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LEGISLATIVE ASSEMBLY
OF ONTARIO

Tuesday 19 May 2020

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Tuesday 19 mai 2020

The House met at 0900.

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

Prayers.

The Speaker (Hon. Ted Arnott): Orders of the day. I recognize the government House leader.

Hon. Paul Calandra: Thank you, Speaker. No business.

The Speaker (Hon. Ted Arnott): There being no business, this House stands in recess until 10:15 a.m.

The House recessed from 0902 to 1015.

JENNIFER CASEY

The Speaker (Hon. Ted Arnott): I understand that the Minister of Children, Community and Social Services has a point of order he'd like to raise.

Hon. Todd Smith: Point of order, Mr. Speaker: If you would grant me a couple of seconds to speak about my friend Captain Jenn Casey, who was lost in the Snowbirds crash in British Columbia on Sunday night.

I had the pleasure of working with Jenn Casey—Jenn Howell at the time—at Quinte Broadcasting in the Belleville-Quinte region. She went on to join the military in 2015, did the boot camp training, came back and became the public affairs officer at 8 Wing Trenton, which is Canada's largest air force base, for a couple of years. She found her love for aerobatics with the CF-18 Demo Team and then joined the Snowbirds and had a tremendous career with the Snowbirds. An operation that was expected to lift all of our spirits during COVID-19—the operation unfortunately ended in BC on Sunday night with the terrible tragedy that claimed the life of Captain Jenn Casey.

I would ask for a moment of silence as we keep her, her friends and the Snowbirds—again, Nova Scotia has lost another leader in their community. If we could have a moment of silence, Mr. Speaker.

The Speaker (Hon. Ted Arnott): The Minister of Children, Community and Social Services is asking unanimous consent for a moment of silence. Agreed? Agreed.

The House observed a moment's silence.

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

OPPOSITION DAY MOTION

The Speaker (Hon. Ted Arnott): I was advised that the member for Ottawa South may have a point of order.

Mr. John Fraser: Thank you very much, Mr. Speaker. A point of order.

The Speaker (Hon. Ted Arnott): Point of order. I recognize the member.

Mr. John Fraser: I would like to put forward a motion concerning today's business. Notwithstanding standing order 46(b)(iv.1), the time allotted to independent members for debate on the opposition motion scheduled for debate today shall be up to a—

The Speaker (Hon. Ted Arnott): I will say to the member, you'll need to seek unanimous consent of the House before you can move the motion.

Mr. John Fraser: My gosh, I forgot to do that.

The Speaker (Hon. Ted Arnott): The member for Ottawa South is seeking unanimous consent to move a motion. Agreed? Agreed.

I recognize the member for Ottawa South.

Mr. John Fraser: Thank you. Notwithstanding standing order 46(b)(iv.1), the time allotted to independent members for debate on the opposition motion scheduled for debate today shall be up to a maximum of 25 minutes, which may be shared among the independent members.

The Speaker (Hon. Ted Arnott): Mr. Fraser has moved that notwithstanding standing order 46(b)(iv.1), the time allotted to independent members for debate on the opposition motion scheduled for debate today shall be up to a maximum of 25 minutes, which may be shared among the independent members.

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

Motion agreed to.

COVID-19 DEATHS

The Speaker (Hon. Ted Arnott): I'm advised that the leader of the official opposition has a point of order as well, and I recognize her.

Ms. Andrea Horwath: I seek unanimous consent for the House to observe a moment of silence to honour all front-line workers who have died of COVID-19 since we last met, including nurse Brian Beattie and the PSW from Sisters of St. Joseph of London, whose name has been withheld, and for all the others who have succumbed to COVID-19 over the past week.

1020

The Speaker (Hon. Ted Arnott): The Leader of the Opposition is seeking the unanimous consent of the House for a moment's silence in memory and recognition of those who have lost their lives since we last met, with respect to COVID-19. Agreed? Agreed.

The House observed a moment's silence.

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

MEMBERS' STATEMENTS

SMALL BUSINESS

Ms. Jennifer K. French: Businesses in Oshawa, Durham region and across Ontario are very concerned about the devastating impact of COVID-19. They're trying to survive and make it through to the other side. I've been hearing from businesses, downtown BIAs, the chambers of commerce and boards of trade.

The Ontario NDP submitted the Save Main Street plan, filled with recommendations based on what small and medium businesses have been asking for. They need tools like the successful Digital Main Street program so that business can get online and get to their customers and community; and enhanced wage subsidies, because the feds' 10% isn't going to cut it. We need to institute a utility payment freeze, postpone tourism and marketing fees in the hospitality sector, dedicate resources to ensure the food supply chain has what it needs, and invest in the tools and resources entrepreneurs need for the future.

Commercial landlords are still not taking advantage of the federal money, so the Premier should pick up the phone and use Ontario's influence with the feds. Small and medium businesses are desperate to open, but worried at the same time, so support them with help and ensure that there are clear guidelines. How will they get PPE? What happens if they need support? They want to know that there is some security if they need it.

Small, main street and medium businesses have always been the backbone of our communities. Especially now, in the face of such uncertainty, we have to listen to them and support them. Reshaping the future is a big job that will take all of us. This government needs to put its money where its mouth is. We have to invest in and ensure the future of small businesses, not just hope it happens.

Interjections.

The Speaker (Hon. Ted Arnott): I hesitated to interrupt the member during the course of her statement, but I would ask the House to come to order so that I can hear the member who has the floor and is presenting to the House.

FRONT-LINE WORKERS

Mr. Will Bouma: I rise today to recognize the extraordinary front-line workers not only in my home riding of Brantford–Brant, but throughout Ontario.

In our hospitals: doctors, nurses, cleaning and kitchen staff, IT workers and all support staff.

On our roads: paramedics, fire, police, military, dispatchers, delivery personnel and all support workers.

In our long-term-care homes: nurses, PSWs, cleaning staff, recreational and therapy workers.

In our fields: farmers, farm workers and farm families.

In our stores: pharmacists, assistants, grocery store clerks, security staff, and workers tirelessly restocking shelves.

The workers that you never see: hydro technicians, municipal sewage workers, water treatment staff and telecommunications professionals that link and give us access to information, the ability to talk to our loved ones remotely and to keep us entertained.

A huge thank you to all in our province who have stepped up either working to treat COVID-19 patients, working to prevent outbreaks, and the Ontarians that work daily to keep us safe, comfortable and fed.

Recently, I reached out to our long-term-care homes in my riding of Brantford–Brant to hear first-hand the reality of what was going on on the ground. While my thoughts are with the residents who cannot see their loved ones in person, I was most impressed with the level of preparedness and dedication to fight this deadly virus.

If you are a team leader, a manager or a director and you want to recognize excellence in your organization, I urge you to contact your local MPP.

FRONT-LINE WORKERS

Ms. Laura Mae Lindo: The pandemic pay announcement was made on April 24, but it wasn't until May 15 that the ministries responsible contacted eligible employers to provide more details. That meant four long weeks of critical front-line workers continuing to put their lives on the line to protect Ontarians while wondering if they would qualify for this pay, wondering if their work was valued by this government.

We know staffing shortages plague the system because of the government's cuts leading up to the pandemic, and now exclusions based on random criteria that were never disclosed to the public have added insult to injury.

PSWs at long-term-care homes qualified for pandemic pay but called my office asking why the person working alongside them did not, simply because they had stepped in to provide temporary help through private home care companies.

Why were ambulance attendants not on the list or people who provide MRIs? What about clerical support staff, organizing and prioritizing appointments, or laboratory technicians who do our testing? What about health care workers supporting the unsheltered or those helping people navigate addictions in the community? Why are they missing?

For four weeks my staff monitored the list, and while we're grateful to see more roles added, we're frustrated it's taken this government so long to see that front-line workers are part of an intricate web of people who rely on each other to keep us all safe. Real leadership requires well-thought-out plans and complete transparency. So do better. Ontario is watching.

Interjections.

The Speaker (Hon. Ted Arnott): I'm going to have to ask the independent members to keep the volume of their voices down. We're in members' statements. I need to be able to hear the member who has the floor. We need to show respect for each other.

COMMUNITY CARE DURHAM COMMUNITY FOOD BOX PROGRAM

Mr. Lorne Coe: In response to the pandemic, staff at Community Care Durham have launched the Community Food Box program. The program was developed to support residents from communities in the region of Durham unable to safely acquire the essentials needed during this unprecedented time.

With the support of local businesses and farms, the food boxes contain the essentials for healthy eating, much of which is locally made or grown in the region of Durham. These boxes are delivered throughout the region of Durham and help to relieve the pressure from immediate family members unable to provide the necessary care to their vulnerable loved ones.

Community Care Durham is a multi-service charitable organization with a long history of providing community support services to adults and their caregivers who have needs related to aging, physical and/or mental health.

Community Care Durham will continue to partner with local businesses and farms to bring Durham residents in need during this extraordinary time a truly community experience.

Thank you to the staff at Community Care Durham and all the volunteers who are delivering the community food boxes. Know that you're making a difference in so many lives throughout the region of Durham.

SECURITY GUARDS

Mr. Kevin Yarde: Demand for security guards has drastically increased during the COVID-19 pandemic. These men and women have been asked to take on challenging roles on the front lines, ensuring that our grocery stores, hospitals, government facilities and care homes are safe.

There is currently an acute shortage of licensed guards in Ontario. Many guards are currently being asked to work double shifts and overtime, but demand persists. In a province posting historic job losses, there are as many as 5,000 positions that remain unfilled. This demand will only increase as the government moves slowly to ease economic restrictions.

The good news is that there are thousands of Ontarians ready and willing to take on these roles. Unfortunately, new licences and testing have been suspended, rendering it impossible to become qualified as a security guard in Ontario while testing and licensing facilities remain closed.

The province urgently needs a temporary move to online testing and certification for the duration of the pandemic. We understand that a similar program has been undertaken in Quebec.

Despite the dangerous essential work that security guards are carrying out, reports are that guards are not receiving the \$4-an-hour top-up the government promised. To be clear, many guards are working in care homes, hospitals and detention centres. Most are working in roles

that require placing themselves and their families in danger while screening and interacting with members of the public. This needs to change.

1030

SMALL BUSINESS

Ms. Mitzie Hunter: Speaker, it's an honour to rise today on behalf of the people of Scarborough–Guildwood. Today I thank everyone who is doing their part to curb the spread of COVID-19, especially our health care heroes. I had a chance to meet several of them at the Scarborough Health Network on Friday when the Scarborough Business Association delivered food packages for lunch. I thank these essential workers who are keeping our province moving.

At the same time, I'd like to acknowledge the hardship experienced by small businesses not only in Scarborough, but across the province. Over the past weeks, I have touched base with a number of small business owners in my riding of Scarborough–Guildwood. I hosted a virtual small business recovery consultation and heard from owners such as JC's Banquet Hall, a fine arts instructor who does her instruction now over Zoom, and G&G Electronics, a family-run business that has been operating continuously for over 65 years. I want to thank Katie Tsuyuki for moderating this session.

I'd also like to thank the Scarborough Business Association for hosting a virtual set of meetings to facilitate networking, information sharing and promoting new and innovative partnerships.

It's clear that some industries will do better and are better situated to recover and adapt to COVID-19, but whether or not our small businesses survive depends in large part on the steps that the government will be taking in the coming weeks.

The message from small businesses is loud and clear: With drastically reduced incomes, they need support now. They are asking for commercial rent relief and—

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

COVID-19 RESPONSE IN BURLINGTON

Ms. Jane McKenna: Burlington is a community like no other. In good times and in bad, we rally together to ensure no one is left behind. I'd like to thank some of the local organizations that have lent a hand to make each day a little brighter for someone else.

The Burlington Food Bank, last month, served 650 families, twice as many as last April. In addition, organizations like the Compassion Society, Food for Life, Burlington's Salvation Army, and Wellington Square United Church are also providing support.

I want to acknowledge the Burlington Dads group, who held a bottle drive a few weeks back and raised \$6,110 and 387 pounds of food for Halton Women's Place and the Burlington Food Bank.

We're also coming together online. More than 10,200 people have joined the Facebook group BurlingtonON Restaurants Takeout/Delivery. This group supports local restaurants and promotes Burlington's takeout Wednesday.

When the lockdown began, I also extended my office hours to help Burlington residents navigate the supports available from all levels of government.

We've also arranged marriage licences in several urgent cases. A special thanks to Amber LaPointe, the city clerk in Port Colborne; Sarah Kim, the town clerk in Grimsby; and the clerks' office in Markham for going above and beyond to help.

Adjusting to our current reality of six feet apart has been challenging for all of us, Speaker. As always, Burlington has stepped up—

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

SMALL BUSINESS

Ms. Jessica Bell: When I walk through my neighbourhood of University–Rosedale, I see more and more empty storefronts and “for lease” signs. College Street, Bloor Street, Dundas Street, Kensington Market—small businesses are giving up and going under. They can't pay insurance. They can't pay utilities. They can't pay their astronomical rent. Two thirds of commercial tenants didn't make May rent.

An Tran, a parent and first-time business owner of a bakery on Bloor Street, invested everything into his business—closed.

Matthew Languay, owner of Basecamp Climbing gym, invested thousands into renovating a former adult movie theatre into a popular gym—closed.

NishDish, a thriving Indigenous-run restaurant café on Bloor Street, faced so many additional barriers to open—closed.

Il Gatto Nero, an Italian restaurant on College Street run by Carmine and Michael Raviele: In a Facebook post, they wrote, “We feel fortunate and proud to have had the opportunity to serve this city since 1960, and honoured that we were able to be a part of so many people's lives, through their trials and tribulations, their triumphs, and joys”—closed.

These businesses make our city. They employ people. They give Toronto its character, culture and identity.

Ontario government, this is a message for you: Put a moratorium on commercial evictions now and provide rental support to commercial tenants. Help us and help my riding survive this pandemic.

Interjections.

The Speaker (Hon. Ted Arnott): For the third time, I'm compelled to ask members to keep their voices quiet when other members are presenting their statements in the House. This time, I have to ask the government side. We have to respect each other.

Interjection.

The Speaker (Hon. Ted Arnott): The Minister of Natural Resources and Forestry, come to order. Members' statements?

JOHN C. MUNRO HAMILTON INTERNATIONAL AIRPORT

Ms. Donna Skelly: I'm pleased to rise today to talk about the critical role Hamilton International Airport is playing in the fight against the COVID-19 pandemic. Hamilton is the nation's hub for the delivery of personal protective equipment to front-line workers. It is also the largest domestic express cargo airport in Canada.

On April 11, a 767 Cargojet landed in Hamilton from Shanghai with 75,000 pounds of desperately needed PPE. Since then, planeload after planeload of N95 masks and other vital medical supplies has arrived at Hamilton airport from sources right around the world.

The shipments are temporarily stored in a 77,000-foot air cargo space before being delivered to sites across the country. The facility at Hamilton specializes in the shipment of pharmaceutical and biomedical supplies. Hamilton airport, Cargojet, and their delivery partners DHL, Purolator, UPS and Canada Post, continue to work around the clock to meet the surging demand for PPE and other medical supplies.

I want to commend all of the air cargo and delivery teams at Hamilton airport and CEO Cathie Puckering for their commitment to supporting the supply chain and keeping Ontarians safe.

PETERBOROUGH STRONG COVID-19 FUNDRAISER

Mr. Dave Smith: What seemed like an eternity ago, way back in the last week of March, a gentleman named Tim Burke reached out to me to see if it would be possible under the COVID-19 restrictions to put on a fundraiser, telethon style. Tim has been involved in a number of initiatives to help with mental health and addiction supports in our community through an organization named Peterborough Strong.

His original idea was morphed and modified so that we could observe all of the social distancing rules, and with the help of people like Meg Murphy, Pete Dalliday, Neil Morton, Jef Dueck, and David Feeley at Cogeco Peterborough, the final concept was put together. Artists and celebrities across Peterborough would record songs or inspirational messages, and all of it would be combined into a two-hour show broadcast on Cogeco's YourTV, as well as through Facebook Live and YouTube. In total, more than 55 local artists took part, and 35 local celebrities and community leaders provided messages of hope to our community. Our very own Premier Ford took time to send a message of hope.

All of the proceeds from this event will go to Community Foundation of Greater Peterborough and to the United Way in support of mental health initiatives for those suffering during COVID-19.

The telethon ended with a very fitting rendition of the Tragically Hip's Bobcaygeon, sung by the Peterborough Singers.

QUESTION PERIOD

LONG-TERM CARE

Ms. Andrea Horwath: Speaker, before I begin my first question to the Premier, I do want to acknowledge that today is PSW Day. I can't imagine any other group more deserving of our praise and our thanks today, so happy PSW Day to all those front-line workers.

Applause.

Ms. Andrea Horwath: Speaker, the crisis in long-term care continues, but the Premier has yet to commit to a full, independent public inquiry. Families and front-line workers deserve openness. They deserve transparency and the concrete change that can only come with a full and open public inquiry. A government commission is simply not good enough.

If the Premier is truly committed to getting answers and ensuring all voices are heard, why is he refusing to commit to an independent public inquiry?

Hon. Doug Ford: I also want to thank all the PSWs out there for doing an incredible job. They come in day after day and put the community and patients ahead of themselves, so, again, thank you.

1040

Mr. Speaker, we've been clear that we will review the long-term-care system once we get through this pandemic. I have said over and over again to the public that we have a broken system, and we're going to get down to the bottom of it. How we're going to get down to the bottom of it is to expedite the problems that we have seen—to make sure they get fixed, as we're fixing long-term care on a daily basis.

We have a broken system, and I'm not going to stand up here and politicize that this happened under the previous government with the support of the NDP. I'm not going down that road. We have an issue, and together—together—we should all work together to make sure we fix the system.

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

Ms. Andrea Horwath: Speaker, families who have lost loved ones, and nurses and PSWs who have put their health and safety on the line, won't be heard in another backroom process.

Past public inquiries have been called following a single death.

Over 1,300 seniors have died in long-term care. Why does the Premier think they don't deserve a full, independent public inquiry?

Hon. Doug Ford: We are going to wait years for an inquiry to return the results. It's very simple: We need to

fix it now. Ontario deserves more. The people, the families, deserve more, and a quicker result.

That's why an independent, non-partisan commission—and, I repeat, non-partisan—is the best way to conduct a thorough and expedited review.

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

Ms. Andrea Horwath: Speaker, the Premier will know that the Ontario Command of the Royal Canadian Legion wrote him this week about the crisis in long-term care. In fact, I have a copy of the letter right here, and it can go over to the Premier via a page, if that is appropriate at this time.

What they say in the letter is that they're concerned about the government's refusal to even respond to previous concerns that they've raised with this government. They've told us that veterans are "dehydrated and malnourished," and some have been "left in diapers for days on end."

These brave women and men fought for our country; they shouldn't have to be fighting for their lives now that they are in long-term care. They are demanding answers. They don't want the Premier to hide behind a backroom, government-controlled commission. They deserve a full public inquiry. So my question to the Premier is: Why will he not side with the veterans of the Royal Canadian Legion and call for a complete, full public inquiry?

The Speaker (Hon. Ted Arnott): The Minister of Long-Term Care to reply for the government.

Hon. Merrilee Fullerton: Thank you, Speaker, and thank you for the question. All Ontarians deserve answers to what has transpired, and that's why we are creating an independent commission to address questions surrounding this. Ontarians have losses of their loved ones. Our government is committed to taking every measure possible, using every tool possible.

When we look at the public inquiry from the Wettlaufer case, Justice Gillese's public inquiry—we were acting on that as soon as we became a Ministry of Long-Term Care last summer. It took two years.

Time is of the essence. Ontarians deserve to get the care that they need. We cannot lose more time. Our government has been working since the onset to look at staffing, look at capacity, look at wait-lists and at an expert panel for staffing strategy. We have been moving decisively and swiftly because Ontarians deserve it. That's what we're doing.

LONG-TERM CARE

Ms. Andrea Horwath: My next question is also to the Premier. The reality is that people have been raising the alarm bells on long-term care for years now. The president of the Royal Canadian Legion notes in his letter to the government that he has written many times. He has written on behalf of veterans and has never received a reply. Front-line workers in long-term care tell very similar stories. They've also been calling for a public inquiry.

No one has asked for yet another Ford-government-controlled commission. We owe it to the thousands of staff and residents who lost their lives to get to the bottom of this. We owe it to their family members, to their friends and to their communities. We owe it to them, Speaker.

If the Premier won't listen to veterans' groups, will he listen to health care heroes who put their lives on the line every single day of this crisis and call for a full, independent public inquiry?

Hon. Merrilee Fullerton: Thank you again for the question.

We've seen COVID-19 impacting our elderly across the country, across the globe. Ontario is no different. When we look at what has transpired in our long-term-care homes, it is a tragedy, and we need to address that tragedy. But we cannot lose time. There is a sense of urgency. Our residents in long-term care need the care. They need to be looked after. We need to address the staffing. We need to look at capacity.

After 15 years—decades—of neglect of this sector, here is where we are. Look around. Many of you were here, making decisions about long-term care.

We need to move forward, and we need to move forward now. We cannot lose time. Years cannot go by before we address the critical issues in long-term care, and that's exactly what we're doing: looking at staffing, looking at capacity.

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

Ms. Andrea Horwath: Front-line health workers, veterans and health experts are all calling for a full, independent public inquiry, and so are families who are concerned about loved ones they have lost or who are still working on the front lines. In fact, last week we received a letter from Gord, whose sister-in-law is a PSW working in a long-term-care home. He told us that the home his sister-in-law works in wasn't just unprepared for the COVID-19 crisis, but that they have no plan to deal with the residents who tested positive. The workers there still don't have access to proper PPE.

Gord and his family deserve answers, Speaker. He is joining others in calling for a full public inquiry, not a government-controlled commission. People deserve more than a government-controlled commission. Will the Premier give that to them?

Hon. Merrilee Fullerton: Thank you again for the question.

This is a non-partisan, independent commission. That is absolutely key to keep advancing the reforms that are needed in long-term care.

We saw under the previous government a neglect of this sector. Only 611 beds were built between 2011 and 2018.

We know that we need to keep moving on long-term care. Our residents deserve it. Their families deserve it. Looking around the world, you can see how families and residents of long-term care have been impacted. An independent commission will provide us the answers that we need in a timely way so we can keep advancing long-term care.

We know that there were numerous measures in terms of PPE, in terms of testing that need addressing, and our government has been working across ministries to address those issues. We need to move forward.

The Speaker (Hon. Ted Arnott): The next question? The Leader of the Opposition.

Ms. Andrea Horwath: Speaker, I think this is the final supplementary in my second question.

The Speaker (Hon. Ted Arnott): I apologize. Final supplementary.

Ms. Andrea Horwath: That's fine. No problem.

What I do want to do is make sure that the Minister of Long-Term Care has actually read her government's press release, because it speaks specifically to a government-controlled process, government-controlled terms of reference and government-controlled appointees on this commission. That is not public, that is not independent, that is not transparent.

The newly formed seniors' advocacy group Seniors for Social Action Ontario has also been calling for an independent public inquiry into the high infection and death rates in Ontario's long-term-care facilities. They agree that a government-controlled commission just isn't good enough and say, "A review, like that proposed by the Minister of Long-Term Care, is not enough and would only serve to keep information from the public and protect the interests of the multinational companies that own many of these homes rather than the interests of the residents that reside in them." Perhaps that's why they're doing a commission.

Will the Premier do the right thing, do what seniors are asking for and agree to a full public inquiry into long-term care?

Hon. Merrilee Fullerton: Thank you once again for the question.

This is a non-partisan, independent commission. There is too much at stake to wait. The Wettlaufer inquiry went from 2017 to 2019—two years. We cannot—

Interjections.

1050

The Speaker (Hon. Ted Arnott): Order. Okay. The House will come to order. This House has declared a state of emergency in the province of Ontario. I would expect a certain standard of decorum in question period today.

I apologize to the Minister of Long-Term Care.

Hon. Merrilee Fullerton: Thank you, Speaker.

Looking at the years of neglect, the staffing crises, the capacity crises—all of these were contributing factors. We know there are issues in the long-term-care system. In terms of Justice Gillese, she called the system "strained." Under COVID-19, it is broken.

We do not need to take years and years identifying the issues. Many of the issues are clear, and we need to be acting decisively on those now. All Ontarians deserve it. Residents of long-term care and their families deserve advancement in long-term care.

LONG-TERM CARE

Ms. Andrea Horwath: My next question is to the Premier—but I look forward, then, to the permanent increase of wages for PSWs, sick days, benefits, pensions, full-time jobs. I think those things can be fixed just like that. Let's hope the government does it.

