs.

These workplaces, especially small businesses and mom-and-pop shops, were able to continue to operate and stay open, knowing that the government is there for them. In fact, I want to give a shout-out to over 12,000 employers who have submitted claims through this program, totalling \$67.8 million, which means our workers were well taken care of when they needed support.

Mr. Speaker, these businesses are primarily in manufacturing, construction and retail in areas like North York, Toronto and in my riding of Mississauga–Malton. These are some of the hardest-hit communities and sectors during this pandemic. I have spoken to countless workers and the residents who were so grateful for this program and for the government's support. I'm sure they have not forgotten about this, and they wouldn't have gotten it without this program.

I would like to highlight just how strong of a program it is compared to other jurisdictions in Canada. The province of Quebec, for example, offers employees two paid sick days off per year due to sickness, an accident or to attend to family responsibilities. Prince Edward Island offers one paid sick day only, after five years of service. Related specifically to COVID-19, Quebec had an income replacement program in place, but cancelled it when the federal government rolled out the Canada Recovery Sickness Benefit last fall.

Mr. Speaker, as you can see, Ontario is continuing to support and protect workers during a tough time. Should the federal program be extended, an Ontario worker would continue to have access to 23 paid sick days. In addition to our paid program, our government has acted decisively to put into effect other measures to protect workers throughout the pandemic. We have provided guidance and

resources, including over 200 sector-specific documents, to help employers keep their workers updated and informed, ensuring that everyone is safe. These resources have been viewed well over a million times—and I want to say thank you to all Ontarians for viewing these—and have regularly been updated as our knowledge of this virus evolved.

One tool that I think is especially important is our workplace safety plan builder, which guides employers step by step through risks in their workplace and how to protect their team members. Hundreds of businesses are signing up every week to create their plan, and, to date, thousands of plans have been completed with this new tool.

Mr. Speaker, I would like to also remind this House that these measures are important, and it is just the beginning. I could speak for much longer if I listed all the ways that our government is putting workers first every day. There are just so many examples of how we are rebalancing the scales and working for workers, because our government has a plan to build an Ontario that not only leads Canada but is a leader around the world.

Our government has delivered real action for workers and put them in the driver's seat of our recovery because our government believes in the Canadian dream, and we want more people to achieve it. We want to ensure that Ontario remains a place where hard work pays off and those who play by the rules get ahead. To recover from the pandemic, we need all hands on deck. We cannot leave anyone behind. Every day, we are building back a better Ontario. Whether it is addressing underground temporary help agencies, protecting the right to disconnect from work at the end of the day or banning unfair non-compete agreements that limit workers and harm others, we stand shoulder to shoulder with Ontario workers.

Speaker, our actions have helped stop the spread of COVID-19 in our communities. We got more people vaccinated and we protected workers and supported employers so that we can safely restart our economy. We know that work is not done yet. We know more needs to be done, and that's why we must continue to remain vigilant and follow the advice of our public health experts. Thankfully, across the province, we have risen to this challenge. With 86% of those eligible fully vaccinated and our province reopening, we are well on our way to achieving this goal, Mr. Speaker.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Ms. Peggy Sattler: I am pleased to rise today to participate in the debate on Bill 8. And I want to thank my colleague the member for Toronto–St. Paul's for joining me as a co-sponsor of this bill.

I listened to the member of Mississauga–Malton talk about his vaunted program that they have in place. I'm not sure if he realizes that this program expires in less than six weeks. So in less than six weeks, no Ontario worker is going to have any access any longer to paid sick days. And the other thing he didn't acknowledge is that this program that will expire in less than six weeks only gives three days

of paid sick days when public health experts have recommended that self-isolation can require up to 14 days away from the workplace. Finally, it only applies in an infectious disease emergency. While it is critical to get us through COVID and on to the other side, we need paid sick days in an ongoing, permanent way to deal with flu, to deal with airborne food illnesses, to deal with all kinds of infectious diseases that can circulate in a workplace.