The question is to the Premier. Doctors are also raising concerns, Speaker. Dr. Janice Lessard, who specializes in seniors' care, says this: "The people of Ontario deserve to know the facts about their long-term-care system independently from government, as well as make recommendations based on their desires and values for the redesign of a long-term-care system that will be part of their own aging in the years to come. Only a public inquiry can accomplish this."

Will the Premier do the right thing and listen to the doctors, nurses, veterans and families calling for an independent public inquiry into long-term care?

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

Hon. Merrilee Fullerton: Thank you again for the question.

If we look back over the last 20 years—two decades—what we've seen is societal neglect of long-term care. Government after government has neglected and ignored the needs of long-term-care residents, their staff, and how long-term care can be integrated into the health care system as a whole.

We have learned lessons from COVID-19. We have learned how important it is to integrate our long-term care system with the acute care system, how our hospital expertise can help our long-term-care homes. We've learned how a merciless enemy arrives invisibly in our long-term-care homes and how we need testing and PPE and increasing measures to reduce the entry of this beast into our long-term-care homes.

Every government has been responsible for ignoring long-term care. We are changing that. Our government will make a difference for long-term care.

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

Ms. Andrea Horwath: It seems the Premier thinks a government-controlled commission is good enough for Ontarians, but for everyday Ontarians like Ramona Cole, they tell us that the only way we'll get to the bottom of what happened in long-term-care homes is through a full, independent public inquiry. Ramona has been calling for an inquiry into long-term care since 2017. It's unfortunate that when the Liberals had the chance, they didn't call a full, broad public inquiry into long-term care.

What Ramona says is this, "Heroic front-line workers are overworked and underpaid ... but without a public inquiry ... our overworked heroes will go back to the status of overworked unsung heroes. Please do the right thing."

Will the government listen to people like Ramona and ensure that all the voices of Ontarians are heard in a full, independent public inquiry?

Hon. Merrilee Fullerton: Thank you again for the question.

It is Personal Support Worker Day, and I want to make sure that they are acknowledged in the way that is necessary, for the efforts that they have made valiantly on the front lines of long-term care. Our long-term-care homes have been the front lines. If we look at the pandemic pay that we brought forward to recognize their efforts above and beyond what anybody should have to go through—we recognize the importance of personal support workers and all staff serving on the front lines. We have recognized and acknowledged that.

The measures that we have taken, looking at COVID-19, the damage that it's done to our long-term-care system—we have addressed the staffing issues. We have an expert panel looking into this, as we speak, on how to move forward after COVID-19. COVID-19 has broken long-term care; our government is fixing it.

ECONOMIC REOPENING
AND RECOVERY

Ms. Donna Skelly: Good morning, Mr. Speaker. My question is to the Premier.

Premier, many of my constituents are grateful for all of the hard work, sacrifice and dedication from our front-line workers. Because of their actions, we continue to see fewer and fewer cases being reported and more individuals recovering.

Last week, our government had some positive news about how the province will slowly ease restrictions, allowing for more businesses to open while ensuring health and safety standards are maintained.

Speaker, can the Premier share with the Legislature what today's phase 1 reopening means for my constituents and the rest of the province?

Hon. Doug Ford: I want to thank the member from Flamborough–Glanbrook for her question.

We're getting thousands of people back to work. We laid a solid foundation for economic reopening and recovery. We have the framework, we have the workplace safety guidelines, we have the capacity in our health care system, but most of all, Mr. Speaker, we have some of the most talented people anywhere in the world right here in Ontario.

As of today, we are entering a new stage, stage 1, of reopening of our province. We can reopen retail stores with a street entrance that are not located in shopping malls, with strict social distancing measures in place. This includes other seasonal venues like outdoor sports fields, certain health and medical services, and the lifting of essential construction limits to allow construction to resume.

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

Ms. Donna Skelly: Speaker, my question is back to the Premier.

Premier, this is excellent news and shows how Ontario's steady, scientific-based approach is working. I

know that many of my constituents will be happy about the reopening of seasonal venues during this time, including outdoor sports fields, tennis courts and off-leash dog parks, as people are becoming active. Further, the re-starting of critical construction projects demonstrates the continued importance of infrastructure projects that will serve the people of this province.

Premier, please share with the Legislature how our government will ensure that health and safety is protected while still being able to reopen the economy.

Hon. Doug Ford: Again, Mr. Speaker, I want to thank the member from Flamborough–Glanbrook.

I want to be clear that businesses should open only if they're ready. And I'll repeat that: only if they're ready. If you aren't ready, then don't open.

Ontario's labour laws are clear: Businesses must protect the health and safety of their workers and customers. Our inspectors are visiting workplaces to ensure that everything is being done to keep workers safe and, through our great Minister of Labour, have compiled over 90 guidelines for different workplaces.

If we follow the medical advice, if we take our time and get it right, then we'll be able to open more businesses, get people back to work, where they want to get to.

Mr. Speaker, we have a long way to go, we have a long road to recovery, but let's take some time today and be grateful for how far we've all come.

LONG-TERM CARE

Ms. Teresa J. Armstrong: My question is to the Premier. Families with loved ones in care have been clear: The crisis we are seeing in long-term care demands a full public inquiry.

I know the Premier has received letters from families across Ontario, including ones from veterans and family councils in long-term-care homes across Ontario.

Rick McEllistrum is a family council chair at Henley Place long-term care, which saw an outbreak of COVID-19 last March. He writes, "As a member of a family council of a long-term-care home hit hard by COVID-19, I know that families like mine want to know why our loved ones have been put at risk by COVID-19 and frankly, the realities of Ontario's broken long-term-care system...."

"I am urging you today to support a full public inquiry into long-term care in Ontario."

Will the Premier support Rick's request?

The Speaker (Hon. Ted Arnott): The Minister of Long-Term Care to reply for the government.

Hon. Merrilee Fullerton: Ontarians do have questions, and they deserve to be answered. That's exactly what we're doing with an independent commission that will be non-partisan.

1100

From the outset of this pandemic, our government has been decisive. We have acted swiftly and responsibly. We have created a number of measures to support our long-term-care homes, including bringing in the Canadian

Armed Forces and integrating hospital infection prevention and control teams—rapid response teams—into our homes to help with staffing.

We've issued over three emergency orders and two amendments to regulations to provide important aspects to staffing flexibility. Some of the decisions have been very hard, including "essential visitors only." We have taken measure after measure after measure to defend our loved ones in long-term-care homes. We've done it consistently.

Even before, as soon as we were a dedicated ministry, we were looking to reform and rebuild long-term care. This is ongoing. Our government will persist.

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

Ms. Teresa J. Armstrong: Speaker, I hope this government will actually listen to the calls on this House for a full public inquiry. If this is not the time, I don't know when is.

Rick is far from alone.

Anna Tremblay writes, "As a member of the Catholic Women's League of Canada, I urge you to launch a public inquiry to examine conditions and problems in the present system.... If there is one thing we learned during this pandemic, is that the most vulnerable people in our society ... need protection...."

The Rev. Dr. Peeter Vank of Markham writes, "I have personally been involved with care homes for many years as a volunteer, primarily as a visitor of parishioners ... I have watched the continual deterioration of care, despite the dedication and efforts of many of the staff.... There needs to be a comprehensive evaluation [provided by a public inquiry]."

Speaker, will the Premier heed the words and commit to a full public inquiry today?

Hon. Merrilee Fullerton: I want to acknowledge long-term care and the quality of care that needs to be provided across Ontario for our loved ones. As a family doctor, over 30 years ago I started in long-term care. I know the sector well. I've lived it personally as well, with my own family members. I know how important it is for people to have the care that they need when they need it.

That's why our government is looking to address questions surrounding the COVID-19 pandemic with an independent commission that is non-partisan. There is a sense of urgency. We must keep reforming, rebuilding and advancing long-term care, but it has been so badly neglected for decades. This has been building for decades, and now COVID-19 hits and it has broken our system.

We will rebuild it. We will reform it. We will move long-term care forward for each and every Ontarian, who deserve the high-quality care that Ontario can provide.

LONG-TERM CARE

Ms. Mitzie Hunter: I, too, want to acknowledge our personal support workers on this day of acknowledgment. I know how hard they're working on the front lines, and some have even given their lives during this pandemic.

My question is to the Minister of Long-Term Care. Speaker, our long-term-care system is in crisis, and the minister herself has said that COVID has broken the system. But despite the government's promise and commitment to put an iron ring around long-term care, there have been unacceptable delays to the actions taken by the government, and there have been gaps in the response. This has resulted in avoidable deaths, whether it's those who are working on the front lines or the residents who reside there during COVID-19.

The government has said time and time again that they are responding, and yet, since I asked my first question on March 11 for restricted access to these facilities, those actions continue to be delayed.

The Speaker (Hon. Ted Arnott): Question?

Ms. Mitzie Hunter: My question today is: Will you use the power that you granted yourself to take over those facilities that are currently in outbreak so that we—

The Speaker (Hon. Ted Arnott): Thank you very much. The Minister of Long-Term Care.

Hon. Merrilee Fullerton: We have acted swiftly and decisively, as early as February 3, bringing guidance to protect and contain COVID-19 in long-term-care homes. We acted. Every few days, there was an action. This was throughout the process in the last few months, so we have acted decisively on this.

I would ask the opposition and the member sitting across: Where were you on February 3 and after? You didn't raise a single question, after the House returned, on COVID-19—

Mr. John Fraser: She did.

Hon. Merrilee Fullerton: No, not between February 18 and 21. So where was the opposition? Where were you?

I'm saying to you: We all have a responsibility to make sure that our residents in long-term care get the support that they need. We have an emergency order that will be used to support homes in crisis when needed, and it will be used if needed.

Interjections.

The Speaker (Hon. Ted Arnott): Order.

Supplementary question.

Ms. Mitzie Hunter: I'm very shocked at the response from the minister. And just check Hansard: On March 11, I asked this government to put restrictions on access to long-term care to keep those who are residing there safe. That was asked.

At this stage, it's not about pointing fingers. It's about taking decisive action. It's about doing what is required to keep people in those homes safe. If you see an issue that needs to be resolved, I urge you to take immediate and decisive action. This government has put aside \$1 billion for COVID-19 response. Utilize those resources that are available to you to save lives. The dignity of—the people who reside in those settings deserve it.

My question to you is: Will the government go beyond an internal review that you can control to do a full, transparent and independent public inquiry so that the families and—

The Speaker (Hon. Ted Arnott): Thank you very much. The Minister of Long-Term Care to reply.

Hon. Merrilee Fullerton: To the member opposite: If I in fact have misinformation on that, I apologize to you. I appreciate what you're bringing forward.

I would have to say that we have acted decisively and swiftly through all of this. This is a global pandemic, moving swiftly across the world affecting our seniors and our elderly in long-term care at a devastating rate. Ontario is not alone in this. This is happening across the world, across the country. We are taking decisive action; we have from the very beginning. We have taken measure after measure. Our government has acted swiftly and decisively.

It is a new virus. The science is emerging. It will continue to evolve. That is not politics; that is science. We have to make sure that we continue to take action, and we will do that. A public inquiry will slow our action. It will delay our reforms. We need a sense of urgency.

PRESCRIPTION DRUGS

Mr. Jim Wilson: My question is to the Minister of Health.

In February, I asked if the minister would commit to negotiating an agreement with the pharmaceutical firm Vertex for life-saving cystic fibrosis medication. Since that time, a lot has happened that, frankly, has only made the situation worse and even more dire for patients.

Cystic fibrosis is a disease that affects the lungs and breathing, much like the COVID-19 virus. Catching COVID-19 would be a death sentence for children like the two young boys of Jamie Larocque and Sasha Haughian, who live in my riding.

Speaker, the government has put billions into this pandemic to help people suffering from breathing issues. Why won't the government give the same consideration to cystic fibrosis patients who are presumably at much greater risk of complications if they contract COVID-19?

Hon. Christine Elliott: Thank you very much to the member for the question. I know this has been important to you for a number of years and you've been a very strong advocate for patients with cystic fibrosis. We also take this situation very, very seriously, and we know that, when there are new, emerging drug technologies coming forward, patients are very anxious about that, especially with more rare disease conditions or health conditions. So it's even more important that some of these solutions come forward. We have been working on that. We have not given up on the challenge that patients with cystic fibrosis face.

We have been working with Vertex, the manufacturer of the three major drugs being used for cystic fibrosis—or to be used for that purpose—Orkambi, Symdeko and Trikafta. We have had meetings recently, in March and even into April, with Vertex, with our provincial, federal and territorial partners. But we understand that the recent offer Vertex presented does not address the concerns that were raised by the pan-Canadian—

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

1110

Mr. Jim Wilson: Thank you to the minister. I'm glad to hear you're at least at the table with Vertex. I appreciate that, on behalf of CF patients.

You mentioned the drug Orkambi, which is available at this time and approved—made by the same company. But as you know, the prescribing criteria that your ministry has attached to this medication are so cumbersome that not a single Ontario cystic fibrosis patient has ever had access to Orkambi—because of the prescribing criteria.

So I ask you today, on behalf of those patients who would benefit greatly—particularly during this time of the COVID-19 virus. Since your ministry put the criteria on, clearly your ministry has the power to loosen those criteria and give cystic fibrosis patients access to Orkambi, a drug that we all agree is essentially a miracle drug for these patients. I'd ask you to loosen that criteria today and let those patients breathe, and breathe freely.

Hon. Christine Elliott: We continue to review the criteria, but there's also the fact that the offer that Vertex put forward didn't satisfy the pan-Canadian Pharmaceutical Alliance. While that's disappointing, of course we're continuing our negotiations with Vertex with respect to that issue.

We also want to make sure that they can bring their other drugs forward as well. We understand that Symdeko has not yet been submitted to CADTH—the Canadian Agency for Drugs and Technologies in Health—for approval, and Trikafta has not been submitted for Health Canada approval.

So there are still many steps that Vertex needs to take, but we recognize that we need to continue to do our work as well because we know that the health of many young people, in particular with cystic fibrosis, depends on that. So, notwithstanding all of the work that we're doing for COVID-19, we're not letting those current concerns sit aside. We're continuing to work on them, and we hope that we will have a response from Vertex very soon that's going to satisfy the criteria that they're put to.

COVID-19

Mr. John Vanthof: My question is to the Premier. The Premier and the Minister of Health stated last week that Ontario has been a national and international leader per capita COVID-19 testing. The data shows something else. Yesterday, Ontario finished just 9,155 tests, less than half of the Premier's own target. Today's numbers are even lower—5,813.

The province lags behind the Northwest Territories, Alberta and Nova Scotia on a per capita basis. That's not a national leader. Worldwide, the United States is completing more per capita testing than Ontario.

Why has the Premier said that Ontario's per capita testing is world-leading when the data shows otherwise?

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

Hon. Christine Elliott: The Premier said that our testing capacity is world-leading because it's actually true. I think the people of Ontario need to know that Ontario is

the leader in Canada for testing. We have seen the changes. Week to week, there is always a lag on Mondays—days, volumes—for Tuesday because of some of the issues with transportation, with couriers and so on. That doesn't mean that we're falling behind. In fact, we've met our testing capacity 91% of the time.

We're continuing to increase testing. We've expanded our lab capacity, besides the work that is being done by Public Health Ontario. We've included it to over 22 partners, with university labs, hospital labs and private labs being included. We know that this is really important, as we open up the economy—that testing is going to continue to be very important.

As I said before, Ontario is the leader in Canada in testing now.

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

Mr. John Vanthof: The government's own initial target was 18,900 tests per day by mid-April. Not once in April did the government meet that target, and since that target was to be met, Ontario averaged less than 13,000 tests a day. Testing targets are important because they allow public health officials to trace where the virus has spread in the community and to try to stop its spread. Ontario should be leading the country with tests. There's no reason why we're not.

In Alberta, their government has injected further funding into their public lab system to ensure that their testing capacity is increased. Why isn't Ontario meeting its own testing targets, and what has caused Ontario's lag? Is it funding, is it a lack of testing equipment, or something else?

Hon. Christine Elliott: Well, in fact, as I've indicated, Ontario is leading Canada. In terms of testing, we have exceeded the capacity; we had over 19,000 tests. We continue to have—other than on Mondays, for the reasons which I've already explained—a significant number of tests, which we know are going to have to continue. And Ontario did make \$100 million available through our action plan in additional investments for public health units to support COVID-19 testing, including funding to support enhanced contact tracing as well.

We know what we need to do is continue our testing of vulnerable populations. We have completed our testing of all long-term-care residents and staff. We are now moving into testing residents of retirement homes, group homes and other places of congregate living, including shelters. We've expanded our testing so that if someone is symptomatic and comes to one of our assessment centres, they will be tested. We also need to increase our surveillance testing in the general population as we open the economy so we can determine the effects of the opening on our public health generally. We continue to do that.

CHILD CARE

Mr. Michael Coteau: Before my question, I'd like to personally thank the Premier and the Minister of Health for directing the government to collect COVID-19 race-

based data. I know there are a lot of people out there that appreciate it. Thank you so much.

My question is to the Premier. Premier, last week you released the government's plan to reopen the economy. As a result, parents have been calling my office concerned about how they return to work while their kids are still at home.

Through you, Mr. Speaker, does the Premier have a plan to help parents with child care—or at least some alternative—so they can participate in opening up our economy?

The Speaker (Hon. Ted Arnott): I recognize the Minister of Education to reply on behalf of the government.

Hon. Stephen Lecce: Thank you to the member opposite for the question.

Obviously, we appreciate full well the importance of child care and home care to enable parents to return to the labour market. Later today, the Premier, the Deputy Premier and I will be making an announcement on keeping kids safe while they're learning at home. That will include components dealing with child care.

What I can confirm to the member is that we're proud that over 1,600 students every day are receiving emergency child care in this province to support our front-line heroes and workers making a difference in COVID-19. Our expectation is that child care will reopen over time, subject to strict public health guidance to ensure that we keep the children safe in this province.

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

Mr. Michael Coteau: Even before the pandemic began, we were facing a child care crisis here in Ontario, both in terms of cost and spaces available. With social distancing guidelines in place, we will see less capacity within the sector. This will put our province's economic recovery in jeopardy as many parents will not be able to return to work.

Premier, many Ontarians will be forced to choose between staying at home with their kids or letting the bills continue to pile up. Opening up the economy must include massive planning, investment and expansion of publicly funded child care.

What is the Premier's plan, and will he direct his government to invest resources into creating more child care spaces so parents can get back to work?

Hon. Stephen Lecce: Thank you to the member opposite, again, for the question.

When it comes to enabling our economic recovery, obviously, we want to ensure the sustainability of the child care sector. I'm proud that in partnership with the federal government, with Minister Ahmed Hussen, we landed, I think, on a positive plan that's going to help ensure these operators remain strong and that these child care spaces remain accessible to parents.

We're doing that through providing the rent subsidy—the province is participating at 37% in that investment for those operatives that participate. We're also ensuring the federal wage subsidy has been expanded to include child

care operators. And at the Ministry of Education, we've expanded our operating support to enable some additional supports for those operators dealing with enhanced fixed costs in the province of Ontario. That's going to ensure the system is strong.

When it comes to parents, we put in an emergency order that denies operators from charging them for a service not rendered. That was important from a consumer protection perspective. When it comes to money in the pockets of parents—\$200 per child under 12, \$250 per child under 21, in the pockets of every working parent in this province to help them get through this difficult time.

PROTECTION FOR HEALTH CARE WORKERS

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

"It's so frustrating hearing that the front-line people are having problems getting the PPE." Those are words from the Premier, and I agree.

In my constituency of Nickel Belt, I've been contacted by a chiropodist, an occupational therapist, a physio-therapist, nurses, family physicians, PSWs—the list goes on. All of them continue to say that they cannot get PPE, that they are not properly protected to do their job. Workers in long-term-care homes across the province are still struggling to access PPE that are either kept under lock and key or are not available at all.

1120

Why have front-line staff, our health care heroes, not been provided the personal protective equipment to protect them from the spread of COVID-19?

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

Hon. Christine Elliott: Thank you very much to the member for the question. This is vitally important. We have front-line health care heroes who go to work each and every day, including our personal support workers, whose day we're celebrating today. We want to make sure that they're protected for themselves as well as for their families when they go home. So we want to make sure that they have the personal protective equipment that they need to continue to do their great work, which we do have.

Despite an international surge in demand for PPE, we're still placing our regular orders. We're placing new orders wherever we can, and we're working with some great Ontario companies that are able to produce these pieces of equipment, including gowns, hand sanitizer, ventilators, masks and other support equipment. We want to make sure that they have it on the front lines.

We're going to continue to do that despite the demand, because that's the very least that we can do for them. They are doing all the work for us. It's our duty and it's something that the Premier and I and many other members of government are working on on a daily basis—to get more PPE to send to the front lines.

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

M^{me} France G linas: Too many health care and other essential workers have to beg to get the proper PPE at work. The Premier has asked people to call him. Speaker, there has to be a better solution than demanding front-line workers take time away from their jobs of caring for us to be on hold with the Premier's office to get the PPE that they need.

Now that other areas of the economy are opening up, the risk for workers to go without proper PPE is even greater. If the Premier and the minister insist that appropriate PPE is available, then how can they explain why front-line health care workers are still telling me that they are struggling to gain access to PPE, and why so many workers are getting infected, getting sick and dying?

Hon. Christine Elliott: It is vitally important that our front-line workers have the appropriate level of PPE to wear, depending on what procedure they are going through. If it's an aerosol-generating procedure, they will need an N95 mask. We know that. There are other procedures that will require that too.

That said, we have a system for delivery to hospitals, long-term-care homes and retirement homes. If they need PPE, for which they give us a daily inventory, it is sent to them. They have it. Whether they use it or not in some of those centres is a different question. We've had a situation where we have had hospitals that have gone in to assist some of these long-term-care homes with providing the infection procedures and control and, in some cases, providing staff members, because some people have fallen ill or they're just not coming in because they're afraid of falling ill.

So we need to make sure that we figure out why that's not happening. The hospitals are doing their work, and they're coming in oftentimes with their own supply of PPE to make sure that their workers are protected, as well as the existing workers are protected. That is one of the questions that we—

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

INDIGENOUS PUBLIC HEALTH

Mr. Sol Mamakwa: My question is for the Premier. First Nations in Kiiwetinoong have been doing everything possible to keep COVID-19 out of their communities. They've gone through great lengths to keep communities safe, such as implementing strict lockdowns and travel restrictions. But this government needs to do more to remedy the issues that make First Nations people more vulnerable to COVID-19 in the first place, such as overcrowding of homes, access to clean drinking water and lack of hospitals.

How is this government working with the First Nations on dealing with this pandemic?

The Speaker (Hon. Ted Arnott): Minister of Health to reply on behalf of the government.

Hon. Christine Elliott: I thank the member very much for the question. You're absolutely right that many First Nations communities and some Indigenous communities

are very vulnerable to COVID-19 for a whole variety of reasons. First Nations communities have been identified by us at the Ministry of Health as being a group of people we need to work with to make sure that they receive the necessary supplies, the necessary testing kits and so on.

My colleague the Minister of Indigenous Affairs has been working very hard on this, as we have at the Ministry of Health. We have been on a number of phone calls with the Regional Chief, RoseAnne Archibald, as well as some of the other leaders to understand what the needs are and to make sure that those needs are met. I know that my colleague the Minister of Indigenous Affairs actually, when he flew north to Kenora the last time, took a plane load of equipment in response to the needs that were expressed to him.

I'll explain more in my supplemental.

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

Mr. Sol Mamakwa: It's clear that the current situation poses a risk to the health of our communities in the north that is higher than the risks faced by most people in Ontario.

Agencies and leadership in the north have a great deal of advice that this government should actually listen to on how and when the north should be reopened.

Once the north is opened up again, the second wave of COVID-19 could spread to First Nations across the north. What is the government doing to listen to and support communities in planning for that possibility?

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

Hon. Todd Smith: It's good to see the member opposite again after 10 weeks. Thank you for bringing this question to us.

Our government has acted, and we acted quickly, to meet the needs of those in our Indigenous communities—and working with the Minister of Indigenous Affairs, Mr. Rickford, who is doing great work in communities, as the Minister of Health has alluded to.

On April 7, we were able to announce \$37 million in funding that was going to support outbreak planning in those northern and rural and remote communities. That money is being spent to provide prevention and mitigation efforts in those communities and ensure the health and well-being of those Indigenous people and those communities at this particular time—particularly those in those remote and northern communities who need the assistance. Acting together across ministries, with social assistance and with the Minister of Indigenous Affairs and the Minister of Housing, we were able to provide that funding to those vulnerable communities.

LONG-TERM CARE

Mr. John Fraser: My question is for the Premier.

I want to start by thanking all of the PSWs who are out there working hard on the front lines every day, caring for the people we care for most.

I want to begin this question by saying that we all have questions here. I know you have questions on the other side. I know you've announced an independent commission of inquiry. I just would like to remind this House that with the last independent commission of inquiry, both the FAO and the Auditor General called some of those results into question. That can't happen this time. Nobody can question the results of an inquiry. We owe that to families. We owe that to workers. We must ensure judicial independence. We need to get those questions answered. You have the same questions. I know you care the same amount. But we can't do a half measure.

So, Speaker, I respectfully ask, on behalf of families, that the Premier reconsider and call a public inquiry.

The Speaker (Hon. Ted Arnott): Minister of Long-Term Care.

Hon. Merrilee Fullerton: Thank you for the question.

Ontario families and residents of long-term care—let's call them “on wait-lists,” because they're not actually in long-term care—37,000 people on the wait-list, and growing. That has been growing for years and years and years.

We need to understand how we can move forward with a sense of urgency. Delaying our reforms and delaying the advancement of long-term-care solutions will only mean more people waiting for care, more people not being able to access the care they need.

We've seen the inaction by the previous government for 15 years. We have seen the inaction and the lack of interest in COVID-19 from the opposition when it first began.

Our government understands what needs addressing. We have learned from COVID-19. We understand the issues. A non-partisan, independent commission will give us the best opportunity to provide the solutions and create the change that is needed for Ontarians across—

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

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Mr. John Fraser: That was a disappointing response, Mr. Speaker. I don't understand the reluctance to allow judicial independents to look at our response—because it's not just about the decisions that you made over here or maybe we made over there, but it's other people who made those decisions, outside of us, that we live with. You know that.

We can walk and chew gum, folks. We can walk and chew gum. We can have a commission and we can have an independent inquiry. Nothing prevents us from doing that. We owe that to people.

I know you have questions. You're not going to ask them out here, but you have questions in your head, about “Why do we do this?” and “Why didn't we do that?” and “Why did this happen?”, under your watch, under our watch and under everybody's. That's why we have to do it. It's for those families. That independence is critical. So again, I ask the Premier: Please reconsider.

Hon. Merrilee Fullerton: Thank you again for the question.

What's truly disappointing is the neglect of the long-term-care system for 15 long years. That wait-list grew.

That wait-list grew to the tens of thousands under the watch of the previous government, so what I am truly disappointed in is the neglect of the previous government.

What we need to be doing is clear. We need to be addressing the shortcomings in long-term care, and that's exactly what we will be doing. When you ask for a delay for a public inquiry for years, you are asking to add to your legacy of neglect, and I do not accept that. We will move forward with long-term care, getting people the care that they need when they need it, and we will do it with a commitment that your government never had.

SMALL BUSINESS

Ms. Jessica Bell: My question is to the Premier. An Tran owns Ba Noi, a restaurant in my riding. He is a new business owner and he has invested everything into his business. Before the pandemic hit, Ba Noi was closed for construction, but because of this crisis, they still haven't been able to open. An's family has a new baby, and they're worried that if they don't get the support that this government has promised was on the way, they'll have to close for good.

Businesses like Ba Noi are falling through the cracks and can't wait any longer. Why won't this government do the right thing and give businesses the direct financial support they deserve?

The Speaker (Hon. Ted Arnott): The Minister of Finance to reply.

Hon. Rod Phillips: I thank the member for the question, and I do thank the opposition party for its new-found interest in small business and business. I know that that community will appreciate it.

Mr. Speaker, as you know, this Legislature passed \$10 billion in support. That included \$6 billion in support related to deferral of taxes, \$1.8 billion in regard to property taxes that we enabled municipalities to do, and \$1.9 billion in WSIB supports. We also cut the employer health tax by \$355 million, so 90% of those businesses won't pay that tax this year. We also reduced electricity costs by \$300 for each business each month.

This is a government that understands the needs of business. We are pleased that the federally sponsored program that has been endorsed by all the provinces and will be over \$1 billion in rent support will be coming online. We understand that the application will be made available this month. That is the kind of support that small business is asking for and it's the kind of support that they've come to expect from this government.

The Speaker (Hon. Ted Arnott): The member for Scarborough Southwest.

Ms. Doly Begum: Thank you, Speaker. Omega Health and Fitness is a family-owned business which employs 30 people and provides services to patients, seniors and people with mobility issues, actively reducing the number of people who need to visit hospitals. Their landlord has been unwilling to negotiate and has refused to apply for the CECRA program. They have now had to maximize their lines of credit to pay the last two months' rent and are

worried they might not be able to pay the next month's rent.

Mr. Speaker, many other businesses are facing the exact same reality as Omega Health and Fitness. This government's lack of action resulted in many of these businesses being evicted or threatened with eviction. Too many businesses have already shut down. Too many families have already lost their livelihoods. We cannot lose any more.

Will this government commit to issuing a moratorium on business evictions now?

Hon. Rod Phillips: I thank the member for the question and, again, I know that businesses everywhere will be pleased next time we suggest a tax cut for small businesses, which we did, or next time we reduce regulations for small businesses, which we've done, and that your side will support those as well, because that's important to business.

What we have done is, as the Premier has talked about, in a prudent and safe way, presented our framework for reopening businesses. In addition to the supports I talked about, in addition to the rent support, which will be over \$1 billion for businesses in Ontario, we have found a safe and a sensible way to gradually open businesses, like the ones that you've spoken of.

We are committed to getting those businesses open when it's safe, working with the science and best health advice, and we will continue to support small businesses as we always have.

SUPPLY CHAIN MANAGEMENT

Ms. Jane McKenna: My question is to the Premier. During this pandemic, I know that some of my constituents in Burlington and across this province have experienced some food and product shortages, whether it was reports of shortages of disinfecting wipes, toilet paper or, now, increased demands for flour, yeast and sugar in our food sector.

Premier, I know that these shortages are top of mind for you, like many individuals in our government. Can you share with the Legislature what our government is doing to ensure that the people of Ontario will be able to continue to have access to the food and supplies that their families need during this time?

Hon. Doug Ford: I want to thank the great member from Burlington for all the great work she's doing out there.

Last week, I had a phone call with the consumer goods and the food supply chain companies, some of the largest in the country. They've been working around the clock to keep up with demand. They've been adding shifts and new lines to keep up with the demand on some of the critical items. People enjoy baking now, so flour is going off the shelves quick—yeast, hand sanitizers and other items.

But, after speaking to them, I'm happy to announce that we have enough essential items. When we go into the store, we can't be clearing the shelves and putting it in our basket; we've got to be respectful of one another. When you're buying the toilet paper, maybe get one pack instead

of two. But even the tissue companies are telling me they have more than enough capacity. We just have to respect each other when we're—

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

Ms. Jane McKenna: My question is back to the Premier. Premier, thank you for that answer and for your continued commitment and hard work to ensure the people of this province have the supplies they need.

I want to take the opportunity to personally thank and commend the hard-working members of the agriculture community, who are the backbone of our province's enormous and complex supply chain system. They are on the front lines each day, ensuring we have food on our tables and we have the products we need in our day-to-day lives to keep us healthy and connected.

Speaker, through you, can the Premier elaborate on the support our government is continuing to provide to this sector going forward?

Hon. Doug Ford: I want to thank the member from Burlington.

I know that many of our farmers out there are struggling. I had a conversation with many farmers last week, with our great Minister of Agriculture. What I hear is, they need help, and they have an ally and a champion in our government.

What we need is support from the federal government. Organizations like the grain farmers are in desperate need. When we see what's happening south of our border, in the United States, where the grain farmers are getting \$19 billion from their federal government, it puts us in an unfair competition.

What we're going to do is, we're going to support our farmers, but we can't do it alone. We need the support of the federal government, and I've put a call out to the federal government to support our farmers, our salt of the earth.

The Speaker (Hon. Ted Arnott): There being no deferred votes, this House stands in recess until 1 p.m.

The House recessed from 1139 to 1300.

INTRODUCTION OF BILLS

WORKPLACE SAFETY
AND INSURANCE AMENDMENT ACT
(PRESUMPTION RESPECTING
COVID-19), 2020
LOI DE 2020
MODIFIANT LA LOI
SUR LA SÉCURITÉ PROFESSIONNELLE
ET L'ASSURANCE
CONTRE LES ACCIDENTS DU TRAVAIL
(PRÉSUMPTION
CONCERNANT LA COVID-19)

Mr. Gates moved first reading of the following bill:

Bill 191, An Act to amend the Workplace Safety and Insurance Act, 1997 with respect to presumptions in connection with COVID-19 for workers in essential businesses / *Projet de loi 191, Loi modifiant la Loi de 1997 sur la sécurité professionnelle et l'assurance contre les accidents du travail à l'égard des présomptions en matière de COVID-19 concernant les travailleurs dans les entreprises essentielles.*

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

First reading agreed to.

The Speaker (Hon. Ted Arnott): Would the member for Niagara Falls care to explain his bill briefly?

Mr. Wayne Gates: The bill amends the Workplace Safety and Insurance Act, 1997. New section 15.0.1 of the act applies with respect to workers who work for businesses that have been listed as essential businesses in an order made under the Emergency Management and Civil Protection Act. If a worker for an essential business receives a positive test for the disease known as COVID-19, the disease is presumed to be an occupational disease that occurred due to the nature of the worker's work unless the contrary is shown.

The presumption applies to a positive test received on or after January 25, 2020.

PETITIONS

PUBLIC SECTOR COMPENSATION

Ms. Jennifer K. French: I would like to thank Sarah Labelle, who is a medical laboratory technologist in my area who shared these petitions that were collected among front-line health care workers at the hospital, garnering hundreds of petitions, with more than 36,000 signatures on the online version and counting.

This petition is to the Legislative Assembly of Ontario:

“Whereas the Ontario government has announced the temporary pandemic pay in recognition of the dedication, long hours and increased risk of working to contain the COVID-19 outbreak;

“Whereas this increase will provide \$4 per hour worked on top of existing hourly wages, regardless of the qualified employee's hourly wage. In addition, employees working over 100 hours per month would receive lump sum payments of \$250 per month for each of the next four months;

“Whereas those eligible to receive the payment will be staff working in long-term-care homes, retirement homes, emergency shelters, supportive housing, social services congregate care settings, correction institutions and youth justice facilities, as well as those providing home and community care and staff in hospitals;

“Whereas staff providing front-line clinical services along with those providing support services will be eligible to receive the pandemic payment;

“Whereas it is vital that front-line health care providers are retained as together we continue our fight to stop the spread of COVID-19; and

“Whereas the Ontario government remains committed to using every resource it has to support the front-line workers as we work to stop the spread of COVID-19;

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

“Request that the Premier of Ontario, Deputy Premier and the Minister of Health include all front-line health care providers committed to providing front-line clinical services.

“Health care is comprised of many professionals that provide front-line care and support, and all front-line health care professionals should be included in the temporary pandemic pay program.”

I wholeheartedly support this, affix my signature to it and will send it to the Clerks.

ACCESS TO JUSTICE

The Speaker (Hon. Ted Arnott): Petitions? The member for Thornhill.

Mrs. Gila Martow: Thank you very much, Mr. Speaker. It's very nice to see you. I think everybody's hair is a little bit longer than when we left.

“Petition for Smarter Justice.

“To the Legislative Assembly of Ontario:

“Whereas after 15 years of neglect under successive Liberal governments the justice system grew outdated and unnecessarily complex;

“Whereas Ontario's class action legislation has not been significantly updated in more than 25 years. The current system is outdated, slow and doesn't always put people at the centre of class actions in Ontario;

“Whereas lives can be—and have been—destroyed by serious crimes like sharing intimate images without consent. Cyberbullies can communicate broadly and quickly, making targets feel like they have no escape and often causing enduring mental and emotional harm;

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

“Proceed as effectively as possible to stand up for victims and law-abiding citizens, provide better, more affordable justice for families and consumers, and simplify a complex and outdated justice system to better serve the people of Ontario by immediately passing Bill 161, An Act to enact the Legal Aid Services Act, 2019 and to make various amendments to other Acts dealing with the courts and other justice matters, so that:

“(1) A flexible, sustainable and accountable legal aid system is built...;

“(2) Ontario's outdated class action legislation is updated...;

“(3) Criminals don't profit from crimes...;

“(4) How a small estate is handled is simplified...;

“(5) Notary and commissioner services are modernized...;

“(6) It is made easier for cyberbullying victims to sue their offender...;

“(7) In the tragic death of a loved one families are given closure...;

“(8) Who can perform marriage ceremonies is expanded...;

“(9) Lawyers and paralegals are held to the highest ethical standards...;

“(10) Juror privacy and security is protected...;

“(11) Reappointing case management masters is more efficient...;

“(12) Taxpayer dollars are no longer used to pay legal fees for judicial officials removed from office...”

Of course, I affix my signature and give it to, I guess, a page that’s in the virtual world.

HEALTH CARE

Mr. Tom Rakocevic: The petition is entitled “Save Our Health Care.”

“Whereas the Ford government is currently proposing massive restructuring to the entire health system without any public consultation;

“Whereas the proposal eliminates local planning and control of health care;

“Whereas the proposal will open the door for unprecedented levels of for-profit providers in our health care system;

“Whereas the last Conservative government privatized home care services, creating a system that fails too many families;

“Whereas the current hallway medicine crisis is a direct result of inadequate home care, long-term care and community care services;

“We, the undersigned, petition the Legislative Assembly of Ontario to request the government to abandon Bill 74, The People’s Health Care Act, and focus on improving our province’s not-for-profit delivery of universal health care system.”

I certainly will be signing this and giving it to a page.

FISH AND WILDLIFE MANAGEMENT

Mr. Mike Harris: I have a petition for the Legislative Assembly of Ontario.

“Whereas the ban on hunting and trapping in sections of Ontario to protect the eastern hybrid wolf was put in place without regard for the overall ecosystem;

“Whereas this ban has adversely affected the ability of the Ministry of Natural Resources and Forestry (MNRF), hunters and trappers to properly manage animal populations and Ontario’s ecosystem;

“Whereas this ban is no longer needed and is in fact causing more damage to Ontario’s ecosystem and increasing unnecessary encounters between wildlife and Ontarians;

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

“That the Minister of Natural Resources and Forestry immediately lift the ban on hunting and trapping set in place to protect the eastern hybrid wolf.”

It’s my pleasure to read this petition into the Legislature again. I wholeheartedly support it. I’ve affixed my signature and will pass it to Corey.

HEALTH CARE

Mr. Joel Harden: I have a petition today entitled “Save Our Public Health Care.” It reads:

“Whereas the” current Ontario “government has passed omnibus legislation to drastically overhaul our health care system with no commitment to publicly delivered health services;

“Whereas the previous Conservative government” in Ontario “privatized Ontario’s home care system, which contributed considerably to our present-day hallway medicine crisis; and

“Whereas every night hundreds of Ontario’s patients wait for care in hospital hallways, showers and TV rooms;

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“Whereas Ontario sits near the bottom of developed countries for hospital beds per patient and has the fewest registered nurses per patient in Canada;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to ensure the Ontario government protect and invest in a robust, publicly funded and publicly delivered health care system and reject any further private delivery of health services.”

I’ll be happy to sign this petition and pass it to the Clerks’ table.

ONTARIO ECONOMY

Ms. Donna Skelly: As my colleague mentioned, we all have long hair here in the Legislature. I would just like to invite everyone, when you are looking to get your hair cut, my son has a hair salon in Hamilton, Maddison Avenue hair salon. So please, everybody, I’m inviting you all to get your hair cut in Hamilton.

“To the Legislative Assembly of Ontario:

“Whereas over the last 15 long years under the previous Liberal government costs for businesses skyrocketed; and

“Whereas the Ford government has been eliminating thousands of regulations and ensuring regulation to the point of integrity by introducing the Making Ontario Open For Business Act, Restoring Ontario’s Competitiveness Act and the Better for People, Smarter for Business Act; and

“Whereas the government has reduced business premiums for the Workplace Safety and Insurance Board; and

“Whereas the Minister of Economic Development, Job Creation and Trade has been travelling” around the world; and

“Whereas our government has scrapped the job-killing carbon tax; and

“Whereas our government has reduced the costs of energy by passing the Access to Natural Gas Act and the Fixing the Hydro Mess Act; ...

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

“That the government continue its efforts to reduce the cost of doing business in Ontario with the goal of building on the record-breaking job” numbers “of the past 18 months.”

I will affix my signature and give it to whichever page is available to take it.

PUBLIC SECTOR COMPENSATION

M^{me} France Gélinas: I have this petition and I would like to thank Kate, Pam, Kristen and Mary for sending it my way.

“Whereas the Ontario government has announced the temporary pandemic pay in recognition of the dedication, long hours and increased risk of working to contain the COVID-19 outbreak;

“Whereas this increase will provide \$4 per hour worked on top of existing hourly wages, regardless of the qualified employee’s hourly wage. In addition, employees working over 100 hours per month would receive lump sum payments of \$250 per month for each of the next four months;

“Whereas those eligible to receive the payment will be staff working in long-term-care homes, retirement homes, emergency shelters, supportive housing, social services congregate care settings, correction institutions and youth justice facilities, as well as those providing home and community care and staff in hospitals;

“Whereas staff providing front-line clinical services along with those providing support services will be eligible to receive the pandemic payment;

“Whereas it is vital that front-line health care providers are retained as together we continue our fight to stop the spread of COVID-19; and

“Whereas the Ontario government remains committed to using every resource it has to support the front-line workers as we work to stop the spread of COVID-19;”

They petition the Legislative Assembly of Ontario as follows:

“Request that the Premier of Ontario, Deputy Premier and the Minister of Health include all front-line health care providers committed to providing front-line clinical services.

“Health care is comprised of many professionals that provide front-line care and support, and all front-line health care professionals should be included in the temporary pandemic pay program.”

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

ACCESS TO JUSTICE

Mr. Dave Smith: “To the Legislative Assembly of Ontario:

“Whereas after 15 years of neglect under successive Liberal governments the justice system grew outdated and unnecessarily complex;

“Whereas Ontario’s class action legislation has not been significantly updated in more than 25 years. The current system is outdated, slow and doesn’t ... put people at the centre of class actions in Ontario;

“Whereas lives can be—and have been—destroyed by serious crimes like sharing intimate images without consent. Cyberbullies can communicate broadly and quickly, making targets feel like they have no escape and often causing enduring mental and emotional harm;

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

“Proceed as effectively as possible to stand up for victims and law-abiding citizens, provide better, more affordable justice for families and consumers, and simplify a complex and outdated justice system to better serve the people of Ontario by immediately passing Bill 161, An Act to enact the Legal Aid Services Act, 2019 and to make various amendments to other Acts dealing with the courts and other justice matters, so that:

“(1) A flexible, sustainable and accountable legal aid system is built (Legal Aid Services Act);

“(2) Ontario’s outdated class action legislation is updated...;

“(3) Criminals don’t profit from crimes...;

“(4) How a small estate is handled is simplified...;

“(5) Notary and commissioner services are modernized...;

“(6) It is made easier for cyberbullying victims to sue their offender...;

“(7) In the tragic death of a loved one families are given closure...;

“(8) Who can perform marriage ceremonies is expanded...;

“(9) Lawyers and paralegals are held to the highest ethical standards...;

“(10) Juror privacy and security is protected...;

“(11) Reappointing case management masters is more efficient...;

“(12) Taxpayer dollars are no longer used to pay legal fees for judicial officials removed from office....”

I fully support this petition and will affix my name to it and give it to whichever page comes up.

PUBLIC SECTOR COMPENSATION

Ms. Teresa J. Armstrong: I have a very important petition today.

“To the Legislative Assembly of Ontario:

“Whereas the Ontario government has announced the temporary pandemic pay in recognition of the dedication, long hours and increased risk of working to contain the COVID-19 outbreak;

“Whereas this increase will provide \$4 per hour worked on top of existing hourly wages, regardless of the qualified employee’s hourly wage. In addition, employees working over 100 hours per month would receive lump sum

payments of \$250 per month for each of the next four months;

“Whereas those eligible to receive the payment will be staff working in long-term-care homes, retirement homes, emergency shelters, supportive housing, social services congregate care settings, correction institutions and youth justice facilities, as well as those providing home and community care and staff in hospitals;

“Whereas staff providing front-line clinical services along with those providing support services will be eligible to receive the pandemic payment;

“Whereas it is vital that front-line health care providers are retained as together we continue our fight to stop the spread of COVID-19; and

“Whereas the Ontario government remains committed to using every resource it has to support the front-line workers as we work to stop the spread of COVID-19;

“We ... petition the Legislative Assembly of Ontario as follows:

“Request that the Premier of Ontario, Deputy Premier and the Minister of Health include all front-line health care providers committed to providing front-line clinical services.

“Health care is comprised of many professionals that provide front-line care and support, and all front-line health care professionals should be included in the temporary pandemic pay program.”

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

ORDER OF BUSINESS

The Speaker (Hon. Ted Arnott): I’ve been advised that the government House leader wishes to raise a point of order.

Hon. Paul Calandra: Thank you, Speaker. Pursuant to standing order 9(f), I would like to indicate to the House that no business will be called during orders of the day tomorrow morning.

The Speaker (Hon. Ted Arnott): The government House leader has indicated that no business will be called during orders of the day tomorrow. Therefore, tomorrow’s meeting of the House will commence at 10:15 a.m.

OPPOSITION DAY

LONG-TERM CARE

Ms. Andrea Horwath: I would like to move the following motion:

“Whereas more than 4,400 residents and staff at Ontario long-term-care homes have contracted COVID-19, with over 1,235 deaths to date and more infections and deaths expected; and

“Whereas there is mounting evidence that the government of Ontario was ill prepared, indecisive and slow to respond in protecting staff and residents in long-term care; and

“Whereas there is data to suggest that decades of underfunding, chronic staffing shortages, lax inspection and oversight, inadequate regulation, and rampant privatization under successive governments contributed to the unacceptable shape of Ontario’s long-term-care system at the outset of the pandemic; and

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Whereas the families and loved ones of the victims of the COVID-19 pandemic and chronic neglect of Ontario’s long-term-care system deserve to know the truth of what went so badly wrong; and

Whereas Ontario’s long-term-care system must be dramatically and fundamentally overhauled to ensure this tragedy is never repeated, and only a broad, thorough, completely independent, public and transparent inquiry can be trusted to investigate and provide answers to what led to the sickness and tragic deaths of so many staff and residents in Ontario’s long-term-care system;

Therefore the Legislative Assembly calls on the Government of Ontario to immediately launch a full, independent public inquiry, under the province’s Public Inquiries Act, examining pre-pandemic conditions and what led to the problems in long-term care in Ontario, the government’s preparedness and response to the pandemic in long-term-care facilities and the role and future of for-profit care in the province’s long-term-care system.

The Speaker (Hon. Ted Arnott): Ms. Horwath has moved opposition day motion number 2. I look to the Leader of the Opposition to lead off the debate.

Ms. Andrea Horwath: I’m really quite honoured to stand in this House and speak to this motion. I have to say that no matter where we are here in this province, where we call home across Ontario, the people of this province believe in taking care of one another. The COVID-19 pandemic has put this core value that we share on full display. From health care heroes at their patients’ bedsides, to grocery store staff braving each and every day, to kids who pour their hearts into decorating their windows and sidewalks with encouraging messages for neighbours, we’ve all been in isolation together, and we’re as much a community as ever.

But despite our solidarity, in Ontario it feels like there are two separate COVID-19 pandemics: the one that we are all slowly making some progress against together, and the one that’s tearing through long-term-care homes across our province. So 1,408 of the 1,919 COVID-19 deaths in Ontario were long-term-care residents. You’ll notice the motion had different figures. Of course, we filed that last week, and since we filed that motion, there have been more deaths and more cases. So 1,408 of the 1,919—as of today—COVID-19 deaths in Ontario were long-term-care residents—73% of the people who have lost their lives thus far have been long-term-care residents.

There’s no doubt that there are yet lives to be saved. Ontarians are incredibly grateful to the health care heroes working tirelessly to save those lives. But we will never look back and believe that we won this battle. We have not. We have already lost far too much.

Every member in this House knows very well that there were major cracks in long-term care long, long before COVID-19 came to Ontario. Every member in this House knows that.