1730

Speaker, paid sick days are really a policy idea whose time has come. It's certainly rare that one sees such strong consensus across sectors for a policy like paid sick days. We see health care experts, we see economists, we see labour advocates, we see mayors and municipal councils, we see boards of health and medical officers of health, we see business owners all supporting regular, permanent paid sick days on an ongoing basis in this province.

This morning, we joined with the leader of the Ontario NDP, Andrea Horwath, to announce that the NDP was reigniting our campaign for paid sick days. One of the speakers at this event was Helmi Ansari, the CEO of Grosche International in Cambridge. Helmi is a leading employer. He's part of a network of Ontario employers called the Better Way Alliance that recognizes that good employers take care of their staff. Helmi said that if somebody is sick, we want them to stay home, we don't want them to come into the workplace and potentially infect co-workers and cause more employees to have to stay home. We want them to be able to take the time they need to recover without feeling that they won't be able to make that mortgage payment at the end of the month, without feeling that they won't be able to pay the rent, without feeling that they won't be able to buy groceries for their families.

Speaker, that is the reason why the NDP is not giving up. We are actually now behind the eight ball. We see the federal government announcing that there will be 10 paid sick days for federally regulated workers in the new year. We see the province of British Columbia moving ahead with a program of permanent paid sick days.

An economist just issued a report that found that 10 paid sick days in BC would have almost no impact on businesses' bottom line. It would increase overall business costs by just one fifth of 1%. At the same time, it would bring significant health benefits as well as business benefits. There would be reduced illness among sick workers and the customers they serve. There would be better staff retention and stronger consumer confidence.

Speaker, we are giving this government a do-over. This is their opportunity to say yes to paid sick days. We want to see them be the government of yes. Let's say yes to Bill 8. Let's get paid sick days in this province, starting today.

The Acting Speaker (Mr. Percy Hatfield): Further debate? I recognize the member for York South–Weston.

Mr. Faisal Hassan: Thank you, Mr. Speaker. I rise today on behalf of the decent, hard-working people of York South–Weston. It is my—

The Acting Speaker (Mr. Percy Hatfield): My apologies. I was supposed to go directly to rotation, so it

would be the member from Guelph. Since they weren't getting up, I thought we had to come back here and then go there. It's my mistake.

So we go to the member from Guelph.

Mr. Mike Schreiner: Thank you, Speaker. It's an honour to rise today and speak in support of Bill 8, the Stay Home If You Are Sick Act.

If there is one thing we have learned from the COVID pandemic, it's that when you are sick, workers should stay home. No worker should have the impossible choice of putting food on the table and paying the bills or to go in to work sick. Nobody should have to make that choice. Speaker, it's about respect. It's about decency. It's about care and compassion. It's about the kind of Ontario we want to be, the future we want to leave our children and the workers, who make this province such a wonderful place to live.

One of the speakers said—and it's true—there is research that says paid sick days will have limited impact on a business' bottom line. I would argue it will have a tremendous impact on a business' bottom line, because businesses are more productive when workers are healthy, when they're not spreading illness in the workplace. Businesses thrive when their workers aren't afraid of being sick or spreading sickness in the workplace; businesses are more productive. So I would argue that paid sick days actually will help businesses thrive and will have a tremendous positive benefit on the bottom line of businesses across the province.

If this pandemic taught us anything else, it's that vulnerable workers, especially disproportionately Black, Indigenous, workers of colour, and women workers, have borne a disproportionate burden during this pandemic and tend to work in jobs that are less likely to be covered by paid sick days.

So, Speaker, if we are going to emerge from this pandemic with a compassionate, caring, equitable, just Ontario, we have to ensure that all workers in this province have access to 10 paid sick days, and so if the government truly cared for workers, they would vote for this bill.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. Faisal Hassan: I rise today on behalf of the decent and hard-working people of York South–Weston. It is my honour to speak to and support my colleagues' co-sponsored Bill 8 entitled Stay Home If You Are Sick Act. Simply put, workers in Ontario should not be made to choose between coming to work sick, putting themselves and their co-workers at risk, or staying home and missing a day's pay.