I've stood on the floor of this Legislature more times than I can count over the years and shared disturbing, shameful stories from the front lines of Ontario's long-term-care system, notwithstanding what the minister suggested in question period today: seniors hospitalized for dehydration and malnourishment because their care home didn't have enough staff to help them eat and drink; residents ignored in their beds for days, developing horrifying bedsores, bedsores that literally went to the bone—that's what seniors in long-term care have had to deal with—front-line workers who were pleading with Liberal and Conservative governments for decades, asking for more staff, more support and more funding. Speaker, there are lives that are yet to be saved, the lives of family members whose loved ones are in long-term care, who are not hearing regularly from their long-term-care homes where their loved ones are.

They are not hearing anything, until the time comes when they have to ask: "What happened to my mother? How did she break her hip? How did she fall? Why was she alone? Who was watching after her?" The stories I've heard over the years, Speaker, of family members who arrive to visit their loved one with unexplained bruises, with broken bones, as I mentioned, with horrifying bedsores, the lack of personal hygiene being taken care of, inappropriate meals, lack of nourishment—it shouldn't be happening. It should never have been happening, Speaker. It should never have been happening.

It was Conservative Premier Mike Harris who opened the floodgates in long-term care, allowing private for-profit corporations to start making money on long-term care in Ontario. Somehow, the making of profits was more of a priority than the care of our residents in long-term care—our loved ones. With next to no regulations in place, many of the companies looked at our province's long-term-care system and saw a cash cow, a way to make a tidy profit by cutting corners in seniors' care and pocketing the difference. That same Mike Harris is now chair of the board of one of the biggest private for-profit corporations in long-term care in this province: Chartwell.

The cracks continued to widen over the 2000s, leading up to the horrifying Wettlaufer murders, which took place in southwestern Ontario. Between 2007 and 2016, a nurse murdered eight people and attempted to murder six more, with literally no one noticing.

Following these heinous crimes, an inquiry was launched, but that inquiry was restricted only to issues in long-term care directly connected to the Wettlaufer murders. I was one of a chorus of voices calling for an expansion of that inquiry. We initially asked the Liberal government of the day to scope that inquiry very broadly, because everybody knew that there were huge problems in long-term care—everybody knew. But instead of doing the right thing and scoping that long-term-care inquiry as broadly as possible, they chose not to. They scoped it to

deal with only what was wrong in long-term care that could have allowed those murders to take place. That was not good enough.

Then we asked the government: "Launch a second phase of that long-term-care inquiry. If you want to separate out the Wettlaufer piece, fine. But do the right thing by the people of Ontario, by our seniors in long-term care and by the loved ones who watch their elder family members suffer so much, day in and day out, for decades in long-term care. Listen to those voices and bring in a second phase of that inquiry." That's what we asked the Liberals to do. It's not just me; many, many, many people asked for that broad public inquiry a couple of years ago. Did they step up to the plate and do the right thing? No, they did not. We wanted a second phase that would look at things like staffing, things like the quality of care, and much, much more.

Today, it is horrific—horrific—to have to stand in this House and remind everybody here that the previous Liberal government chose to block that inquiry from happening. They chose to sweep the problems under the rug. And here we are, a couple of years later, and look what has happened to those vulnerable seniors—those horrified family members not able to go and visit their loved ones in long-term care because COVID-19 was sweeping through the homes that their loved ones live in.

1330

The Liberals decided to sweep the problems under the rug, just like they did a few years earlier when they cancelled the annual resident quality inspections in long-term-care homes. What are those? Those are surprise inspections, inspections where you don't have a warning that there's someone coming to proactively determine what's happening in the home. We fought a very long time to get the Liberals to finally bring back those resident quality inspections in those long-term-care homes. You know, they had to be shamed. The Liberals had to be shamed, both by us in this House and in the court of public opinion, into restoring the practice of those resident quality inspections.

Sadly, the restoration of those inspections didn't last. Instead, what we've seen over the last year now is this current government deciding to conduct a pitiful nine—do you hear that number?—nine comprehensive resident quality inspections in a province that has 626 long-term-care homes. That is not good enough. That is, again, ignoring the problem, walking away from those vulnerable seniors when they need us the most.

Today, one can find care homes a few blocks apart with drastically different protocols, drastically different standards of care and drastically different reputations. Very few of them have enough staff, and the personal support workers we rightly lionize as heroes of the pandemic, today being personal support worker appreciation day—who are those folks? Those PSWs are largely, predominantly women, and especially racialized women, and they are paid barely above minimum wage and have been forever.

Because for-profit homes find it cheaper to employ many part-time workers instead of one full-time worker,

these heroes often have to cobble together many part-time jobs just to put a roof over the heads of themselves and their families: cobbled-together part-time jobs without pensions, without health benefits and without enough paid sick days to make it through a cold, never mind COVID-19.

The status quo of seniors' care over the past three decades, culminating in this government's response to COVID-19, has been an unmitigated failure to ensure seniors' health and safety, and this failure has caused too much pain, too much anguish, too much suffering, and it has caused death. The people of this province know that this is not the best we can do. They know we can do better, and especially do better for those people who built our province. We have to adopt urgent measures to stamp out COVID-19 hot spots, absolutely, and this includes not just creating the apparatus for the province to take over those unsafe facilities, but to actually step up and get it done. Take over those facilities already, where the outbreaks continue to rage.

There are many facilities right now, as I speak, that are not doing enough to protect residents from COVID-19. We need to finally make sure that every single health care worker has the personal protective equipment that they need to be safe, including N95 masks. Again, this is something we raised in question period today because we continue to hear about it. If we're hearing about it, surely to the Lord you're hearing about it too. I mean, really, people are not getting the PPE they need, to this very minute. No matter what the Minister of Health says, I take the word of the PSW who says they can't get the PPE that they need. I take the word of the nurse. That's who I'm listening to. Those are the people on the front lines, and they know whether they're getting PPE or they're not. They wouldn't be calling our offices if there was no problem. Why would they call our offices if there wasn't a problem at all? Why would they be saying to the media that there's a problem, if there was no problem at all?

So you can start to see why folks like us, in the role of the official opposition, think it is extremely important that a public inquiry take place in regard to COVID-19 and its impact on long-term care, but also the entire long-term-care system that was in place over the last number of years that led to such devastating results when COVID-19 ripped through. We owe it to the people of Ontario.

More importantly, we watched today in question period—in our regular question period where we try to hold the government to account, because that's our job, the responses we heard from the ministers and from the Premier were not good enough. They are not admitting what the problems are now. How can we trust this idea of a commission, of a government-appointed commission, where the government decides who is on it, the government decides what the scope is, the government decides what the frameworks are, and the government controls the whole thing? That is not acceptable. We are already not getting the answers that Ontarians deserve. Ontarians deserve those answers.

To suggest that this government is not prepared to undertake a full public inquiry is horrifying to me. People

deserve so much better than that. That's why this motion is here. It's here to urge the government to do the right thing.

When the Conservative government was in office and there was the horrifying murder that took place of someone named Dudley George, what happened? A public inquiry took place. It was supposed to take place. It was the right thing to do.

When 44 workers died of SARS, front-line health care workers, a public inquiry took place. Why? Because people deserve transparent, independent, accountable answers when the unthinkable happens. And that's what's happening now: the unthinkable.

When six people lost their lives because of the tainted water problem that occurred in Walkerton, a public inquiry took place, because people deserved nothing less.

These 1,919 seniors who have lost their lives in long-term care deserve nothing less, and those hundreds if not thousands of seniors over the last couple of decades who had low quality of care, who had unexplained injuries and bruises. Those workers who are unable to get a decent job and have to work three or four jobs, who we now call our heroes—the fact that they've had to work in those conditions year after year after year, literally stressed out, sobbing when they leave a shift, knowing that they couldn't provide the care and the quality of care that the residents in the home that they're working in deserve. That's happening. That has been happening. These are the conversations I've been having with people over the last number of years.

Those PSWs, those nurses, those nutritionists, the occupational therapists, all of those folks who work in long-term care—the administrators, the residents, the family members—every single one of them, every single one of us deserve the proper response, the responsible response by the government of Ontario. That responsible response is a complete, independent public inquiry, and nothing less will do for the people of Ontario.

1340

I don't even know—I'm not even on my speech anymore, Speaker. I just can't tell you how much I'm concerned. Watching what has been happening over these last number of weeks, I'm extremely, extremely concerned. A government commission is not a public inquiry, and no matter how much this minister and this Premier try to spin and justify, everybody knows it. That's why the Legion has written two letters now asking—demanding—that the Premier undertake a full public inquiry.

A government commission is just a review. Those are the weasel words the government was using over the last number of weeks when they talked about the fact that we have to look into this, that we need a review. We knew right away that the review—

Interjection.

Ms. Andrea Horwath: I withdraw, Speaker. I withdraw.

We know that a review is not enough, and now that they've changed the word from "review" to "commission," it is still not enough. A commission where the

government brings in someone to justify the decisions that they've already made and propose the changes that they were already planning to make is the same backroom process that Premier Ford used to have Gordon Campbell justify his deep cuts in his first budget. Let's remember that, folks. That was what this government calls a commission. It was the Gordon Campbell commission, and they brought Gordon Campbell here so he could basically put the same numbers out there that the government was already spinning, which were then found by the Financial Accountability Officer and the Auditor General to not be the right numbers.

How can it be that the true independent, non-partisan people came up with a number that was so, so different from what the government was pushing? Oh, and guess what? Their hand-picked commissioner, the person that was doing this commission, Mr. Campbell, just happened to have the same number as the government. Well, surprise, surprise.

That's what's wrong with a commission. That's what's wrong with that idea: because it is going to be utilized to back up whatever the government decides they want to have public. They're going to use that commission to justify whatever actions they've taken and to hide behind if the recommendations are not up to snuff.

Ontario families will not get the answers that they deserve, Speaker. They will not get the voice in the process that they deserve. The overhaul in long-term care will not come about as the result of this government's commission process.

This is about voice. It's about independence, it's about transparency and, yes, it is about accountability as well, because the people of Ontario deserve nothing less. Those are things that only a full, independent public inquiry can provide, as set out under the Public Inquiries Act.

As I mentioned before, that's why, from the death of Dudley George at Ipperwash to the six people who lost their lives in Walkerton to the eight seniors murdered in the Wettlaufer case and to the 44 Ontarians who died in the SARS outbreak, previous Ontario governments have called public inquiries. That's what you have to do. That's what you're supposed to do. For this government to dig in their heels and insist that they will not hold a public inquiry when more than 1,919 Ontarians have died is utterly unconscionable. It's a complete disgrace. It's an abuse of power. The people of this province deserve so much better than that.

Only a public, non-partisan process will give voice to residents, will give voice to their families, will give voice to the loved ones that we've lost to COVID-19, and to the staff. And only an independent public inquiry will help Ontario make a decision about who should own and operate long-term-care residences.

It's no surprise to this assembly that I don't support profit-making in long-term care. I don't think you should be making a profit off of the care of our seniors. Nobody should be surprised that I do believe that every single senior citizen has the right to high-quality and dignified care, regardless of the size of their bank account.

So that's why I envision something completely different than what we've been dealing with here in this province for years now, completely different: a public, community-based, non-profit seniors care system, one that doesn't siphon away front-line funding to pad the pockets of former Premiers and multinational corporations but instead uses every single penny to deliver the best possible care.

I envision a future where health care workers are paid a living wage with benefits and a pension that reflect how much we value their hard work, not just during COVID-19. That means they should have one full-time job, not three jobs. And I want enough of them on each and every shift so that they can take the time to interact with residents and to deliver excellent care, the excellent care that I know they want to be able to deliver.

I also envision culturally sensitive care rooted in close-knit, engaged communities where residents can communicate in their mother tongue, whether it's Mandarin, Punjabi, Finnish or Oji-Cree. I want inspections, regulations and high standards baked into the system without shareholders and lobbyists constantly resisting them.

This shouldn't be about the interests of shareholders. It shouldn't be about the profits of private corporations. It should only be about the care of our loved ones, the quality care of our seniors in long-term care.

This is Canada, after all. Medicare is in our DNA here in Canada—well, for most of us, anyway. It's part of who we are, because as Ontarians and as Canadians, we take pride in taking care of our neighbours and taking care of each other. Our seniors have spent their lifetimes helping to build this province and this country, raising all of us up. They have a right to quality, safe care in nursing homes, regardless of what they can afford.

We can make this a reality. We can bring that kind of system to our province. And we can start by passing the motion today giving Ontario families and all those who have been impacted by this infectious disease called COVID-19 the answers, the accountability and the changes that they deserve in long-term care.

And let me just say this: When we were trying to get the Liberals to call a proper inquiry into long-term care, we talked about a find-and-fix inquiry so that you don't have to wait to implement the solutions that are so obvious already. We know what those solutions are, some of them; some of them we don't. So there's no reason, during the process of a full, transparent, non-partisan public inquiry, why we can't do things like fix the wages problem, fix the staffing problem, fix the oversight problem, fix the regulations problem. Get the profits out so that the public money that's paying to provide care for those loved ones of ours in long-term care actually goes to the provision of care, and not to the billions of dollars in profits that are being made off of the watered-down care that they're currently receiving.

We can start today. Pass this motion. Get the government on the track it should be on, respecting the people of Ontario, respecting all those folks who have lost their lives, respecting all the families who have gone through

such anguish during COVID-19 and for years and years and years—the last couple of decades, at least.

1350

Let's pass this motion, get the government to do the right thing and call a full, transparent, non-partisan public inquiry into long-term care. People deserve no less than that. Those 1,919 seniors, and counting, deserve nothing less.

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

Hon. Merrilee Fullerton: The subject that we are debating today is one that should be very important to each of us and to society, collectively. I appreciate everyone in this chamber understanding the imperative to heal long-term care.

Long-term care is a priority for our government, and over the eight months before the COVID-19 pandemic hit, the Ministry of Long-Term Care was diligently working to modernize and redevelop the long-term-care sector—so neglected for many, many years—and to address the ongoing staffing issues, as well as the recommendations from a recent public inquiry led by Justice Gillese. This is critical work and it must continue at a decisive pace. The well-being of our long-term-care residents and those waiting depends on it.

As we take action, we are grounded in compassion and caring. Long-term care touches us all in some way. I have had the privilege of visiting many long-term-care homes and residences and have seen dedicated and caring staff and innovative models of care, such as the butterfly model. I will always remember the residents who touched my life, some over 30 years ago, when I first started as a family doctor, and some more recently, as Minister of Long-Term Care. Long-term-care homes are often at the heart of their communities, and the important work done caring for society's most vulnerable people must be remembered throughout this difficult time as we seek to shine a light on what has unfolded.

While we get to the bottom of this, we must remember the good work done to help others, and how communities of caring give us purpose and meaning. Those who have come before us must be valued. Their lives must matter to society, and we must be grateful for their contributions to our lives. A civilized and compassionate society requires this.

The context of this unprecedented tragedy, related to the COVID-19 pandemic, should also be understood. The impact of COVID-19 has hit across continents and borders in a way that seemed unimaginable just a few months ago. COVID-19 is causing untold fear and suffering for older people around the world, who are dying at a higher rate, and especially for those over 80, whose fatality rate is five times the global average, according to UN Secretary-General António Guterres. Over 95% of fatalities due to COVID-19 in Europe have been people 60 and older. In the United States, 80% of deaths are among adults 65 and older.

Ontario, unfortunately, is no different, and like seniors around the world, our seniors in Ontario have been attacked by COVID-19. It is a merciless enemy that can

spread without symptoms, and this asymptomatic spread has been more serious and widespread than anyone could have ever expected. COVID-19 is a deadly virus new to the world, for which the evidence is constantly evolving. This is science, not politics.

Long-term-care homes became the front line of this fight against COVID-19 around the globe. As we grieve the loss of our loved ones, we are fighting COVID-19 fiercely and taking action to address the safety and the well-being of residents in long-term care now and into the future.

It is very important that we understand the scope and scale of this pandemic in long-term-care homes. The most recent figures show that there are 190 homes in outbreak, and that translates to roughly 30% of our long-term-care homes. Of those outbreaks, 133 homes have fewer than 10 resident cases and 57 of them have no resident cases. So that we are clear, almost 70% of homes have no COVID-19 cases, two thirds of homes in outbreak have fewer than 10 resident cases, and almost a third of homes in outbreak have no resident cases. The facts do matter. A clear understanding of the problem goes a very long way to providing a clear understanding of the solution.

Earlier today, I made a statement outlining the future steps our government will take to address the crisis that has hit our long-term-care sector. If I may reiterate, our government has been clear that we will review the long-term-care system to get a better understanding of the impacts and responses to the COVID-19 outbreak. Today, I announced that we will be launching an independent commission into Ontario's long-term-care system beginning in September.

Over the next several months, our government will be finalizing details of the commission, including terms of reference, membership, leadership of the commission and reporting timelines. We have been clear that the long-term-care system in Ontario is broken. We must act quickly and decisively, and that is why an independent, non-partisan commission is the best way forward to conduct a thorough and expedited review. As we all take steps to contain this pandemic, the commission will get down to work and provide us with guidance on how to improve the long-term-care system and better protect residents and staff from any future outbreaks.

Since day one of COVID-19, our top priority has been to protect the health and safety of all Ontarians, and that includes our most vulnerable members of society like residents in long-term care. Our government offers our condolences to the families who lost a loved one from COVID-19 while residing in long-term-care homes. Ontarians have questions about what has transpired, and they deserve to be answered.

The opposition's concern for Ontario's long-term-care system and residents is fully appreciated. However, the approach they have chosen is misguided. It is astonishing that they would try to play politics with an issue as tragic and serious as this.

Public inquiries are slow. We do not have the luxury of time. We cannot let partisan politics delay doing what we

need to do and moving long-term care forward and reacting to a crisis that has been many years in the making. The sense of urgency is now. We must address the questions surrounding the events of this pandemic, yes. The stakes are too high, the health and well-being of our most vulnerable Ontarians are too important to spend more than two years waiting for a public inquiry to report back. We must take action to repair, rebuild and advance long-term care in Ontario. Ontarians deserve that.

1400

The neglect of this sector has been clear. Very few new spaces in long-term care have been created over the last 15 years. Wait-times were measured in tens of thousands of people waiting, and staffing was in a challenged situation as the ministry began its work only months preceding the pandemic.

With COVID-19 rapidly raging around the world, we have seen ongoing, unprecedented competition for personal protective equipment, and early difficulties acquiring necessary testing components like swabs and reagents. These are global issues that have challenged Ontario, other provinces, the federal government and other countries. The complexity is enormous. There is no reliable rapid test available in existence at this point. There is no vaccine, no preventative medication and no medication to treat COVID-19.

There are ethical risks posed by the very nature of this pandemic. Many residents in long-term care homes choose to only accept supportive measures in treatment and not aggressive measures. Is there a higher moral purpose served by overriding their choices and the consent of residents and family members? Moving residents with the virus from their homes in long-term care to elsewhere in the community risks spreading the virus to more locations and to others. Does the safety of residents decanted into the community outweigh the risk of spread to the community? These are complex ethical questions not to be taken lightly, and they are not answered by sound bites or political posturing.

Reports and recommendations have been floating around the long-term care sector for decades. So while we seek to inform our decisions and actions, we must understand that the time for action and advancing long-term care needs is now. Waiting for a report from a public inquiry is time lost when many of the problems have been laid bare and many of the solutions are already under way. The challenges were stark: the redevelopment that had not happened for years, the staffing prices affecting PSWs and others. These problems did not happen overnight. They were caused by years of neglect.

We hit the ground running with a stand-alone Ministry of Long-Term Care that was created last summer, and in the intervening months we had taken action to address these issues. Last summer, Justice Gillese reported the findings of the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System. She found that the long-term care system was strained but not broken. I will repeat that: She found that the system was strained but not broken. Then came the COVID-19

pandemic that amplified those strains many times over. Long-term care in Ontario became a broken system, once COVID-19 hit and took its toll.

We took Justice Gillese's recommendations to heart, and we worked across government to address them. On February 13 of this year, I provided a progress report on Justice Gillese's 91 recommendations. We had completed 18 and a further 40 were under way, and of the 27 recommendations that were directed to the Ministry of Long-Term Care, 12 have been completed and a further 13 are under way. We are making progress. We are acting.

Our government has been clear that we need to address the issues surrounding staffing in long-term care. That's why we're developing a comprehensive staffing strategy. Our residents deserve that. Our hard-working front-line workers deserve that. And it being Personal Support Worker Day, I would like to take a moment to acknowledge the work that personal support workers do across Ontario, across long-term-care homes. PSWs do difficult, important work every day in every corner of this province and their work is appreciated and valued by us all.

I'd also like to highlight the work we've been doing, together with personal support workers, to build a 21st-century long-term-care system. I know from personal experience with the long-term-care system a number of years ago—I certainly value the personal support workers that my family members had.

The president of the Ontario Personal Support Workers Association said, "Since the onset of the COVID-19 pandemic, the Ministry of Long-Term Care has demonstrated capable and understanding leadership," and, "Since the beginning of the pandemic, the OPSWA's relationship with the Ministry of Long-Term Care has strengthened, allowing for seamless communication and confidence in support for the PSWs." I want her and her members to know that our government is in lockstep behind personal support workers across this province, who provide first-rate care even in the most difficult circumstances.

The staffing strategy will address several of Justice Gillese's recommendations, and we will report back by July 31 as to our complete progress on these. The expert panel that is steering our staffing study continues to do its work.

We were making progress on building new beds for residents and developing existing ones to meet modern design standards and capacity needs. After decades of neglect by the previous government, our government is investing \$1.75 billion into long-term care to build capacity in new beds, redevelop others and create innovative programs that will help people receive the care they need to stay in their communities. Our government is focused on building capacity and getting shovels in the ground faster, so that our loved ones can have a place to call home.

At the time of the last full sitting of this House, there were 128 active projects. There were 864 beds currently under construction, with a total of 8,614 beds expected to be shovel-ready within 12 months. We have been acting, working diligently and making tremendous progress.

Obviously the pandemic has altered timelines on projects across the province.

One of the criteria those developed beds focused on was replacing ward rooms with single- and double-occupancy rooms. We will look forward to understanding the role that ward rooms played in the spread of COVID-19. It does appear that they have played a role. With that information, we will take further action.

All of this work was happening before the onset of COVID-19, and I wish to thank all the groups and organizations and individuals who have collaborated with us and who have contributed to the reforms that we were making and will continue to make: AdvantAge Ontario, the Ontario Long Term Care Association, the Ontario Personal Support Workers Association, long-term-care homes across Ontario, members of the expert advisory panel for staffing, the Ontario Retirement Communities Association, and countless other sector partners. We have taken significant actions since the outset of this pandemic to protect long-term-care homes and residents from the unprecedented challenges they are facing due to this virus. The safety and the well-being of residents and staff is our number one priority.

The following actions are under way on the ground as we speak to keep our most vulnerable seniors and front-line heroes safe. The Canadian Armed Forces teams are working in partnership with long-term-care homes as well as local hospitals to help with infection control and prevention and to maintain effective staffing levels in five homes. Hospitals across Ontario are also deploying rapid response teams of health care professionals to high-risk long-term-care homes, and we amended an emergency order to allow health service providers, including hospitals, to temporarily reassign front-line staff to provide services and support in long-term-care homes so that residents could continue to receive the support that they need and to support front-line staff so valiantly in the face of COVID-19.

We implemented our aggressive COVID-19 action plan for protecting long-term-care homes, issued three emergency orders, introduced two packages of amended regulations, and announced \$243 million in emergency funding—almost a quarter of a billion dollars—to support 24/7 screening, additional staffing, enhanced cleaning and sanitation, and additional surge capacity. On February 3 of this year, we issued guidance to long-term-care homes to prevent and contain the virus, and on March 11 we required active screening of everyone entering long-term-care homes, visitors and staff.

1410

On March 13, the Chief Medical Officer of Health strongly recommended that homes limit entry to only essential visitors. We sent guidance to long-term-care homes to impose those restrictions, and materials to support it. Ontario is one of the first provinces to require that. The first presumptive cases in long-term care began to appear at that time.

We will continue to examine and use every option at our disposal to fight COVID-19.

I want to be clear: Prior to the onset of COVID-19, we were taking actions to build a modern, 21st-century long-term-care system after decades of neglect, building not just capacity but working to fix long-standing issues in homes such as staffing.

Since the onset, this unprecedented global pandemic has evolved and developed rapidly, with the situation changing day to day, hour to hour. Our government has acted quickly and responsibly to meet those developments, and we will continue to take more action at a rapid pace until this pandemic is over.

We will be addressing the issues that caused this crisis to unfold and we will be taking corrective measures, which start not from a public inquiry but from a recommitment to follow through with the work that had already begun and the efforts that we are taking now after years and years of neglect to understand the need for change in long-term care and the implications of COVID-19 and what we have already learned.

We must continue to advance long-term care in Ontario so that residents can be at the centre of care, where they will benefit from a more integrated system and community connections.

More than anything, we need a society that values the lives of those who have come before us and all that they have contributed. We are here because of them.

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

Ms. Teresa J. Armstrong: Speaker, I rise today on behalf of my constituents of London–Fanshawe to debate this urgent motion calling on the government to support the NDP motion for a public inquiry on long-term care in Ontario.

Every day, you wake up in the morning and you scan the news. Every outlet is reporting on the coronavirus. You cannot avoid it. Every person in Ontario has been directly affected by this virus, whether it's because you're working from home, your business has been closed, you're a student and cannot attend school, or your children are at home because daycares are shut down. If you're single, if you're married, if you're homeless, if you're an essential worker, if you're a front-line health care worker, everyone—we are all impacted in some way, but in different degrees.

This is a time that will be remembered. It will forever be seared in our hearts and our minds. For generations, people will remember how this silent virus spread without discriminating who contracted it.

What we know is that the population at highest risk of contracting COVID-19 and dying is our elderly. In Ontario, there are 626 long-term-care homes, with 78,000 of the most vulnerable population living in those homes, along with thousands of front-line health care workers and support staff who care for our loved ones and do their very best to keep them safe.

Our leader, Andrea Horwath, and I and my colleagues have been raising concerns for decades under the previous Liberal government, and now under the Conservative government, for real changes to the long-term-care-home sector. I tabled Bill 13, the Time to Care Act, and called

for the Wettlaufer inquiry to investigate and fix and find the systemic problems in long-term care.

My constituents in London–Fanshawe are calling and emailing my office, sharing their stories and sharing their worries.

I want to talk about a constituent who contacted my office mid-April in a panic. When she was speaking to her mother-in-law in passing, she mentioned that her roommate was COVID-19-positive. Alarmed by the news, my constituent of course then rushed to call the for-profit homes administrator, who told her that (1) they were unaware of the situation, and (2) they were unsure as to how to proceed. I'm sure we can all guess what happened next. My constituent's mother-in-law ended up contracting COVID-19, and she's currently recovering in the hospital.

So how is it that by mid-April, some homes were still slow to move and, in this case, failed to protect the health and safety of their residents? While updating me on the health of her mother-in-law, my constituent told me that she was scared. She was able to advocate for her mother-in-law, but what about the many residents who don't have anyone to speak up for them? She was afraid of the kind of care that they were receiving.

Her mother-in-law getting sick was not an inevitability; it could have been prevented. If this system was prepared, the lives of thousands of residents living, and the staff working, in long-term-care homes could have had a different outcome. We would not have had thousands of loved ones pass away, and that is the most heartbreaking part of this whole pandemic.

If the lessons from previous pandemics had been learned, and PPE had been in ample supply, we would not have been mourning the loss of health care workers like Christine, Leonard, Arlene, Sharon, Brian and other health care workers whose names we don't know. We would not be in a position where almost 1,700 more staff are infected.

If the quality of care was standardized and equal, and there was a simple belief that people matter more than profits, that would generate decisions to ensure that health care is patient-centred, and it would be the kind of care that we need so that we can save more lives.

Speaker, the Premier said he wanted to create an iron ring around long-term-care homes. The last time I checked, a ring has only one hole, not a new one every day.

My colleagues on the other side of the aisle may say that they inherited a broken system, but they had two years and they made no substantial changes. You also inherited a report with 91 recommendations, and you failed meaningfully to implement them. They had the ability to prevent this tragedy, and they failed to act.

Years of government neglect and negligence is the reason COVID-19 ravaged through our long-term-care-home system and left our seniors in care unprotected, isolated and abandoned. Many died alone, unfed, unwashed and desperate for help. It was a cruel way to die.

It took far too long for residents and staff to be tested. Many homes have yet to complete testing. It took far too

long to restrict workers to work in only one facility. It took far too long for a public list of homes on outbreak to be posted. It took far too long for guidelines about hospital admissions to be implemented. It took far too long for staff to receive PPE. It took far too long for public health to receive the resources they needed. And in that time, we lost too many.

You have the evidence that you need to call a public inquiry. The Star reported on May 16, 2020, that for-profit homes—owned or managed—“have suffered some of the highest numbers of deaths and infections of COVID-19 in the province, including Orchard Villa in Pickering, Camilla Care in Mississauga and Ballycliffe in Ajax.” Families are launching lawsuits in these homes and citing that they didn't have an adequate plan to respond to the pandemic, had a lack of staff, had not adequate PPEs, and they failed to communicate with residents' families.

“Deaths in long-term-care homes account for an estimated 82% of all COVID-19 deaths in Canada. That's the highest proportion among 14 countries found by international researchers comparing fatalities in long-term-care” homes.

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In Ontario, over 1,900 COVID-19 deaths have occurred in nursing homes, according to today's numbers. The Conservative government's campaign slogan in 2018 was, “For the People.” Well, here's your chance to call a public inquiry for the people that you serve.

Over a thousand families in this province lost their beloved mother, father, grandfather, uncle and aunt because they lived or worked in a system that failed them. That number is still growing. Every day, families wake up and they pray that COVID-19 has not breached the walls of the home they trusted their loved one to. They deserve nothing less than a public inquiry that will be independent and transparent, that will provide answers that Ontarians are entitled to. They deserve justice. They deserve answers. And they deserve nothing less than a public inquiry.

I hope that this government will support this oppo day motion and heed the calls of not just the official opposition but many, many thousands of people that lost their lives and families that are affected by COVID-19.

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

Mr. Randy Hillier: Speaker, it is long past time that we return to a functional Parliament and a representative democracy. Sadly, instead, we have only a partial return. The Premier continues to act with unaccountable power under this state of emergency and is limiting the Legislature's ability to raise matters on behalf of our constituents.

Last week, we learned that the Premier has delegated all decision-making authority to Dr. David Williams. As the Premier stated, “Cabinet debates and discusses issues, but Dr. Williams makes the decisions.” Speaker, the Premier's comments are evidence that we are in a state of dysfunction.

Last Friday, while the Premier was making a video and showing people how to make a cheesecake, I was on the phone speaking with a young lady from my riding. Her

name is Kate, and up until very recently, she had four loved ones living at Almonte Country Haven. Earlier, and within days of one another, three of her loved ones died at Almonte Country Haven from COVID. She hopes and prays for the remaining loved one. We spoke at length. She shared with me her concerns and her stories. And I shared what information and advice that I could give.

This motion by the NDP calls for a public inquiry into the tragedy in LTC. A public inquiry is essential, and I support this motion. However, I do want to raise some additional concerns for all members to consider and include them in the terms of reference. And that is, what role did public health play in this tragedy at LTC? I'm of the view—indeed, I believe the evidence is compelling—that public health failed and that their actions and decisions may have amplified this tragedy.

As we know, the Premier stated that Dr. David Williams is making all the decisions. I guess that would include the decision to reject the OMA's offer to send family physicians to create assessment centres at LTC homes, and the decision not to utilize our 500 private labs throughout Ontario to expand our testing capacity, as well as the decision to close private practices and clinics and to only allow telephone consults, or the decision to remove 1,000 hospital patients out of their hospital beds and into long-term care. How about this other decision to allow cross-contamination of multiple LTC homes and to force infected employees back to work after being symptom-free for only 24 hours, and the decision to only provide PPE to our hospitals and to leave LTC unprepared? Of course, there was also the decision to prevent residents from temporarily leaving LTC, and the decision that LTC residents were not to be admitted to hospitals.

Public health forgot that our health care system is often delivered by the private sector: the self-employed physicians, private sector nurses, home care, PSWs, private labs and clinics. Dr. David Williams and the Premier have had tunnel vision. They chose to believe that our health care system consisted only of hospitals. Do we need a public inquiry? You're damn right we do, and I hope Katie and I are called as witnesses.

Speaker, to close, public health acted in a manner that could only lead to one end, and it did: an overloaded, understaffed, underprepared, under-resourced LTC sector—and our elderly have paid the price. While public health may have made these decisions, let us not forget, not for one minute, that it is the Premier and his ministers who abdicated their responsibilities. A public inquiry is essential, not the smoke and mirrors and the fix of an independent commission.

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

Mr. Stan Cho: Let me start by thanking our Minister of Long-Term Care for her leadership and compassion. There's certainly incredible value in having a doctor with first-hand experience work on transforming our long-term-care sector.

Speaker, 55 days ago, I rose in this chamber to speak to Ontario's 2020 action plan, the critical first steps this government took to support Ontarians, buttress our public

health care system and protect the province's economy. I spoke about the extraordinary challenges we faced, the challenges that we continue to face, and I thanked my colleagues, regardless of political stripe, for serving during this great time of uncertainty, for putting differences in politics aside to protect Ontarians. Since that time, this government, with support from the opposition and independent members and the co-operation of 14.5 million Ontarians, has acted swiftly to contain the COVID-19 pandemic and protect the most vulnerable in our communities.

Speaker, we must continue to act. The gravity of the situation that our province, our country and the whole world is facing is colossal. We have seen our health care and long-term-care systems under strain and be pushed to the breaking point. Our long-term-care homes, as is the case across the country and around the world, have been ground zero for this brutal virus. Today, you have heard that our government will be launching a commission into the COVID-19 crisis in our long-term-care homes. This is the right thing to do.

This is a pandemic, a crisis unlike anything we have seen in our lifetimes, and when the battle is won, it will be incumbent on all of us to prepare our province against future pandemics, not to place blame for political gain but to genuinely ensure that we learn from this terrible experience—and, Speaker, there are indeed lessons to be learned.

Ontario came into this pandemic with a robust outbreak management structure in place, but we have known for many years that our long-term-care system has not kept pace. As you've heard the Premier say, the long-term-care system is broken. COVID-19 has shone a bright light through the cracks in our long-term-care system, cracks that have been growing for decades, cracks which are neither easy nor quick to patch but which must be fixed all the same.

Long before our current crisis, the Premier, the minister and our government had been clear that the long-term-care system needed serious repair. Decades of neglect, where a need for long-term care dramatically outpaced new spaces being built, left a huge gap in capacity. Homes in every corner of the province have been working short-staffed, unable to hire or retain enough talent. An underfunded and neglected system left our front-line staff unsupported.

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Speaker, our government has been focused on these major issues in the system since we took office. Last summer, we created a stand-alone Ministry of Long-Term Care specifically to address these problems. Since that time, we have been working hard on creating a roadmap to transform the long-term-care sector in Ontario. But tragically, a problem decades in the making cannot be fixed in two years.

To build 21st-century long-term-care homes that feel like home and to redevelop older long-term homes, some not renovated since the 1970s, and bring them up to modern design standards—for example, Speaker, this pandemic has demonstrated the weaknesses of ward-style

homes the minister touched on earlier, where four residents share a room. We have seen homes with these rooms be unable to cohort COVID-19-positive and -negative residents, which may have helped the virus to spread.

The other day, the Minister of Long-Term Care shared with me that when she first started working as a doctor, residents in long-term-care homes wore hospital gowns. That's completely out of place and dated today, of course. No doubt in an environment like that, rooms with four residents living side by side may have seemed suitable. But there is no room for that outdated model in 2020, Speaker. This room design is not fit to withstand COVID-19, but our government knew long before this pandemic that they were not fit for a comfortable life either, a comfortable life for our parents and our grandparents. That's why we had committed to the development of 15,000 new beds and the redevelopment of another 15,000 long before COVID-19 hit Ontario.

Before the onset of COVID-19, our government was already working to replace ward rooms with single- and double-occupancy rooms. The redevelopment that we were engaging in after decades of neglect prioritized replacing ward rooms with other models.

Speaker, as the minister mentioned, in February we took a critical step in addressing the province's severe staffing shortage. We called on experts from across the industry to lead a major staffing study. That panel work continues to this very day. They are preparing a report that the minister will use to inform a comprehensive staffing strategy, a strategy that helps us grow the heroic workforce that this pandemic has put under strain, a strategy that supports our front-line heroes not just during these tough times but all the time.

This government knows, Mr. Speaker, that front-line workers are the backbone of the long-term-care sector. Without an adequate workforce, we have seen just what can happen. We're making great progress towards building more long-term-care spaces, more staff trained and hired, and most importantly, moving more Ontarians from wait-lists to comfortable, safe 21st-century homes.

Mr. Speaker, this government is being transparent. COVID-19 has slowed us down, but it has not and it will not stop us from this critical work. I know that the incredible staff at the Ministry of Long-Term Care are working tirelessly to put that iron ring around seniors, but they're also looking ahead to the lessons we learned and how we will continue with the initiatives we have under way when we emerge from this pandemic.

Speaker, we are learning more every single day from the challenges posed by this virus. Long-term care has always been a key priority for our government, and we are committed today, more than ever, to making it better. That's why we must continue to act. We do not have the time—our seniors do not have the time—to wait two years or more for a public inquiry to report back. We are at a crossroads. We need those answers right now, and we need to move forward as soon as possible with a robust, all-in plan to overhaul this broken system. We have an aging generation of seniors vying for space in a long-term-care

system and languishing on a wait-list for years in some parts of this province. With an aging population, the problem will only get worse without action immediately.

Speaker, over the past decades, Ontario seniors have heard enough talk, they've heard enough excuses, they've seen enough neglect: aging homes not renovated, new homes not built, staff not empowered or ready to cope with the challenges they face every day, and a system strained to give seniors—the seniors who built this province—the level of care they need and deserve. There's no doubt that this crisis has been and continues to be a tremendous challenge for all Ontarians, but we would not be looking at the same situation if the long-term-care system had adequate space and staffing support to protect our parents and our grandparents.

I know the Minister of Long-Term Care is committed to moving forward with our plan to transform Ontario's long-term-care system and to end the neglect. We have an incredible responsibility to act. We must take advice presented from the commission into COVID-19 in our long-term-care homes to learn everything we can about the systems in place today, how they failed our seniors and what we must do to repair them.

Importantly, Speaker, we must all work together to build a modern, 21st-century long-term-care system that is comfortable, safe and well-resourced, where our front-line heroes get the support they deserve, where they're not constantly working under pressure or chronically short-staffed, where Ontarians can rely on long-term-care homes that support families by supporting their loved ones.

I want to assure all members of this House and all Ontarians that our government is as committed now as ever to repairing this tragically broken system. We owe it to our parents and grandparents and to future seniors to ensure that we come out of this and build a world-class system fit for a world-class province. We have the expertise, the technical and academic strength, the building and manufacturing might, and the spirit to do it. And, Speaker, we will.

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

Mr. Kevin Yarde: I am proud to be able to stand as the member for Brampton North and to be a representative and a speaker here today for Peel region and to call for, as my leader and other members on the opposition have said, an independent public inquiry on long-term care in Ontario.

When I heard the minister say that—I'm going to read it off here—"The Ministry of Long-Term Care does not operate homes," it is not our responsibility. When I heard the minister say that in mid-April, I knew that we were in trouble.

The health of our seniors and loved ones is very important. The city of Brampton and the Peel region have been experiencing a health care crisis for years, under the former Liberal government and now under this Conservative government. Peel region's public health unit has been chronically underfunded. We've been saying this for the last two years—as a matter of fact, for several years. In January, the city of Brampton declared a health

care emergency, calling for urgent front-line health care funding in Brampton Civic Hospital and Peel Memorial.

The NDP has been fighting for funding for a second desperately needed hospital and the immediate expansion of the Peel Memorial Centre for Integrated Health and Wellness, because we understand that in order to take care of our seniors, families and loved ones, we must address this crisis in health care in Peel. The long-term-care system is no different.

Before the COVID-19 pandemic, there were major cracks in long-term care, and they were visible. Seniors, as our leader mentioned, were hospitalized for dehydration and malnourishment. They were in their beds for days, developing horrifying bedsores. Front-line workers were pleading with the government for more staff. This pandemic has shown just how dangerous it always was to leave nursing homes underfunded, with low staffing levels and a lack of regulations.

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I could go through, if I have time, the list of the different homes in Brampton, Mississauga and Caledon, but I'm going to save that until the end—in terms of those who have died.

My office has heard from constituents about the long-term-care situation in Peel. One constituent, named Gary, reached out to us because he didn't want his mother to be transferred from a hospital to a long-term-care home. It shouldn't have to be like that. Another constituent, Danielle, reached out to us for assistance in getting more home care hours for her mother, but also, she did not want to place her in a long-term-care home. It shouldn't be like that. These are just two of many individuals who have contacted my office concerning the care in long-term care in Ontario.

I want to tell you a story about Arlene Reid. Arlene was a Peel region PSW who lost her life because she did not have access to the proper PPE. This is a devastating story. Staff on the front lines need PPE. Even in her last days before COVID-19 overcame her, Arlene was still trying to be positive. Her daughter, Adriana, recounted her mother saying, "I'm going to get better. Mommy is going to be okay. I'm going to walk away from this." But instead, Arlene, at 51—not a senior, but at 51 years of age—died in a bedroom of her daughter's home in Brampton, Ontario.

At the time of her death, Arlene was the third Ontario health care worker known to have died after contracting COVID-19. The union, SEIU Healthcare, has stated that workers in long-term-care homes have not been properly protected during this pandemic. From day one "of this emergency, health and safety protections, PPE protocols and government directives have insufficiently protected PSWs from ongoing threats, whether they work in home care, long-term care or hospitals."

Let me talk about Grace Manor, also in Brampton. Long-term-care home Grace Manor has had to have the military called in because so many staff have fallen ill. Grace Manor has had 49 positive cases of COVID-19, and this was as of May 10. There are 1,200 residents at Grace

Manor. In this home, it's like a tinderbox, the virus is spreading so quickly. Although I'm grateful that the military have been called in and they'll be doing health-care-related work at Grace Manor—military personnel there are performing all aspects of health care—it should never, ever have come to this.

These long-term-care centres are under siege. Staffing has been dramatically reduced. There has been an enormous number of long-term-care personnel and nurses who are testing positive themselves.

I think there are two realities: There's the public long-term care and then there's the private. The private, where we have seen secretive challenges—some places where they don't have PPE and we didn't know about it until the media found out and mentioned it. Some of these private homes covered up staffing shortages and didn't identify it, even to the ministry. We need a public inquiry.

I don't believe that this could not have been corrected with better protocol, planning and oversight management. This is something that a lot of Canadians are ashamed of, and quite frankly we are embarrassed. We cannot have financial considerations being more important than saving lives.

In conclusion, Mr. Speaker, I would like to say we owe it to our seniors. This pandemic is not going to be over until we have a vaccine. We all know that. There very well could be a second wave and if there is, then it will be a tragedy for Canada and for Ontario. I hope the loss of life that we've seen with our grandparents, our mothers and our fathers will not be in vain. I'm calling on everyone here in this House to vote for an independent public inquiry into our long-term care so that we do not drop the ball again.

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

Mr. Michael Coteau: I want to thank the NDP for bringing forward this much-needed motion. I will be supporting it, and I believe that it's very necessary.

I would like to take this opportunity to thank front-line workers and everyone in our community that's making a huge difference to help people, especially our seniors. I'm just amazed with the stories I hear every single day in my community of people going above and beyond to help people in their community. I want to say thank you to each and every one of them.

I also especially want to thank the food banks, the folks in grocery stores—people who sometimes don't get the gratitude that they should be extended—for putting themselves out there to help people.

I also want to express my condolences to all of the families out there that have lost a loved one during this very challenging time. And really, this is what we're talking about. We have over 1,400 seniors who have passed away in long-term-care facilities. To me, it is just almost unreal, unbelievable, that that could actually happen here in Ontario.

The minister says that she would prefer having a commission to look into the challenges that have taken place. I think that it needs to be very independent from the minister, because the minister is actually in charge of the

process. If you're going to go in to look and examine for better ways of doing things, to examine directives and regulations, you should really have an independent public group of people, an entity that can actually go in there and make good decisions. Regardless of what we decide today, we will get to the bottom of this as good Ontarians, and the minister and government will be held accountable.

The minister, through a constitutional convention, has ministerial responsibility. For every action that takes place with this government today that results in anything that does go wrong, she and the government will be held accountable. But I think that this issue, Mr. Speaker, goes—I think there's too much partisanship even on the NDP side and on the Conservative side today. The Leader of the Opposition said, "We need to get to the bottom of this," and "The Liberals have done this," and it's all about the last 20 years. But this is not just one government. We have a pandemic that has hit Ontario and the rest of the world, and we have never been presented with a scenario like this before. Yes, we can examine all of those regulations and rules and the way we invest into areas, but at the end of the day, we need to go through this process so we can come forward with a process that is going to allow us to better position ourselves in the future.

The NDP talks about long-term-care facilities or beds being built. When the NDP—it's so interesting that the Leader of the Opposition said, "The Liberals and the Conservatives." It's almost like the NDP forgot that they were actually in power in this province. It sounds like the history of this province starts off in 1995.

The interesting thing is, when the NDP was in power, not one long-term-care bed was added in Ontario—not one single bed. But yet, they stand here like they have the authority to criticize previous governments when we're dealing with such a harsh issue—to say, "It's because of the Liberals and it's because of the Conservatives." We need to move beyond this as a Legislature, and we really need to get to the bottom of what we could do better in the future to mitigate this type of effect, which has happened not only in Ontario but all around the world. This is where we're at today. We need to make sure that we move forward that way.

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There's too much contradiction in the House today. On one side, the minister will say something like, "The system was broken," but then two minutes later she says that the system wasn't broken. Or the member from Willowdale said something like, "We cannot play the blame game in the Legislature," but at the same time blames the Liberals for not funding the system properly. My point is this: Yes, there are going to be mistakes that are going to be discovered, and, yes, many of those mistakes could have been avoided, but we need to appoint an independent body to look at not only the Conservatives but the Liberals and also the NDP and figure out what we could have done differently to actually not end up in this situation. That's exactly why we need an independent body.

So my request to the Conservatives—you can't have a minister in a government examining itself when we're

talking about 1,400 deaths in long-term care facilities. Stand up for your communities. Let's have a real, independent view of our system. Let's not be afraid to ask those tough questions. Let's not be afraid to criticize previous governments and the current government. Let's be bold and strong as members of the Ontario Legislature and agree to move forward with a public inquiry in order for us to move forward and build a better Ontario in the future.

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

Ms. Andrea Khanjin: I'm rising in the House today to speak on this opposition day motion. It's very important to me. Some of you may know that I was raised by my grandparents, and I wouldn't be here in Canada if it wasn't for my grandparents. Unfortunately, my grandmother did pass away many years ago, but I still have my grandfather with me, and he is in a seniors home. So seniors are near and dear to my heart. They're a foundation of my being, and I was always raised to respect our elders. I was also raised to respect the seniors who laid the foundations for our success and laid the foundation of the country that we all have today. When we think of our World War I and World War II veterans and why we have democracy, and why we have this chamber here today, and why we're having debate, that was all founded on those who came before us, and many of us call those seniors. We owe it to them to have this debate and talk about the facts and what gets in the way and talk about solutions. Today, I wanted to embark on some of those facts and some of those solutions.

As many of you do in your communities, you often frequent senior homes, you often frequent long-term-care homes, you have coffee chitchats and you keep your ear to the ground to see what people are talking about. I do the same. In fact, I often go to senior homes like IOOF Seniors Homes. It is a not-for-profit home, for those who are interested in certain facts like that. It's interesting: When they wanted to build more long-term-care beds in their facility and they wanted to go from the ward setting to what the minister referred to today as a setting where there are only two people per room, they ran into a lot of what we on this side of this Legislature care about, and that's progress and red tape. When you talk about opportunities that we have, to create more ability to create more beds or more homes or more rooms for them to be able to be in, that was one of the things that got in the way.

I went on a tour with my colleague the MPP for Barrie–Springwater–Oro–Medonte, and we saw first-hand a lot of the renovations that they had done, where they had created more room and more space and more long-term-care positions within their facility. But again, they were running through a lot of red tape through the infrastructure that existed in health care, whether it was dealing with community care or the LHINs or the hospital. So those are some of the dynamics that exist today within our public policy that we need to solve.

Our government, when we got elected, embarked on a large challenge to bring more progress, more prosperity and, more importantly, hope back to the province of

Ontario. That's hope for many of those seniors who might be on a list for a long-term-care bed. It's hope for many of the seniors who don't even want to imagine being in a long-term-care home; they would rather age well in their homes. Again, there were a lot of things standing in the way of allowing seniors to live longer in their home and to maintain that level of lifestyle.