I can tell you that York South–Weston is home to many front-line essential workers and also a designated hot spot that was high risk during COVID, and paid sick days would have been a game-changer in mitigating COVID spread during the pandemic. Our many calls over the pandemic for paid sick days fell on deaf ears with this government, and I hope now, with the lessons of the past very clear, that this government will finally do the right thing by workers and support this bill.

Providing workers with paid sick days is good for families, elders and children, and it makes economic sense. The previous Liberal government had 15 years to provide paid sick days and, in an enlightened run-up to the election, were able to scramble together two paid sick days. This current government slashed that small gesture upon taking power, and have since not listened to any reason on why paid sick days is simply the right thing to do for the workers, the heroes of this province. The government's typical shifting of responsibility to other levels of government is shameful. And we all know that the Liberal federal government program is insufficient in design and practice.

I support this bill that demonstrates the leadership needed to protect workers and helps in our economic recovery while lowering health care costs. The pandemic disproportionately affected people on economic and racialized lines. That was seen first-hand in York South–Weston.

The Premier suggested, if you are sick, just stay home. I can tell the Premier that the typical PSW working part-time in more than one long-term-care workplace and taking overcrowded buses to get to work in York South–Weston could not take his advice to stay home and lose a day's pay.

One year ago in York South–Weston, in the month of November, an incredible 170 eviction hearings were scheduled. Could those folks stay home when they are sick?

Paid sick days help to level the playing field in Ontario and do not force workers to carry the burden of going to work sick or put paying their bills at risk. This bill calls for 14 days of infectious disease emergency leave and 10 days of paid personal emergency leave.

As the critic for youth opportunities, I can tell you from many conversations, young people are scared to take a day off when ill, not only because they cannot afford to lose a day's pay but also because of the power dynamics in their workplace where they are intimidated and afraid of missing a day's work for fear of losing their job. This is not how things should be in Ontario. Paid sick days make good public health sense and in fact prevent future, more expensive health care costs down the road. When I see that 60% of workers and over 70% of low-income workers do not have access to paid sick days, I see that as a public health issue as well as a workers' rights social justice issue.

1740

I am proud to support this bill, and I urge all in this House to do so and protect workers.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. John Fraser: I will be supporting Bill 8, and I want to thank all four members for bringing it forward, but especially the member from London West, who I'm in committee with today—we're both playing hooky from committee right now—for initiating it in the last Parliament.

It's just reasonable that we back people up when they're sick, right now, in a pandemic. I don't want to belabour

the point, but it took 400 days to get three paid sick days—400 days. The problem with that is there were a whole bunch of people who went to work sick. They had tough choices. They were forced to make tough choices: Feed their family or stay home sick; pay their rent or stay at home sick; children's clothing or stay at home sick.

I encourage the government to pass this bill. Your paid sick days are set to expire on December 31, and we're vaccinating our children right now, our five-to-11-year-olds. Parents are going to need time off work. It's actually not clear in your temporary paid sick day legislation that they can do that, and I've asked the government to make that clear. They haven't done that yet, in any way shape or form. We're trying to get kids vaccinated. I can't understand why the government hasn't made that clear. If it's there, then make it clear to people.

The second piece is, the first dose is going to come before December 31, but the second dose is going to come in the new year. Those paid sick days expire at the end of the year. That's not going to make for a smooth rollout. So I think that the government needs to send an indication to parents out there that they can get time off work to make sure their children get vaccinated.

I'll be supporting this bill.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Ms. Sara Singh: It's always an honour to rise in the House and contribute to the debate here. I'm proud to be supporting Bill 8, the Stay Home If You Are Sick Act.