Again, when we got elected, we embarked on that opportunity to create more housing through the Ministry of Housing and Municipal Affairs. In fact, in my riding of Barrie–Innisfil, we did an announcement where it took seven years for a new seniors' facility, the largest one in Simcoe county, that would be built. It was undergoing massive amounts of red tape—seven years to get this thing off the ground. With the help of Minister Steve Clark, we were able to use a ministerial order to get this thing off the ground. I'm proud to say that we will have that housing starting development in 2021. Again, that's an example of hope and progress that this government embarked on to bring solutions to many of the problems within our province, no matter which government is in charge.

Again, it's a prime example of all different levels of government working together: Of course, we had the support of our local municipality, the town of Innisfil, which recognized the need for more seniors' housing and more beds that are needed, and so they were very supportive of this project that we worked on with Minister Clark.

It was also the Minister of Long-Term Care who helped us. It's an all-of-government approach. It's not just long-term care—which, obviously, we take very seriously; we have a dedicated minister on that file. It's also very much our Minister of Housing. It could be our Minister of Health, and it's also our Minister of Finance, Treasury Board, etc. It's an all-of-government approach.

Another approach we've taken, of course, is staffing. I was touring IOOF, as I was saying. They have all of these new facilities. They also need to attract more talent, more PSWs. We all know that's an issue that is in all of our ridings: training more personal support workers to work in these homes. As much as you're trying to attract them via the portal that our government announced during COVID-19, there are also things we need to do like work on training, and telling personal support workers what they can expect when they're in the profession—because we all know that often they enter the profession and they leave many months or a year after entering that field. So we need to work together as an entire government to help prevent that and attract more people into that field.

COVID-19 presented an interesting situation where we did have a lot of personal support workers who were working day in and day out to protect our seniors, to help fortify that iron ring around long-term-care homes and seniors' homes. Of course, in addition to helping our personal support workers and all front-line workers, our government announced the additional wage for those workers to thank them for their support.

There are many people that have supported us through COVID-19—not just personal support workers, nurses

and those working in our seniors' homes and facilities but also those who are doing the testing. I know that this is a topic of much conversation in this Legislature. Our Premier had embarked on another big challenge to bring hope and prosperity throughout this province, which is an important goal: to increase the testing that we do, whether it's in our seniors' homes or long-term-care homes. On April 22, the Premier called for testing of all residents and staff in long-term-care homes.

I'm happy to report that, overwhelmingly, the early global challenges of adequate swabs and reagents—we were able to overcome that challenge, of course, and begin testing. These tests allowed us to find asymptomatic cases. We were able to test approximately 80,000 different people within 620 homes across our province. That is a tremendous success. We do need to thank the people who helped us accomplish that.

For me personally, one of the contributing factors to that success was, of course, our local public health unit, the Simcoe Muskoka District Health Unit, in my riding of Barrie–Innisfil. Others who contributed to it were our local paramedics and hospital teams, public health nurses and the folks who were redeployed in our assessment centres. All of those are our front-line heroes who have contributed to the ability for us to test more to overcome COVID-19.

But when it comes to long-term care and dealing with what we need to do next, and the public inquiry that we're debating here today, we need to look at the facts. That is that public inquiries are credible, but they do take time. Since day one, since our government got elected, we hit the ground running, trying to help with the long-term-care red tape issues that I had mentioned, in terms of building more beds, in terms of staffing capacity. We amended the community care act so that personal support workers can have the proper amount of hours to work and it's something they can count on.

But when you look at public inquiries, you can also see that they take a long time. As a government of action, we want to be speedy on this and we want to be able to have the right resolution. If you look at public inquiries that Ontario has held since 2000, for instance, Mr. Speaker, the average is 3.1 years from being established to the release of the final report. Two of those public inquiries each took three and a half years, from establishment to the reporting stage. The Cornwall public inquiry, for instance, took over four and a half years.

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So I ask you: Are you able to look in the eyes of a senior in a long-term-care facility right now, look them in the face and say, "This is going to take four and a half years for us to do resolution"? I would often think that many of you would say, "No, that isn't the solution. We need one now." Frankly, when I go back to doing my Zoom coffee chats for the seniors in long-term-care homes, I want to say to them, "We are taking swift action; we are listening to you." Doris, who I talk to often at Tollendale Village, whose husband is in a long-term-care facility at Victoria Village, wants to know that her husband is going to have action now. This way, I can pick up the phone and tell

Doris, “Yes, you can count on this government, because we’re going to do a public inquiry that will be swift and take proper action.” We won’t be embarking on something that will take many years, as we’ve heard through, for example, one of the most recent inquiries, which was in the aftermath of the crimes of Elizabeth Wettlaufer, which took over two years.

As the Minister of Long-Term Care said earlier in this debate, time is not a luxury that we have, and we need to fix the long-term-care system. Our government has been clear all along, since we’ve gotten elected, that we’re here to fix the things that are broken. And clearly, long-term care is one of those things that we want to fix.

Our government will establish an independent commission into long-term care to get to the bottom, the root causes, of the impacts of COVID-19 and the impacts that it had on our long-term-care facilities. This mandate of the commission will seek a proper membership and a timeline, and I will emphasize that it is an independent and a non-partisan commission.

This commission will get to what the objective is, and that’s finding public policy solutions, so that each and every one of us who talk to our seniors every day who built the foundations of what we know as democracy today and why many of us can be in the Legislature—we can look those individuals in the eye and say, “We’re doing something about this and we’re getting it done now.”

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

Ms. Jennifer K. French: I am grateful to be here, to stand in this Legislature on behalf of the people of Oshawa and Durham region, especially today on PSW appreciation day, as we stand together in the face of COVID-19 and call on this government to join the official opposition and families across Ontario and agree to an independent, public inquiry into long-term care in Ontario.

Hillsdale Terraces in Oshawa was one of the first long-term-care homes in Ontario to declare an outbreak. I’m very glad and grateful that the outbreak has officially been declared over, but our community lost 14 loved ones and we continue to mourn.

Unfortunately, there is an outbreak that is not over at Orchard Villa long-term-care home in Pickering. There have been at least 72 deaths and 225 positive cases among residents at the home operated by Southbridge Care Homes. Another 96 staff members at the facility had also tested positive for the virus.

The community heartbreak is turning to outrage, though. The city of Pickering has called for an investigation into the outbreaks and deaths, and the official opposition has publicly supported them in this call. Since the beginning of this pandemic, my office, and I’m sure all of our offices, have been hearing from families wanting a thorough investigation into what is going on in long-term care.

I spoke to Andrew Watt last week, and he told me I could share his mother’s story, because it would be nice to have people hear her name. Her name was Nina Watt. Andrew’s 86-year-old mother, Nina, had spent months at the hospital in Oshawa and then was transferred to

Orchard Villa. She didn’t live there long before she caught COVID and died on April 15. There could only be a few of them at the funeral, standing far apart. Andrew said it was so surreal. He told me, “Her casket was open. She looked like she’d been through hell.” The funeral didn’t last long, and then they went to the gravesite and, he shared, “It was very nice to hear birds and a windchime.” He said, “My mom would have liked that.”

I know that my colleagues in this Legislature will sincerely extend their condolences, but Andrew and his wife, Janice, want to know what happened. They want to know the answers to all the questions families have about their loved ones who were trapped in Orchard Villa and got sick. As Andrew said, “She got sick so fast. The virus wasn’t confined.” They want to know how it could get so bad that the military had to be brought in.

Yesterday, to add insult to injury, Nina’s family heard from a family member of a different senior at Orchard Villa that they had wrongly been given Nina’s personal pictures and effects. That’s awful.

So I want to know if the Premier or the minister would like to know what has been happening at Orchard Villa in Pickering. Nina’s family wants an inquiry. Grieving families want an inquiry. The community wants an inquiry. The official opposition has formally asked, and today we’ve put forward a motion before this Legislature for the government to agree to a formal, independent, public inquiry into what has gone wrong at long-term-care homes across the province, like Orchard Villa. Orchard Villa is a private long-term-care facility. A reminder for the folks at home: Private businesses have profit margins and stakeholders, so while they get public dollars from taxpayers to ostensibly provide care in the long term, that money leaks out into private pockets and cannot go as far. That’s how it works—or, clearly, how it doesn’t work and, I would argue, never has.

This Minister of Long-Term Care has pushed for years during her medical career to expand private health care, championing “hybrid health care.” She and many others connected to this government, like former PC Premier Mike Harris, have been working diligently for years to redirect public investment dollars into private investor pockets.

But, Speaker, this government wants to effectively investigate itself with a government-controlled commission and says it will be fine and says that we should trust them. Well, I have some things I’d like to share. The chair of the board of directors of Chartwell Retirement Residences, a major corporation profiting from senior living, is former PC Premier Mike Harris. A lobbyist for Caressant Care, the owner of 15 private long-term-care homes in Ontario, was the deputy campaign manager for the now-Premier’s 2018 election campaign, Patrick Tuns. The CEO of the Ontario Long Term Care Association is Donna Duncan, who was the policy director to the PC leader back from 2006 to 2007. Most recently, a registered lobbyist for the Ontario Long Term Care Association is Andrew Brander, who up until July 2019 was the director of communications for the Minister of Finance in this

Premier's government. So when they tell me to trust them, that it will be fine, that they're going to do all the right things—okay, I'm to take your word for it?

Speaker, perhaps the fact that a few fat cats in the private long-term-care world happen to be snug with Doug is unrelated to the fact that this government is trying super hard to wriggle out—

The Speaker (Hon. Ted Arnott): I'm going to ask the member to refer to other members in the House by either their riding name or their ministerial name, as is applicable.

Ms. Jennifer K. French: Thank you, Speaker. I will remember that.

But I wonder if that has anything to do with the fact that this government is trying very hard to wriggle out of an independent public inquiry into long-term care. Perhaps.

During this pandemic, we have lost almost 2,000 loved ones in long-term care in Ontario. I wish more of our money could have stayed in the system and gone to cleanliness and care and wages and compassion. I wonder where we might be today, because today, Ontario's folks and families are grieving, and we may never heal.

Speaker, here's a letter sent to me by Sandra Hetherington from Guelph. She says, "I am writing in support of having the ... government call for a public inquiry into the disastrous, shameful and sad state of affairs in LTC homes in Ontario. My husband has advanced Parkinson's and is legally blind. He is a resident of Riverside Glen in Guelph, Ontario.... I know the government pays out a huge amount of money to the owners of these care homes and I, myself, pay \$2,800 a month to Riverside Glen for his care.... The COVID pandemic has made things so much worse even in the best of homes as we family members are shut out, reduced to trying to get a glimpse of our family member through a window and leaving our loved one wondering why they have been deserted. I can't even imagine what went on in these other homes where the virus was rampant and deadly and family members never even got the chance to hug their husband, wife, mother, father etc. and say goodbye before they died. As a wife and caregiver my heart goes out to each and every person involved in this tragedy from patient to family to nurses and PSWs.... Perhaps, God willing, society will stand tall and demand that our government do right by our seniors and see that they get the resources and proper care they need in the twilight of their years. We can only hope and pray that this will come to pass."

I thank Sandra for her letter.

Speaker, I got many other letters asking specific questions, questions that may or may not be answered by a government-controlled inquiry; questions that may or may not, if they are answered by the government's government-controlled commission, ever come to light if they so choose.

The minister's argument that it takes too long to have an independent public inquiry does not hold water when you can fix what you find on any given day, a day like today, which is personal support worker appreciation day, for goodness' sakes. Nothing is stopping you. Even if you

pretend that we are, nothing is stopping you from paying them fairly, ensuring that they have full-time hours with benefits or that there are enough of them to care for vulnerable seniors. Nothing is stopping you, and you haven't done that today, despite our calls for years. We have already identified these issues, so fix them. Don't pretend we're stopping you, or anyone else. Get out of your own way and do something.

Speaker, as far as an independent public inquiry, we want something out of their hands, because anything worth doing is worth doing well. This government has been saying, "Well, you're not the boss of me. We'll do it our way." You know what? A government-controlled commission is what you want, is what the government wants. That is what the private seniors' care companies want. It's not what families want or deserve. Families want a fair inquiry where government doesn't pick the folks, doesn't pick the terms of reference, doesn't pick the backroom and doesn't pick the secret knock. So I would ask that this government support the call for an independent public inquiry, one that the public will trust and will make us better and really respect the seniors.

1510

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

Mr. Mike Schreiner: Before I begin my remarks, I'd just like to acknowledge that today is PSW appreciation day, and just say I'm grateful for your service. You deserve respect for the work you do, which means living wages, full-time work and benefits.

Speaker, we are at a pivotal moment in Ontario's history. We have been forced to confront, without question, what is a broken and dysfunctional system for caring for our elders, and it has resulted in the most tragic of outcomes. Today's data speaks for itself: 2,538 confirmed cases in long-term-care residents; 1,615 confirmed cases in LTC staff; a staggering 1,408 resident deaths, and five dedicated staff members have also died. I want to extend my condolences to them and their families.

We owe it to them to look at how we got here in this tragic situation. We must do it publicly and we must do it independently. A government-controlled commission is not the same as an independent public inquiry. A public inquiry has prescribed processes and reporting requirements outlined in the Public Inquiries Act; a government commission does not.

Speaker, history will judge us. Will we answer the call to care for the most vulnerable in our society? Will we acknowledge the mistakes of the past and commit to caring for our elders with dignity and respect? We need to look at having a minimum standard of care of four hours, minimum staffing levels, safe ratios of registered nurses. We need to look at the use of temporary agencies. We need to look at wage levels and benefits, the contracting-out of services, the design of facilities, whether we are treating residents and staff with the dignity they deserve, and whether we prioritize caring over profit.

The government argues that a public inquiry will take too long. But the government can move immediately, right now, to address the 91 recommendations in Justice

Gilless's four-volume report. I agree that the government can act right now for an immediate increase in long-term-care staff, a permanent increase in wages, full-time work and benefits, adequate PPE, testing and standards of care in long-term care. But this does not preclude the need for an independent public inquiry to analyze the systemic challenges that COVID-19 has exposed in the way we care for seniors.

The mandate for the Wettlaufer inquiry was limited in scope. The inquiry was not tasked with conducting a general review of the long-term-care system, nor was it tasked with making broad recommendations. So with all due respect to the minister, it is not a partisan issue to call for an expanded public inquiry, to hear from affected families and staff and to look at best practices from across Canada and around the world. It's not partisan to call for an analysis that's evidence-based and rigorous, that looks at the way some models of care had more outbreaks than others, how some jurisdictions had more outbreaks than others, and look at how the lack of PPE affected results. Who will ever forget that photo of a long-term-care PSW worker in a garbage bag because of lack of access to PPE?

It must look at the actions that saved lives and those that did not. These were questions that were not asked in the Wettlaufer inquiry, and the people of Ontario deserve answers. We owe it to the families who lost loved ones. We owe it to the staff. We owe it to everyone in this province who will need to age with dignified care.

Speaker, I challenge all of us to never again allow a system to emerge that does not treat staff or residents in senior care with the dignity and respect they deserve.

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

Mr. Lorne Coe: I'd like to take us back to February 3 of this year. We were still over a month out, at that time, from the first presumptive cases of COVID-19 in Ontario. On that day, Speaker, the government issued the first guidance document to long-term-care homes on how to prevent and contain the spread of COVID-19. That guidance was based on the expertise from Ontario's Chief Medical Officer of Health, Dr. David Williams. It reflected the best information available on the emerging virus. So since our first action on February 3, we've been absolutely relentless in our efforts.

Let me take you to February 11, still a month before the first presumptive case of COVID-19 hit our province. We issued updated guidance for long-term-care homes on prevention and screening.

By March 11, we had required long-term-care homes to begin more aggressive screening, in line with medical expertise, to isolate any potential cases among visitors, residents, staff and volunteers. On that day, we also began to test every respiratory test conducted in long-term care for COVID-19, regardless of whether COVID-19 was suspected.

Moving to March 13—still before any presumptive cases—we made the very hard decision to restrict all but essential visitors from entering long-term-care homes. At the time, we knew the hardship that this posed for families, but we continued to uphold this rule. Keeping COVID-19

out of our long-term-care homes unfortunately means keeping most visitors out, too.

On March 20, recognizing an urgent need for flexibility in long-term-care staff deployment, we amended the regulations. This made it easier for homes to quickly bring in more and new staff to prevent potential staffing shortages, and to allow staff to spend more time on direct care to residents.

On March 22, the Chief Medical Officer of Health issued a directive to the sector to limit the number of staff workplaces wherever possible. The next day, we issued the first of four emergency orders to support staffing flexibility and eliminate short-stay beds in long-term care—a combination of a number of actions. Continuing, Speaker, the day after that, we amended regulations to make it easier for families to take their loved ones home during the pandemic, if that's where they wanted to be.

On March 25, our government launched our action plan to respond to COVID-19, a \$17-billion emergency relief package that came with \$243 million for long-term-care staffing, supplies and emergency capacity. On March 27, we issued a second emergency order, giving homes even more flexibility to redirect staffing and financial resources to essential tasks during the COVID-19 crisis.

Fast-forward for a moment to April 8. In line with new evidence on COVID-19 prevention, the Chief Medical Officer of Health directed all long-term-care staff and essential visitors to wear surgical masks at all times. Despite global competition for supplies, our government has been making same-day deliveries, responding to every escalated request.

1520

On April 15, we issued an action plan specifically for the long-term-care sector that ramped up protection through more aggressive testing and outbreak management, and launched new resources for growing our heroic long-term-care workforce. We launched mobile deployment teams and long-term-care/hospital partnerships that have supported well over 100 homes to date, including many of the long-term-care homes in my riding and in adjoining ridings as well, through Lakeridge Health Oshawa.

Speaker, two days later, to prevent further spread, we made the decision to restrict staff to one workplace only and provided funding for homes to give part-time workers full-time hours wherever possible. On April 22, our government announced our request for assistance from the Canadian Armed Forces, and we're incredibly grateful that over 250 brave men and women deployed to help our province at its time of need. They continue to be a key support in five long-term-care homes with the most severe staffing shortages.

To further support staffing needs, Speaker, on April 25 we amended our emergency order to allow health service providers, including hospitals, to temporarily reassign front-line staff to provide services and supports in long-term-care homes. On that day, we introduced a \$4-an-hour pandemic premium on top of hourly wages for 100,000 long-term-care staff.

Speaker, the Chief Medical Officer of Health actioned that all residents and staff in long-term care be tested regardless of symptoms or potential exposure to COVID-19, and we have now reached the point where almost every long-term-care resident has been tested.

Last week, our government issued an emergency order that allows the Ministry of Long-Term Care to place a temporary manager at a long-term-care home that is struggling and in need of significant administrative support. For clarity, Speaker, it does not allow the province to take over a long-term-care home, and it's not punitive. It's just one more tool to ensure that we can do everything possible to get homes through this challenging time.

Remember, Speaker, that very early on in this whole process, the ministry assigned a point person to each home and directed inspectors across the province to support homes in any way they needed: working as a point person with public health, assisting with staffing plans, and ensuring that supplies and masks have been on hand.

What's absolutely clear in this discussion is that as the virus evolves, our government will continue to rely on the scientific advice of Ontario's Chief Medical Officer of Health and other public health experts to guide our decision-making. As the pandemic evolves, we'll continue to take that action.

Just this morning, the Minister of Long-Term Care announced that we will be calling an independent commission to review our long-term-care system and get a better understanding of the impacts and responses to the COVID-19 outbreak.

Speaker, our government has been very clear that the long-term-care system is broken and that we must act quickly and decisively. In this discussion today, we've heard from both the opposition and the independents about the need for a public inquiry. I stand here today, having worked in the Ontario civil service, the Ontario Seniors' Secretariat, the Ministry of Health and the Ministry of Long-Term Care. As a regional councillor, I worked as the chair of health and social services. I chaired that committee for seven years.

What I know from that experience is that the average public inquiry has taken 3.1 years. Step back. We've heard the conversation about the immediacy of the challenge—3.1 years. The opposition—some of the members have been here for a while; they know that. They've lived it. They've seen it. Indisputable: 3.1 years. We don't have the time. You know we don't have the time. We can't wait in repairing, restoring and advancing long-term care. You know that.

I put my glasses on here. I just want to read a passage that I think is going to wrap up what I've had to say here this afternoon. We've taken several steps to contain the pandemic, and a commission will get down to the work and provide us with the guidance as to how to improve the long-term-care system and better protect the residents and staff from any future outbreaks. It should not and will not take 3.1 years.

The Speaker (Hon. Ted Arnott): Further debate? The member for Niagara Falls.

Mr. Wayne Gates: I just want to say thank you, Mr. Speaker, for allowing me to rise today.

I want to start by saying, on our PSW Day, that we've had four PSWs die on the job. Most were because they didn't have PPE. They didn't have N95 masks, which were part of the SARS inquiry, where they said that we should have them. They didn't have proper gowns.

Then, when you talk about fixing it—I listened to the member over there. You can fix the problem right now, today, in long-term care. How about paying the PSWs so they don't have to run three jobs, running from home to home? And then what do they do? They go to a house, because they're not making enough money, because they're not getting benefits. You can fix that tomorrow—well, today, but I'll give you a day because I'm a good guy. You could fix that tomorrow. We know that.

We heard my colleague here talk about the privatization. What the hell—what are we doing? What are we doing? It doesn't take a rocket scientist to figure it out, in the privatization of long-term care or our retirement homes. Because we know when it started. It started in 1995, under Mike Harris—no secret there.

Here's what has been a secret. The Star talked about it this week, in the Saturday paper, on the front page of the paper. I know you're not supposed to do this, but I'm going to just read off it; I'm not going to hold it up: "For-profit Nursing Home Chains Make Big Payouts to Shareholders, Execs." I read that. I went, "Well, how much are they doing? What's a couple of bucks for a shareholder?" You know what they did? They took \$1.5 billion—that's with a B—out of the system and gave it to who? They gave it to their shareholders. Mike Harris is the chair of Chartwell. He gets paid \$265,000 to work part-time, for a part-time gig, probably more than he made when he was the Premier of Ontario.

Who suffers? When you say, "We've got to wait three and a half years," who suffers from that? Where should that money have gone? I'll tell you where I think it should have gone. It should have gone right back into the care. You know what the difference in a publicly funded long-term-care or retirement home is? You know what the difference is? It's 49 cents—49 cents in a private home goes back into care. You know why? Because the rest of it is going to a shareholder, somebody who's already rich, in the case of \$1.5 billion. In a publicly funded long-term-care facility, 79 cents of every dollar goes back into care for our seniors: our grandmothers, our grandfathers, our moms and our dads.

So when you say, "Well, three and a half years," you can fix that tomorrow. Don't look over there like I'm not telling you something you know. You know. That's why you don't want a public inquiry, because you don't want this to be debated in the public. You want to control it. You want to control the message. Well, you know what? Articles like this one here: Three firms control 19,000 Ontario beds, all private—19,000—and do you know what happened when we went through this COVID-19? Our grandmothers, our grandfathers, our aunts, our uncles, our moms and dads, they died. They died so somebody could

make money on the backs of our seniors. How hard is it to figure this out? You can do it in a minute, my friends.

1530

In my riding—and I talked to your side of the House; I called them right away—a place called Lundy Manor, a retirement home, had three deaths. They called me to get them help. Their CEO called me to get them help. Do you know why? They had no PPE. They had no PSWs. They had no staffing. What they were doing during all this time is that they were still having breakfast, lunch and dinner in their cafeterias. They never separated them, they never fed them in their rooms, so the virus started to spread. They never got any help, and people got infected and people died. Their parents called me. Their kids called me, crying on the phone.

Do you know what happened in that retirement home? Think about this. Pay attention over here. I want you to—don't turn your back on me; turn and listen to this. There were two groups of parents who died within three days. Do you know how hard it is just to lose a mom or a dad? Can you imagine losing both of your parents—who, by the way, a couple of weeks earlier in a retirement home are healthy, going for walks and going out for lunch with their friends? And they died.

So when you say over there that you can't have a public inquiry—we need to have a public inquiry into this so that we can fix it. And all the stuff that I've talked about, you can fix tomorrow. Talk to the Premier about it. Fix it. We'll work with you on fixing it, because quite frankly, on this side of the House—and I hope everybody here—we don't want to see another person die because somebody's going to make money on the backs of our seniors.

Our seniors built this great province. They built this great country, and we owe them more than what they're getting today. We've got to make sure that they're taken care of, so that when they go in those homes, they're not going there to die.

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

Mr. John Fraser: It's a pleasure to rise today. I do want to acknowledge PSW appreciation day and just simply say thank you to all the PSWs across the province for caring for the people who we care for most. For the risks that you're taking right now, we need to back you up with the proper PPE, testing and with doing a public inquiry.