I want to just start off by thanking my colleague from London West for bringing this important piece of legislation forward yet again and all of our co-sponsors for the good work in terms of fighting for workers here in Ontario.

As the member from Brampton Centre—we were sort of the epicentre of the pandemic, and our community really felt the brunt of not having paid sick days. So, Speaker, I'd like to share a few thoughts on why we need to, at this moment in time, take advantage of what we call in critical policy studies the policy window that we have in front of us here, where there is consensus across sectors, from public health to the business community, around this important public health policy, paid sick days, and how it will, in fact, help save lives.

Speaker, I think that the government has not only a social and moral responsibility but, as other members have indicated, a fiduciary responsibility to the people of this province to ensure that they have access to paid sick days so, as my colleague from York South–Weston indicated, we don't strain the critical health resources that we have already.

In a community like Brampton, the Peel region—in fact, our mayor, Mayor Brown, Mayor Bonnie Crombie as well as members of the local Peel regional council and Dr. Loh all fought for this government to do the right thing and implement paid sick days. But they ignored those calls time and time again, even when Peel region demonstrated that out of 9,000 COVID cases that they looked at, one

fifth of those cases were still going in to work sick because those workers, those essential workers, did not have access to the paid sick days that they need.

And as many, many experts have pointed out, 58% of workers in Canada currently do not have access to paid sick days. That's about 70% of workers who are making less than \$25,000 a year. Speaker, I know that that may come as a shock to most people, but if you're making \$25,000 a year, you are making difficult decisions between going in to work or paying your rent. Those workers, frankly, have no choice when we look at it because they have to go in to work to make sure that they can put food on the table and keep the lights on at home.

When we actually sit down and analyze who these essential workers are, as has already been pointed out, it is mainly racialized workers, it is mainly women, who are working in low-wage, precarious-style employment in our warehouses, in the health care sector. These people deserve to have paid sick days so that they can take time off if they need to.

As Dr. Naheed Dosani points out, "This government's three temporary paid sick days are completely inadequate and are set to end in the dead of winter when diseases can spread more quickly." Dr. Naheed is a palliative care physician and a member of the Decent Work and Health Network, and he goes on to say that, "We need to learn the lessons of the first waves of the pandemic. It's past time for permanent legislation that protects our patients with at least 10 paid sick days."

The experts understand that people are going to be experiencing different pressures. We have an aging population. Caregiving responsibilities are going to change. We need legislation that's going to adapt to the changing world of work but also the changing needs of our population. Unfortunately, it seems like the government just doesn't get the point. It's not just members of the opposition, it's also business owners that are calling on this government to legislate paid sick days and help provide the support to help keep our workers and economy moving forward.

The Acting Speaker (Mr. Percy Hatfield): Further debate? Okay.

Bill 8 is An Act to amend the Employment Standards Act, 2000 with respect to paid leave. Ms. Sattler, Ms. Andrews, Ms. Begum and Ms. Singh—

Interjection.

The Acting Speaker (Mr. Percy Hatfield): That's where I'm going, but which member? It's co-sponsored by four people. That's where I'm headed. I'm going to ask

one of the four co-sponsors to speak for two minutes on what we've heard this afternoon.

I return to Ms. Andrew, the member from St. Paul's.

Ms. Jill Andrew: Thank you, Speaker. I'm going to start by quoting the member from Mississauga–Malton, who said that the workers are the backbone of this province and that they wholeheartedly support workers. Here we've presented an opportunity with Bill 8, Stay Home If You Are Sick Act, to do just that: to support workers, to support families, to support every single one of the communities we represent here in this Legislature.

The member from Mississauga–Malton made it very clear that he would not be supporting this piece of legislation, the Stay Home If You Are Sick Act, and that is disheartening. It's disheartening because the days that this Conservative government have provided, the three measly days, as we have heard repeated in this House, expire in December. We know—science has taught us all—that you need 14 days to quarantine. If nothing else makes sense in this Legislature—if I walked into one of my elementary schools in St. Paul's and asked a kid, "If you need 14 days to quarantine, is three days enough?" I guarantee you, the kid's going to say, "No, Jill." So I just don't understand why this government does not get that.