Now, I know the government has said they'll do an independent commission of inquiry, and I don't have to remind everybody that the last independent commission of inquiry came with a \$15-billion deficit that was used as a context for cuts, and then the FAO, the Auditor General and the public accounts said, "That number's not right." Well, people are still using that number today. People can't be doing that, having a debate or division on the outcome of the inquiry, because it's questionable because of the fact that it's not a public, independent inquiry. There are very clearly prescribed rules in the legislation for doing this.

Now, I don't buy the argument that it's three-and-a-half years that we've got to wait. We don't have to wait to do

anything. We know the first thing we can do is to give PSWs a living wage so they can raise their families and so that we can stabilize the sector. I could go on and on about all sorts of things—the recommendations that haven't been fulfilled yet by the Ministry of Long-Term Care—but we need to take that out.

So there are questions here, and the questions aren't different on either side. I've sat on the other side, and I can't imagine that your questions are any different than mine. Here are some of my questions: Why did we destroy a supply of PPE back in 2012? How come we don't have it in long-term care right now, right? How come we don't have that?

Why did we wait months, or more than a month, to stop workers from going between different long-term-care homes? Why did we wait a month? Why did we wait almost six weeks to raise the wages of PSWs to stabilize? You have those questions, because people are calling you and they're asking you. I don't expect you to ask those questions out loud here; I would hope that you ask those questions in caucus. I remember when I asked questions like that, and I remember when I didn't ask those questions.

I think that a public inquiry will bring to this issue justice—justice to families; justice to families of residents who have died; justice to families of staff members in long-term care who have died; justice to resident families who have suffered by becoming ill or who have suffered by not being able to go and see their loved one or care for them. That's why we need an independent public inquiry. It doesn't prevent you from doing the independent commission. I don't want to say that I think you guys have bad intent, but it just won't be independent and beyond reproach. Do you know what? We can walk and chew gum.

So commit to an independent public inquiry. It is important that people get justice. That is the point of a public inquiry. That's why we did one for Ipperwash. That's why we did one for Wettlaufer. That's why we did one up in Kirkland Lake—is it Kirkland Lake?

Interjections: Elliot Lake.

Mr. John Fraser: Elliot Lake. Sorry.

There are tough questions that we don't just have to ask ourselves as politicians—but there are people who give us advice. There are other people who have made decisions, who have given advice, and we want to make sure that they got it right—not to assess blame, but so that we don't do it again the next time. That's why we need to do a public inquiry. It's for justice.

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

Ms. Effie J. Triantafilopoulos: Speaker, we can all agree today that COVID-19 is a disease that has taken too many lives in Ontario, in Canada and throughout the world. Our government is doing everything it can to combat this deadly virus, acting on the scientific advice of the Chief Medical Officer of Health and other health experts. We have learned with the spread of this pandemic that those most in danger are the most vulnerable members of our community, including loved ones in long-term care,

in particular, those who were already ill with other health conditions.

The pandemic has taken the lives of too many people in our long-term-care homes. This is a personal tragedy for too many people in Ontario. Too many residents of long-term-care homes have died. Too many families have lost someone they love. Through this, the restrictions on visits that this pandemic makes necessary mean that families cannot be with those they love: their grandparents, their parents, their aunts or uncles or a dear friend.

I believe that how we treat our elders is a measure of what kind of society we are, and we, as a society, are responsible for keeping them safe. Residents of long-term care are not living in hospitals; they are living in their homes. We must study and review what has happened with COVID-19 and rebuild long-term care so that it is safe and secure but still feels like a home for its residents.

I do not agree today with the language of the motion proposed by the NDP, and I cannot support it. But I do agree that we do need to study and review the impact of COVID-19. How did it get by our defences in long-term-care homes? What could we as a government have done better or what should we have done sooner? What training of staff would have made a difference? There are a lot of questions we must answer. We need to know these things, not to assign blame to anyone but to ensure that we are prepared if this cruel disease returns for another wave, or if another disease strikes our population next year or in 10 years from now.

One thing I believe we have learned is that we must never again be in a position where we could run out of personal protective equipment. Over the last months, the Premier has engaged and challenged our manufacturers in Ontario to retool, to make the PPE and other equipment that we need, such as ventilators. Companies such as Oakville's Virox Technologies have accepted the challenge. Virox was awarded \$850,000 from the \$50-million Ontario Together Fund to double the production of disinfectants.

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The Minister of Long-Term Care made it clear in a statement earlier today that the impacts of the pandemic would be reviewed. I quote her: "Ontarians need and deserve answers, and ... they will get them." That's why our government will establish an independent commission into Ontario's long-term-care system and the impacts of COVID-19. The independent commission will launch in September. Over the next several months, our government will be finalizing details of the commission, including scope, membership, leadership of the commission, and timelines.

Earlier this month, our government committed to a review of the long-term-care system in relation to COVID-19. We have been clear: The system is broken. Long-term care in Ontario has endured decades of neglect. Once we emerge from this pandemic, we will get to the bottom of this and continue our work to establish a long-term-care system that ensures that the resident is the focal point. But right now, and since the onset of this pandemic, our

number one priority is protecting the health and safety of all Ontarians and long-term-care residents.

When we in Ontario first heard about the virus during its first outbreak in China, we did not know clearly what groups in our population were most at risk. Today, we know that older people and people with pre-existing health conditions are most at risk, but there is still much of the science of this disease that we do not know.

When the virus came to Ontario and began to spread, our government announced repeated actions to protect our long-term-care homes. In the government's March economic update, we committed \$243 million for long-term-care homes to support 24/7 screening, additional staffing, enhanced cleaning and sanitation, and additional surge capacity. On February 3, the Ministry of Long-Term Care issued guidance to long-term-care homes to help prevent and contain the virus. On February 11, we provided instructions to homes on how to screen staff and visitors. On the recommendation of the Chief Medical Officer of Health, access to homes was limited to essential visitors on March 13.

On March 23, the government deployed its long-term-care inspectors to front-line positions in homes, and the Chief Medical Officer of Health issued a new directive restricting residents from leaving a home to visit family or friends. We directed that staff—those who usually work in more than one facility—could only work in one long-term-care home, retirement home or other health care setting during the pandemic.

Hospitals across Ontario provided support to homes by sending rapid response teams of health care professionals to those homes most at risk. We amended an emergency order to allow health service providers, including hospitals, to temporarily reassign front-line staff to support long-term-care homes. We are also grateful for the help of our Canadian Armed Forces, who are working in partnership with long-term-care homes as well as hospitals to help with infection control and prevention and maintain effective staffing levels.

Long-term care was already a key priority of our government and our Premier long before COVID-19 arrived. We started to rebuild long-term care as soon as we took office. We knew that Ontario needed more beds in long-term-care homes and more staff, and that we needed to build a 21st-century long-term-care system that meets the needs of Ontario's most vulnerable people.

Our government is investing \$1.75 billion into long-term care to build 15,000 new beds and redevelop a further 15,000. Our government wants to ensure that Ontarians get the care they need when they need it. Over the last few years, too few beds had been built. As a result, 36,000 people are currently on waiting lists. Homes are at 99% capacity. This has just got to change. So we are committed to building a modern long-term-care system that is centred on its residents—one that ensures that people are treated with respect and dignity and one that will continue to be there for those who need it most.

When this House last sat, there were 128 active projects. There were 864 beds currently under construction, with a total of 8,614 beds expected to be shovel-ready

within 12 months. Clearly, the pandemic has altered timelines on projects across the province, but we were and are making serious progress. Each of these projects is a commitment to new construction or expansion, but rebuilding the system is about more than bricks and mortar. It's just as important to ensure that we have enough long-term-care staff who are well trained, well respected and content with their work.

During the pandemic, staff in long-term-care homes have been working long hours keeping residents safe. We know that this has meant increased risk and a great deal of stress. People in our communities across the province have shown their gratitude by cheering on front-line workers, those who are fighting COVID-19, working to keep us safe, treating the sick and saving lives. Nurses and other medical staff, personal support workers in our long-term-care homes, paramedics and all of the others working long hours: These are truly our heroes, and they deserve more than just our thanks. That's why the Ontario government is providing our front-line workers with a pandemic payment. The pandemic payment will provide \$4 per hour worked on top of existing hourly wages. In addition, employees working over 100 hours per month would receive lump-sum payments of \$250 per month for the next four months. This means that eligible employees working an average of 40 hours per week would receive \$3,560 in additional compensation. In total, over 350,000 employees will qualify for the pandemic pay.

We've also made sure that essential staff in long-term-care homes and other essential services have access to the child care they need during the outbreak.

I agree and I recognize that the issue of staffing was a challenge before COVID-19 struck. On February 13, the Minister of Long-Term Care launched a staffing study with experts from across sectors involved in long-term care, and she said, "Proper staffing is essential to meeting the needs of our loved ones in long-term-care homes. The sector is experiencing a severe shortage of personal support workers and other key roles, and that's why our government is taking action to help Ontarians fill these fulfilling, in-demand jobs."

I was in fact pleased that the minister made her announcement in my riding of Oakville North-Burlington at the Village of Tansley Woods, a well-respected long-term care and retirement community in Burlington. This study was a recommendation of Justice Gillese's inquiry, but we added PSWs to the study, in addition to the inquiry recommendation to study nurses, because we saw the position they had been put in by decades of neglect of the system in which they work.

I've listened to the discussion of the experts and taken part in the study's listening day with sector representatives. There are many different views, but one thing we all have in common, whether it's government, unions, associations, private or municipal home operators, is that we know the system needs to change. With the advent of COVID-19, we know this even more. We know that we need more beds, but we also have to attract more staff to be nurses, PSWs, or to hold other important roles in long-

term care. We need to ensure that staff are respected and valued and have opportunities to develop their careers through long-term care. We must ensure they are trained in infection protection and control. Good, well-trained staff and happy staff who enjoy their work will mean a better environment for all residents of long-term care.

In my community and across Ontario, people have risen to the occasion to recognize the work our front-line workers are doing. Our police, paramedics and firefighters have held hospital parades at Joseph Brant Hospital and Oakville Trafalgar Memorial Hospital with sirens and flashing lights to honour our health care workers. Burlington residents are cheering health care workers from their porches each night at 7 o'clock, and Oakville residents at 7:30. And individuals, charities and businesses have donated PPE, raised funds and delivered food for our essential workers. The whole community has stepped up and gotten involved.

1550

This is the Ontario spirit that will pull us through the pandemic, and it's the spirit we need to keep going.

The COVID-19 pandemic has tested the people of Ontario and our institutions. We have lost too many people to this merciless enemy, and our hearts go out to them and their families. But we can be proud of the caring and compassion that our front-line health care workers and other essential workers have shown.

I know that our government, our Premier and the Minister of Long-Term Care are committed to reviewing long-term care and the response to the pandemic. We are committed to rebuilding our long-term-care system so that its residents have the excellent care and dignity they deserve in their homes, so that long-term care staff are encouraged to stay, build their careers and receive the respect they deserve.

This is not just a political commitment; this is a moral commitment. We honour our elders by caring for them in their time of need. We can do no less.

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

M^{me} France Gélinas: Today we are debating a motion to bring a public inquiry into long-term care on the same day as the House is sitting, after—it's kind of a novel event. We haven't sat in a while. We haven't had those debates in a while.

In the morning, the government announced that they would be putting forward an independent commission on long-term care, and I have been listening with great interest along with the members of the opposite side as to, why not a public inquiry? Why an independent commission? The only argument they have brought forward is time.

I would say to this that, yes, absolutely, to do a good job, a public inquiry takes time, but that doesn't mean that there isn't concrete action that can be made right here, right now. I mean, how many times I'm on record—dozens of times—saying, "How do we fix long-term care? You make PSW jobs good jobs." You make sure that they have a workload that a person can do. Looking after 26 dependent residents? Nobody can do this. You make sure

that they have a living wage, that they have full-time employment, that they have the chance to have a few sick days and maybe even dream of a pension plan, and you will have done a great deal towards fixing what the problem in long-term care is.

Because in long-term care, you don't build widgets; you look after frail, elderly people who need care. How do you do this? You do this with hands-on care. I was elected in 2007. I campaigned on a minimum standard of hands-on care. Fast-forward in 2020: We still don't have a minimum standard of hands-on care in Ontario. So this time argument doesn't sit too well with me.

But what is the difference between a public inquiry and an independent commission? Well, we can just read from their press release that says it will be to better understand the repercussions of the pandemic and to see how the measures we took bear out. It also goes on to say that the government will appoint the terms of reference of the independent commission, the membership, the director, the timelines of the report, the scope. The government controls all of this.

Why does it matter, Speaker? It matters because we are at a time when people feel devastated about how badly we've failed people in care. When they see the news, each and every night, as to how many people in long-term care got infected with COVID, died because of COVID, they say, "Really? This is our health care system? This is our long-term-care system that's really doing so poorly?" They want changes. How do you bring those changes? You bring those changes by bringing forward a public inquiry.

A public inquiry is a process that follows legal terms that make sure that the information that is presented in a public inquiry is always checked to make sure that it is accurate, that it is based on evidence. They move forward in a way that is transparent for everybody to see. The members that are there are not attached to any political parties or anything like this. They get to hear from experts.

Well, none of that is part of an independent commission. You can call it independent all you want, but when it's the government who sets the scope, the terms of reference, the membership, the director and the timing, where is the independence in that? I'm not too sure. In French, it works better; it's not called the same. But in English, it doesn't work at all for me.

Here we have a government, on the day that the Legislative Assembly had an opportunity to debate this, put a media release out and say, "You're not going to get a public inquiry. We're going to do an independent commission. An independent commission is so much better because it's faster." I don't buy any of this. It is not what people want. It is not what Dr. Alykhan Abdulla, the chair of the section on general and family practice of the Ontario Medical Association, asked. He said, "It is my belief that the citizens of Ontario deserve a robust public inquiry into long-term care."

It is not what the Catholic Women's League wants. It is not what the Royal Canadian Legion wants. It is not what the people of Ontario want. They want a public inquiry.

Sure, take steps right now to change the way we treat and pay PSWs, absolutely, but do a public inquiry. This is what people want. Because in a public inquiry, maybe we would realize that, really, the model of care itself was part of the problem. Maybe the fact that we put our loved ones in those great, big warehouses, organized in pods of 28 beds, was part of the problem. There are many countries that don't have any more of those.

You go into Western Europe—no more long-term-care homes. They have other community based projects, and I would like to highlight one of them that has been put forward by Best for Seniors Consulting. This is Anna Gold, who is a social worker; Dr. Michael Rachlis, who is a public health physician; as well as Subida Ramsey, who is a nurse. Together they have put a proposal for Best for Seniors Consulting for the PACE program. The PACE program started in the States and looks at how you support people who meet the requirements for long-term care in the community? Because you can go into any old-age clubs, have lunch with them and ask them, "How many of you look forward to going to a long-term-care home?" and you will get zero hands that go up. They all want to stay home. This is what a public inquiry could do, should do, has to do.

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

Ms. Mitzie Hunter: It's an honour to rise in the House today to speak to this motion about a public inquiry. We have the Public Inquiries Act as part of the tool kit in this province, because there are times when we need to understand the facts and there are times when we need to do that in an independent way.

As I listen to the rounds of debate this afternoon, I do not hear any disagreement with that: that the facts in this matter require investigation. But why does it need to be independent? Why does it need to happen in a way that respects the transparency? Because we owe it to those that have been impacted. We owe it to those families to seek the answers that they are looking for. In fact, the government's hesitation on the length of time—part of the tools in the act gives the government that ability, that power to fix the date. So there is no concern for speed in response because the ability to fix the date is in the hands of the government.

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The government has said that they knew the risk. The minister said that many times.

On March 11, I raised in this House my concern for COVID-19 in long-term care. Speaker, the reason I raised that concern and I asked about community spread and whether or not we were restricting access to those facilities is because I understood that this was a respiratory virus. I understood that in a respiratory virus, the most vulnerable people are the elderly and those who are in long-term care.

You see, in 2003, when we experienced SARS, the first incident of SARS occurred in Scarborough at the Scarborough Grace Hospital. I was responsible at that time for hundreds of front-line workers at Goodwill Industries. Every morning, my team and I, which included the president of the organization, would talk about the facts.

The information that we were provided was provided by public health and by the government. We relied on that. We relied on that information to keep our people safe.

I asked that question in the House on March 11 because I wanted to sound an early alarm. I wanted to give the government confidence, the ability to be bold, and to make clear and decisive communications known to people so that they could take the necessary precautions.

Sadly, nearly three quarters of the deaths from COVID-19 in Ontario have been in long-term-care facilities. Thousands of families are in mourning. I know that, because in my community in Scarborough—Guildwood, Seven Oaks was one of the earliest outbreaks, and Altamont—these facilities were just ballooning with cases.

We asked the government repeatedly about testing, about PPE, about protection of workers, and there was a delay. Why was there that delay if you knew the risk early on? Why was there that delay?

And families are now in mourning. They were not there with their loved ones when they passed. They weren't able to hold their hand and say a prayer or to give a hug of comfort. They deserve answers. They deserve to know that their loved ones have not died in vain.

Mr. Speaker, it is our duty and our obligation to give answers to these families and to these workers who have also lost their lives. I want to just say to those workers, to the tragic loss of Christine Mandegarian, Arlene Reid, Sharon Roberts, Brian Beattie and that one other health care worker whose name has not been made public, to their families who are mourning those losses, we are giving you our heartfelt condolences. As a Legislature, it is our duty to do the right thing on their behalf.

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

Mr. Sol Mamakwa: Good afternoon Speaker. Thank you for the opportunity to be able to speak on the opposition motion to launch a full independent public inquiry into the state of long-term care in Ontario. Also, a shout-out to the PSWs in Ontario and the great work that they're doing in the long-term-care homes.

One of my jobs before becoming an MPP for Kiiwetinoong riding was working to improve health systems in the Far North. What was very clear to me then and also now is that these systems do not consistently help people in the riding but also across the Far North.

I hear a lot of people saying that the systems are broken. In Indigenous health systems, I was always told that the systems are broken whether it's provincially or federally. One of the things I realized later on is that, in fact, these systems are not broken but they're working exactly the way they're designed to, which is to take away the rights of our people to the lands and resources in the communities. I still believe that, and that's still the case, and it still happens.

I know that I support the independent public inquiry just because what we will hear is truth-telling stories of what's happening here today, what has happened in the last few weeks: the deaths in these long-term-care homes. When we start hearing those truth-telling stories, they can

become public policy on how to change the systems that are there.

But also it should be no surprise to this government that the northern communities do not have the same access to public services as the rest of the province. When we talk about access to long-term care—in my riding, we have 20. There are no long-term-care beds in the north. It is a desert of health services. It is a desert of long-term-care services in the north, for the people of Kiiwetinoong, especially if you're in a fly-in community.

For those of you who don't know, in our riding, in order to access health services, you have to travel. You actually have to fly out to get health care. You get on a plane. The cost of a plane ticket is very extravagant sometimes. A one-way fare could mean \$300 to approximately \$600, so travel is expensive. Often it's hundreds and hundreds of kilometres away to get to a hospital or long-term care, of which we have 20. Again, this happens when families are separated from elders or elderly people are separated from their families and the support systems that are there. This impacts the health outcomes of our people and the quality of that care that's supposed to exist.

So when we talk about public systems—there are no long-term-care homes. They do not exist in the north.

I know that it's hard for me to kind of think of what's happening down here, when in the north, because we are remote, fly-in, however you want to call it, we are protected by that remoteness today. I think that's one of the things that's been happening, and communities are locking down, communities are doing travel restrictions.

But again, we have elders in our riding, in my community, who have to leave their grandchildren and their families if they have to be in a long-term-care facility. They struggle because they don't speak the language, which is English. They struggle so bad that when they're homesick, the lack of care causes them to forgo the treatment that is for them. When they forgo the treatment, they choose to go home and die.

So this is the reality of the health care system and the long-term-care system in the north. Today, I also wanted to talk about the health care of the north. It's really important that we have this system in place whereby we call upon a public inquiry in the north. I know that one of the things we struggle with in the north, in my riding, is the jurisdictional ambiguity that exists, and then we use it as an excuse to let the people in the north, in our communities, suffer and die. Why are we not entitled to the same health care and even long-term-care facilities as Ontarians?

Again, I fully support this public inquiry for long-term care. Meegwetch.

1610

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

Ms. Laura Mae Lindo: I'm also excited to rise in the House and give my heartfelt thanks and gratitude to the PSWs who have been doing an amazing job across the province despite the gaps in the system.

I've heard from the government side that they, too, are very appreciative. But I'm having a hard time balancing

the words that they are saying with the actions that we're seeing, especially as we're here today to debate whether or not they will agree to a fully independent public inquiry into long-term care.

Part of it is because there was an article that came out on the 15th of May that was talking about what is, in fact, being tracked when it comes to health care jobs that are most likely to have people contract COVID-19. It says, "While doctors and nurses in Ontario have fallen ill with COVID-19, the vast majority of health care staff affected are personal support workers in nursing and retirement homes listed only as 'other' in newly released provincial data.

"This glaring omission—not recording the specific jobs of personal support workers most at risk in the pandemic—is something Ontario said Friday it is moving to rectify because that knowledge will" be helpful in this fight during the pandemic.

The reason I'm starting there is because this morning we woke up to find out that the government would like to do their very own inquiry, which they are now calling a commission, that would have them responsible to move faster. But it appears to me that at least as of Friday, they moved so fast that they forgot PSWs, but then they got here and said thank you to the PSWs. And so I'm very, very nervous about relying on an argument that the ultimate goal of this inquiry into long-term care is to be speedy as opposed to have high quality.

In fact, that brings me right to what I have been hearing in Kitchener Centre. In Kitchener Centre, I've been contacted by a number of family members whose elders are in long-term-care facilities and have experienced something that I can't even believe is happening in 2020—because I've been told that we had learned from SARS, but apparently we have not.

I'd like to introduce the government to one of my constituents, Maria. Maria reached out to my office on April 9. Her mom was in a long-term-care facility, Forest Heights, which is now the site of the largest COVID outbreak in all of Waterloo region. On April 9, Maria reached out to my office. Her mother had received a note saying that one resident had contracted COVID-19, had tested positive. She asked if there was sufficient PPE for the PSWs and nurses who were working with her mom. She was told two things. She was told that the N95 mask was too scary because it was clinical, and so that's why those weren't available on the floor, and that the surgical masks were too scary for folks with dementia, who were also part of the residents in Forest Heights. By April 17, 51 residents and 27 staff members had tested positive for COVID-19.

I asked my staff to check the numbers before I got here today. At Forest Heights, 169 residents have tested positive, 68 staff members, and 49 people have died. I don't know how I'm supposed to go back to Kitchener and tell the number of family members who are contacting my office that the government wants to move fast, because these folks want to participate in an inquiry. They want their stories heard.

I've told you about Maria; I'd also like to tell you about Jean. Maria agrees that there needs to be a fully independent, fully public inquiry into what's happening at long-term care, and Jean agrees. Jean wrote to me: "I want to add my voice demanding an independent public non-partisan inquiry into what went wrong in the LTC facilities in this province due to the COVID-19 pandemic.

"I hardly know where to begin but let me tell you my story. I am a retired registered nurse. I worked at Forest Heights LTC for 28 years." I'm going to take portions because she provided quite a bit of detail.

She says, "Seeing the devastation that has happened at my facility has been heartbreaking. We all need to know what went wrong and as we said after SARS never again."

She continues, "Until all the science is in all precautions reasonable should be taken to protect workers. This has not been followed. I volunteered to go back to work in my facility. I asked about PPE. I was told they were wearing surgical masks and goggles. This was April 6th. I said we needed N95 masks. I was told that the" Ministry of Health and Public Health "said the surgical masks and goggles were adequate. What I knew and had been advised by a" health and safety expert was that "this was unacceptable and inadequate. I would not put myself at greater risk.

"When we see the numbers of infection and worse, the deaths, I am confident we will learn we should have had N95s at a minimum....

"Please, this system needs to be overhauled. You need to have the right mix at the table. Do you have the courage to make a change?"

And that's the question. That's literally the question of the day. Does this government have the courage to make a change?

I just want to end with one last thought. In order to lead in this province during this pandemic, you have to have the courage to do something differently. Organizing yourself doesn't do that. Looking outside, independently, and making sure that the right experts are telling you the terms of reference to change long-term care will do that. I hope that, at some point, you folks will see the truth and change your mind and do that for the good of all those that we have lost.

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

Mr. Tom Rakocevic: Thank you to our health care heroes who are on the front lines battling this insidious virus. Today is PSW Day, and I recognize their difficult and important work always, and especially now.