My heart goes out—because I've been on the Eglinton 32, I've been on the Eglinton 34, I've been on the Bathurst 7, I've been on the St. Clair streetcar, the 512, and I've seen the packed buses with those essential workers, many of them who look like me, who are exhausted and tired. They've got their brown bag lunch and they're off to work to keep us alive and ticking. They deserve paid sick days. They deserve it now. This government's time is up. Ontario is looking, they're watching and they will wait to see your vote tomorrow on this bill. Pass Bill 8.

The Acting Speaker (Mr. Percy Hatfield): The time provided for this item of private members' public business has expired.

Ms. Andrew has moved second reading of Bill 8, An Act to amend the Employment Standards Act, 2000 with respect to paid leave. It is the pleasure of the House that the motion carry? I heard a no.

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

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

In my opinion, the nays have it.

A recorded division being required, the vote on this item of private members' public business will be deferred until the next proceeding of deferred votes.

Second reading vote deferred.

Report continues in volume B.

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Andrew, Jill (NDP)	Toronto—St. Paul's	
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Baber, Roman (IND)	York Centre / York-Centre	
Babikian, Aris (PC)	Scarborough—Agincourt	
Bailey, Robert (PC)	Sarnia—Lambton	
Barrett, Toby (PC)	Haldimand—Norfolk	
Begum, Doly (NDP)	Scarborough Southwest / Scarborough-Sud-Ouest	
Bell, Jessica (NDP)	University—Rosedale	
Berns-McGown, Rima (NDP)	Beaches—East York / Beaches—East York	
Bethlenfalvy, Hon. / L'hon. Peter (PC)	Pickering—Uxbridge	Minister of Finance / Ministre des Finances
Bisson, Gilles (NDP)	Timmins	
Blais, Stephen (LIB)	Orléans	
Bouma, Will (PC)	Brantford—Brant	
Bourgouin, Guy (NDP)	Mushkegowuk—James Bay / Mushkegowuk—Baie James	
Burch, Jeff (NDP)	Niagara Centre / Niagara-Centre	
Calandra, Hon. / L'hon. Paul (PC)	Markham—Stouffville	Minister of Legislative Affairs / Ministre des Affaires législatives Government House Leader / Leader parlementaire du gouvernement
Cho, Hon. / L'hon. Raymond Sung Joon (PC)	Scarborough North / Scarborough-Nord	Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité
Cho, Hon. / L'hon. Stan (PC)	Willowdale	Associate Minister of Transportation (Transit-Oriented Communities) / Ministre associé des Transports (Aménagement axé sur les transports en commun)
Clark, Hon. / L'hon. Steve (PC)	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds— Grenville—Thousand Islands et Rideau Lakes	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
Coe, Lorne (PC)	Whitby	
Collard, Lucille (LIB)	Ottawa—Vanier	
Crawford, Stephen (PC)	Oakville	
Cuzzetto, Rudy (PC)	Mississauga—Lakeshore	
Downey, Hon. / L'hon. Doug (PC)	Barrie—Springwater—Oro-Medonte	Attorney General / Procureur général
Dunlop, Hon. / L'hon. Jill (PC)	Simcoe North / Simcoe-Nord	Minister of Colleges and Universities / Ministre des Collèges et Universités
Elliott, Hon. / L'hon. Christine (PC)	Newmarket—Aurora	Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé
Fedeli, Hon. / L'hon. Victor (PC)	Nipissing	Chair of Cabinet / Président du Conseil des ministres Minister of Economic Development, Job Creation and Trade / Ministre du Développement économique, de la Création d'emplois et du Commerce
Fee, Amy (PC)	Kitchener South—Hespeler / Kitchener-Sud—Hespeler	
Fife, Catherine (NDP)	Waterloo	

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

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

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