Today, I rise in the House to call on this government to immediately launch a full independent public inquiry of our long-term-care facilities. Sadly, the government is suggesting a commission, which is essentially a backroom-controlled review and certainly does not go far enough.

People in long-term care deserve dignity and respect. To date, over 1,400 long-term-care residents and five workers have died from COVID-19. Right now, there are 189 outbreaks reported in our long-term-care centres across Ontario, including at Hawthorne Place in my riding,

where the military was called in to assist, and nearby Downsview Long Term Care.

This province's long-term-care facilities are home to Ontario's most vulnerable residents, the majority of which are seniors. We owe it to them to get answers of what went wrong and what needs to be done to fix a system that is so tragically failing our most vulnerable. Just as the system has failed our seniors, it has also failed our workers in long-term care through years of underfunding, staffing shortages, weak oversight and regulations and large-scale privatization.

The minister today said that COVID broke the LTC system, but it was broken long before. It has greatly worsened since the late 1990s when the provincial government of the day opened the door for more private for-profit long-term-care facilities, and it is the residents of private long-term-care facilities that have been hardest hit by this virus. The main responsibility of the owners of these private for-profit facilities, many of them large corporations, is to their shareholders—not to the seniors, whom they have a duty to provide care for, and not to the workers at the facilities, who are all too often short-staffed and overworked. And, boy, have they made money on the backs of our seniors.

We heard from many PSWs in private LTC begging for safety equipment that their managers were rationing. Susan Conliffe, a personal support worker who lives in my riding of Humber River–Black Creek, told me that in the privately run facility where she works, there is one nurse and two PSWs for 30 residents, many with complex medical conditions requiring constant care. Because of this, residents who need assistance are often left waiting.

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Those 30 residents are our loved ones, maybe a grandparent or a mom or dad, maybe a friend or once-favourite teacher or coach. But we really don't have to imagine them or their lives there. We just need to wait, because many of us will end up there too. And like my MPP colleagues, I have heard from LTC residents and their families desperately seeking help.

My constituent Sarena Bacchus reached out to me about her father, a resident at a privately operated nursing home, who was recently hospitalized with non-COVID-related pneumonia. She told me that last month, when she had a Skype chat with her father, she could tell immediately that he was not well. He had a breathing apparatus in his nose, and she could tell by the look in his eyes that something just wasn't right. She said that nobody from the nursing home had called to tell her that he was ill, and that she called the nursing home multiple times to check in on him and she wasn't able to get any answers. Yet three days later, she received a call informing her that her father had been taken to the hospital.

When she spoke to the doctors at the hospital, she said they were worried that he might not make it. The resident said that she feels that because of a shortage of staff at the facility and a lack of proper management, her father would have been sent to the hospital for treatment earlier and his condition not have gotten as bad as it did. Sarena called

my office today to let us know her father had died. May he rest in peace, but Sarena will not rest until she gets answers.

Many long-term-care centres also hire many part-time nurses and PSWs rather than full-time employees. A typical part-time PSW at a private LTC makes little more than minimum wage. As a result, many workers are forced to take part-time shifts in multiple long-term-care centres just to put food on their table and a roof over their heads.

Urcilla Rodney, a retired nurse who lives in my community, said that one of the key points of LTC work is to get to know and build a connection with the residents that you care for. Urcilla said that when nurses and PSWs are bounced around to various long-term-care centres, it affects the care of LTC residents and the important relationship-building between health care providers and residents.

She said that caregivers who work in the same facility and take care of the same group of residents on a daily basis are able to get a better sense of each resident's individual needs, and this, in turn, leads to a higher quality of care. Not only did the practice of multiple part-time staff lower the overall quality of care for residents, it also allowed COVID-19 to spread more rapidly through our long-term-care centres.

We in the NDP have long been talking about the many problems that plague our long-term-care system, and we have tried to compel multiple governments to take action to fix the system, which has failed our seniors for too long. We were calling for a public inquiry into our long-term-care system long before COVID-19, and now, with this motion, we are repeating our call for a full independent public inquiry into our long-term-care system.

People like Myrelyn Daley, a resident in my riding, whose sister passed away on April 24 from COVID-19, deserve to know the truth of why this happened. Myrelyn's sister was a resident of a privately owned long-term-care facility, a facility that has seen dozens of lives lost to COVID-19, including a long-serving PSW that worked there. Myrelyn told me that she has been a member of the Salvation Army for 30 years, and she visited the facility a few times over the years to bring cheer to the residents.

Two and a half years ago, when Myrelyn's sister needed to go into a nursing home, she listed the centre at the top of her list because it was close to home and she remembered visiting it. Myrelyn said that almost from the moment her sister had been admitted, she had begun to notice problems due to understaffing. Some mornings, Myrelyn said her sister would call her crying after spending the night in soiled diapers that still hadn't been changed. Her sister claimed that no matter how many times she rang the bell, nobody came. Her sister had to change rooms twice because of other residents attacking her and even disturbing her in her sleep. Eventually, she had to be moved to a different floor. There were other times Myrelyn recalled where her sister would call her crying that she didn't have any water. Her sister did not have full mobility, and the only water she had access to was from a dirty sink in a bathroom shared between her and three other residents.

Then, sometime in late February, Myrelyn told me that she received a call with the terrible news that one of the residents who sits at the same table with her sister had tested positive for COVID-19. Not long after that, Myrelyn's sister also tested positive for COVID-19. Myrelyn said that when she called the nursing home to find out about her sister and what was going on there, she was not able to get any more information. Myrelyn said that by the middle of April, things had gotten really bad for her sister. She said that there were many times her sister would call her on the phone, crying until she almost passed out.

Myrelyn tried calling the nursing home many times, but she wasn't able to get through to anyone. On April 24 Myrelyn's sister was rushed to the emergency department and put on a ventilator. That's when Myrelyn received a call from the hospital informing her that they didn't think her sister was going to make it. Of course, later that day, Myrelyn's sister passed away.

Myrelyn deserves to know answers as to how this terrible tragedy could have happened and how it could have been avoided. The families of Christine Mandegarian, Arlene Reid, Sharon Roberts, Brian Beattie, and an as-of-yet-unnamed LTC worker deserve to know how this terrible tragedy that claimed the lives of their loved ones could have happened.

I urge the government to support our motion and to immediately call for a full, independent, public inquiry so that these families can get the answers they deserve and that we can truly fix the system of long-term care in Ontario. Anything less is an insult to all of those living and working in long-term care, especially those who have lost their lives in this broken system. Our seniors deserve respect and they need our help, so let's help and protect them right now.

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

Ms. Doly Begum: I rise on behalf of the people of Scarborough Southwest to share their stories and ask for a public inquiry into our long-term-care homes.

I want to tell you about Maude Smith, a hard-working woman, a mother, a grandmother, who spent the later years of her life at Orchard Villa. Although she lived in a care home, she relied on family members due to staffing shortages. On multiple occasions, Maude had fallen and had bruises. The family members called it a nightmare when they visited, as they would find her in such terrible conditions. After one specific fall out of her bed, she had a bone exposed and did not receive the support or care that she needed. As her body tried to fight the infection from the fall, she died of sepsis. This was not COVID-19.

Let me tell you about Frances, a woman who worked multiple jobs, from working at a factory to a women's auxiliary. Frances did her best to keep going. For the later years of her life, Frances lived at Strathaven in Bowmanville. Due to inadequate staffing, she also relied on family members, so when her daughter fell ill and was unable to visit, things turned for the worse. Suddenly, Frances had lost her appetite and was getting weaker. You see, Frances had Alzheimer's and had forgotten to swallow, so her

mouth had severe infections from the food that was given days ago. She also had a UTI. At the age of 86, Francis died from complications of multiple illnesses. This was also not COVID-19.

So COVID-19 hit. What happened? Well, let me tell you about Fred. Fred had emigrated from England and worked at a paint company in Canada. He gave his best to this economy. For his later years in life, Fred was at Chartwell long-term-care home in Ajax. Before COVID-19 hit, when the family members had visited, on many occasions they would find him covered in his own feces. When Fred's neighbour contracted COVID-19 and the home had no place to isolate him, the family members called and asked what actions would be taken to protect the residents at this home. Fred's family members, who live in Scarborough Southwest, actually contacted the Premier as well, begging for help, but there was no response or help for Fred. The family was informed that Fred died a few days later.

Mr. Speaker, over the last few weeks, many residents of Scarborough shared heart-breaking stories, and their pain and grief. I wish I could share so many of these stories, but with my limited time I cannot, so let me just share with you the numbers in these homes and what's happening in Scarborough, because we lost far too many lives.

In Ina Grafton Gage Home, in Seven Oaks, in Extendicare Guildwood and Altamont Care Community, we lost over 133 lives. On top of that, there are about 205 residents right now battling COVID-19 in these homes. As we celebrate the caregivers on Personal Support Worker Day—the very people we are calling our heroes—let's not forget that these PSWs, these caregivers, have also lost their lives working and trying to take care of our loved ones in these homes. Our government has failed to protect them as well.

Our government has failed to protect PSWs like Christine Mandegarian, who worked at Altamont Care Community and lost her life after contracting the virus. Christine gave 31 years of her life to take care of our seniors.

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In each of these homes, there are about 128 caregivers right now who have contracted COVID-19 from doing their job and putting their lives at risk for a job for which they did not get paid enough and the benefits that they truly deserved. This is the result of not just COVID-19 but rather years of neglect. This is why we need a public inquiry to bring forth the truth.

When the Mike Harris Conservative government privatized our care homes, they made the care of our loved ones and our parents and our grandparents about profit and not the quality of care.

When the Liberals were in government—and many members who are sitting in this House still—they cancelled hands-on care in this province. Things like dressing, like brushing, like toileting, helping them get back up: They made this worse.

When the previous Liberal government switched to something called light inspections in over 500 homes in Ontario when we knew that full inspection was already not enough, according to the Auditor General—I don't even know what light inspection is—they made things worse.

When this government came into power, they scaled back the inspections. In 2018, we have about half of the inspections. And in 2019—I cannot even believe that we had nine inspections in 2019.

During COVID-19, this government's slow response was also just inexplicable. The lack of testing and the delay in getting the results of residents—there was no testing for staffing for a long time; we had to push for that. And there was no PPE. I had to get donors and community organizations to find PPE to donate to many of these homes. And then the fact that we had to call in the armed forces to address the staffing shortages that we're facing in long-term care—what we really needed was a minimum standard of care, something we had been calling for for years.

For years, we knew that long-term care was in a dire condition. And it's sad that it took a pandemic and so many deaths to get the serious attention that it needs. And that's why we need to have a public inquiry that is not commissioned by this government, that's not headed by friends of our Premier, that is non-partisan and one that will do justice to the lives that we lost and to the family members in our communities.

So today I ask every member in this House to listen and take action, Speaker. It's already too late. Let's not make it worse.

The Speaker (Hon. Ted Arnott): Further debate? The member for Ottawa Centre.

Mr. Joel Harden: Thank you, Speaker. It's a pleasure to see you again in the chair. Colleagues, it's nice to see you again. I wish it was under different circumstances.

What I can say from the bottom of my heart in the amount of time that I have is that it was an interesting car drive from Ottawa down to Toronto as I was trying to figure out the politics of this week. On Saturday, the long-term-care association, which represents about—70% of their membership is the for-profit large homes, who have faced a fair amount of acrimony from the people who have spoken today.

We're in favour of a public inquiry. So I was asking myself, "What's going on?" In my life as a political campaigner, what I'm used to seeing sometimes is that people you're trying to call into question will run to the front of the parade and sit down. Was that going on? Oh, no; the headline changed this morning, Speaker. This morning, that same organization has agreed to what my friends in government have proposed: this commission.

Unfortunately, what I think will happen here—and I do mean "unfortunately"—is that my friends in government will find out quickly enough that you cannot duck this bullet. You cannot. Right now, scratching their pens across this country are investigative reporters who are digging to the bottom of this. The things that have already been discovered in my own city, where we just found out that

we've crossed the threshold of 200 deaths in the city of Ottawa: Some 70% of those deaths come from four homes—four.

Before I say anything further to disparage the staff in these homes, let me make it very clear: There are people at these four homes in Ottawa right now who have been working flat out seven days a week for six weeks to keep people safe, so I am not disparaging the people who work in these homes. But you'd better believe—I'm saying on the record today—that the decision we made in this province decades ago that the long-term-care sector would, as of now in 2020, be 58% produced by for-profit entities was a catastrophic decision. That isn't to say that there aren't some for-profit organizations out there that do a decent job. But right now in Ottawa, 70% of the deaths are linked to four homes.

Christine Collins has a brother in one of those homes. She contacted our office. It's not a home in Ottawa Centre; it's next to me, in the riding to the west of me, Ottawa West—Nepean. There are 303 beds in this home, 147 residents who tested positive and 75 staff who tested positive—43 deaths.

Christine's brother gets transferred there from the civic hospital, which is in Ottawa Centre. He gets transferred there on April 1. On April 23, a resident from this particular home is transferred into urgent care, put on a ventilator, and then the next day, Christine is told her brother has COVID.

Her brother has dementia. He's 68 years old. He has lived with a bunch of trauma for most of his life. You can imagine what's running through her mind. She's trying to call the home to find out what's going on. The staff are run off their feet. She can't get anybody calling her back. But do you know who always returned her calls every single time? Any time she called about the bill, any time she wanted to know how much money they owed Revera for the care, an immediate call back: "Do you need to be put on a payment plan?" That's where we're at. It's a really sad and twisted reminder of where we're at.

Let me be very clear: As I've said in the House before and many of my friends from all over this House have said already, this country was built by seniors, built by veterans and the people who stayed at home while the war against intolerance was being fought overseas. They came home, many of them disabled, and they asked us to make sure we were going to create a just, equal-opportunity society where everybody had a decent shot at a decent life. I will say in this space today, as the disabilities critic, as the seniors' critic, that we've broken that trust, and as a Legislature, we have to get it back. We have to get it back.

I want to end by quoting the words of Teresa—sorry—Pat Armstrong; Teresa Armstrong is our critic for long-term care. Pat Armstrong is one of Canada's foremost researchers into long-term care. She has a study that's coming out that's a comparative analysis of seven different places around the world that do long-term care. Do you know what one of the insights was that she took from a different jurisdiction than ours, Germany? They told her, "Pat, do you know what we believe in? We

believe we have to put life into years and not years into life. We have to make the places where people who are in vulnerable positions, whether they're disabled or whether they're seniors—we have to make them joyful. We have to make them fun. We have to make them part of our community again.”

The thing about an inquiry: What it would actually require us to do is not just look at all of the awful decisions that were made. I would hope that it would also require us to think about the kind of long-term-care and assisted-living system we want to build. That's why we can't be in a rush. We ought not to be in a rush. People don't pay us to be here to react to the latest sound bite in the media; people pay us to make smart decisions on their behalf.

So let's commit, I hope, to a public inquiry today. If we don't do it, Speaker—this is what I fear my government friends don't understand—the truth will come out. Anybody in this place who took a donation from an operator in the for-profit industry and calls PSWs heroes—you'd better believe that in Ottawa Centre, we're going to be knocking on a door and talking about how your government is aiding and abetting the very people who are hosing personal support workers in the workplace every single day.

I, as a member in this place, want to see a long-term-care system where PSWs are not given rhetoric; they are given a consistent wage subsidy, access to full-time jobs, told that they don't have to be subjected to violence on the job. They're given a job to believe in, because they have real and important skills that ought to be fairly compensated.

Thank you for the time to speak today, Speaker. Please, colleagues, vote in favour of this motion.

1640

The Speaker (Hon. Ted Arnott): Further debate? The member for University–Rosedale.

Ms. Jessica Bell: Thank you, Speaker, and thank you also to the MPP for Ottawa Centre for telling us what's happening in your riding. There's no question that the COVID-19 pandemic has hit our most vulnerable worst and first, and no one has been more impacted than the seniors and workers in our long-term-care homes.

I reached out to many of the long-term-care homes in my riding and asked them how they were doing and if they needed help. This is what I discovered: It was very clear very early on that personal protective equipment was in short supply. Rationing was happening. Workers did not feel safe. Seniors did not feel safe. It was also very clear that in many homes, staff were not being trained in how to put on and take off PPE, putting themselves and residents at risk. It was very clear that there were massive staffing shortages.

I worked fairly closely with Mon Sheong family council chair Helen Lee, and she talked about how there was one night when there were only two staff in residence for the entire facility—105 residents and two staff. That's a recipe for spread, and that's exactly what happened.

It's also very clear, as we've heard from numerous legislators today, that the issues that our long-term-care

homes are facing right now were problems that were years in the making. There has been societal neglect of our seniors. There has been chronic underfunding of our long-term-care homes. There has been a decision to ignore the very real needs of our residents and the care that is required to keep them well. Our MPP for Sudbury talked frequently about how there is a need for a minimum standard of care, how there is a need for four hours of care per person, and that request has been ignored.

There have also been the long-term consequences of privatizing care. This has been raised by the Ontario Health Coalition. It has been raised by other legislators today who have looked at the numbers, and it's pretty clear why that happens: because when you privatize, it means that owners and shareholders make a profit from providing care to vulnerable people and struggling families. It means that shareholders are incentivized to keep wages low. It means that shareholders are incentivized to keep workers on temporary or contract or casual employment so that they don't have to pay them benefits, which we all know they deserve. It means shareholders are incentivized to keep staffing levels low, which means that corners are cut and the care that our residents deserve—they're not getting that. It is a system-wide problem. COVID-19 has struck, and it has made the system-wide problem even worse. It hasn't created the problem; it has made it worse.

I want to read some of the letters that some of the residents in my riding have emailed to me in the last week or so. One is from Virginia Thomson. She visited her mother almost every day and was a member of the family council for some time for the long-term-care home that her mother lived in for six years. Her mother has since passed. She uses that example to talk about her own personal experience and expertise with a long-term-care home. She says that she finds it tragic and unforgivable that many advocates for seniors have spoken out forcefully about the many shortcomings of long-term care before the pandemic. She talks about how it is a patchwork of different providers with a lack of clear regulation. She feels strongly that care for our parents should not be part of the for-profit sector, and she is calling for a full and open inquiry.

This is a letter that I received from Rockie Cheng. Rockie Cheng's mother, Mrs. Lucia Ting Ho Choi, is currently living at Mon Sheong D'Arcy Home for the Aged, which is one of the long-term-care facilities in my riding that has had one of the worst outbreaks in Ontario. She is a current resident, and fortunately she is negative. However, she is residing on a floor where two-thirds of the residents are positive and 66% of them have already passed away. Rockie asks us to put ourselves in his shoes and try to imagine what it is like for him to know that his mother is on a floor where 66% of the people who had COVID-19 have already passed away. It's a 38% mortality rate, he calculates. He says, “We have failed our seniors. This government has failed our seniors and our families.” It's important that I read that out today.

Finally, I'd like to read out an email that was sent to me from an M. Chan, who is also calling for a public inquiry and whose grandmother was a resident in my riding as

well. His grandmother passed away from COVID-19 at a long-term-care home in Mon Sheong. He says approximately half of the residents in the home contracted COVID-19 and he suspects that “these numbers would be even higher if the testing guidelines were not so restrictive and passive,” which they were in the beginning. There has been some improvements, but in the beginning, staff and residents who were asymptomatic or not showing symptoms were not being tested. He says, “It has been heartbreaking to see the outbreaks in LTCHs in Ontario, which is a tragedy of epic proportions.” Please “do not continue to fail our seniors and repeat our mistakes.”

This government has called for a commission. Here is the problem with the commission: It isn't independent, as many legislators have said today. You get to appoint your panel. You get to set the rules. You get to control the information. That's not the purpose of a public inquiry. The purpose of a public inquiry is to find out what went wrong and why, and to fix our long-term-care-home system.

There is nothing stopping this government from doing the right thing now. This government could increase personal support care workers wages today. You could ban private long-term-care homes. You could pay benefits to staff. You could stop staff from working in multiple care homes, not just now but moving forward. You could do the right thing. Nothing is stopping you from doing it. Please do the right thing for families and seniors in Ontario.

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

Ms. Peggy Sattler: I rise today to participate in this important debate after a difficult week for my community. London lost two health care workers last week to COVID-19. Both of them worked in a long-term-care facility. Brian Beattie was a devoted and well-liked RN, the first RN in Canada to lose his life to COVID-19. He worked at Kensington Village, a home that has been in outbreak since April 3. Six and a half weeks later, the outbreak is still ongoing. At Kensington Village, eight staff have tested positive and five residents have lost their lives.

Maria also died last week. She was a much-loved PSW who had worked for 16 years at Sisters of St. Joseph's long-term care, a facility that has been in outbreak since April 17. That outbreak is also ongoing. Maria is at least the sixth PSW in Ontario to lose her life to COVID-19.

Speaker, today is personal support worker appreciation day. In honour of Maria and in honour of all of the PSWs who really are the true front-line heroes of our long-term-care system, we have an obligation to give them not just our appreciation but to give them the respect that they deserve, the wages that they deserve, and the compensation that reflects the responsibilities that they carry, the trust that their family members place in their hands to care with dignity for their loved ones. They need access to full-time work. They need PPE to protect them while they are doing this work. They need opportunities to provide the quality of care that they were trained to provide and that they desperately want to provide to the residents that they support.

For PSWs right now, if the government doesn't want to give a permanent wage increase, they could at least extend pandemic pay to those PSWs who work for an agency but serve in a long-term-care facility. Those PSWs are excluded from the pandemic pay program, and it is absolutely unacceptable.

Speaker, in London and in communities across this province, a new COVID-19 case is reported almost every day inside a seniors' care facility. We have at least 15 homes in the city of London that are in outbreak. Many of those outbreaks are in retirement homes that are adjacent to long-term-care homes, and outbreaks have been reported on both sides of those buildings.

The first case in London was reported at Henley Place long-term care on March 28. That was only resolved last week, Speaker, on May 17. We had an outbreak at Mount Hope Centre for Long Term Care that was resolved on April 30, but a new outbreak has now been declared as of May 16.

1650

Speaker, the numbers of cases in London, the numbers of residents and staff who have been affected by COVID-19, may not be as great as in other areas of the province, but I can tell you that those 28 families whose loved ones have died of COVID-19 in a seniors' care facility in London deserve answers. They deserve an independent, fully transparent public inquiry, not the commission that has been proposed by this government.

I want to share some of the stories of people in London who have loved ones in long-term care. Ron is a London West constituent whose parent was in a London long-term-care home. Ron became so concerned about the quality of care that his parent was receiving that he actually filed a formal complaint with the ministry. The ministry sent in an inspector. A report was issued in June 2019. Ron's family contacted the LHIN about the report, that had identified errors in the kind of care that his parent was receiving, and the LHIN, in what was rather extraordinary, declared that Ron's parent would be designated as “in crisis” so that he could be moved to another long-term-care facility. When these facilities are supposed to have oversight from the Ministry of Health, Ron asks why we are allowing a system where one facility in London is so bad that a resident has to be moved to another facility in the same community. These are the kinds of questions that a full public inquiry could look at.

I want to share some of the feedback I got from Marilyn. She's a retired nursing manager with 38 years of experience in health care. She has a husband who is in long-term care. She's a co-chair of the family council at his home. She says there are three main problems that need to be addressed: lack of staff, the need for private rooms, and most of all, the need to look at non-profit status. She says all long-term-care homes should be non-profit. Nobody should be in the business of making money from these vulnerable seniors.

I've heard the government say that the reason we can't go ahead with a public inquiry is because it would take too much time. In Walkerton, they didn't wait to deal with the

tainted water until the results of the inquiry were finished. They dealt with the problems, and they had an inquiry. There's no reason why we can't do this in Ontario as well.

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

Mr. John Vanthof: It's an honour to rise today, on behalf of the residents of Timiskaming–Cochrane, and add my voice to the NDP motion presented by our leader, Andrea Horwath, for a full public inquiry into, I'd say, the carnage that has happened in the long-term-care system and that continues to happen.

It's very important that we have a long-term inquiry into what happened. Yet on the other side, we hear, "Oh, we'll do a commission because we don't have time for an inquiry." A very good point was just made by my colleague: You don't have to wait to fix the obvious problems. The true reason for the inquiry is to find out why you got here, what the root causes are. We see the holes. We can fix the holes. We can fix them very quickly. We can fix some of the holes immediately. We could fix them tomorrow. But the root cause of why is going to be taking a little bit longer.

I'm surprised that the government is fighting this, because, through this pandemic, they have gained some credibility, that they actually listen to experts, and they're about to blow it with this. They're about to blow it with this underhanded attempt at not giving the people what they need but what they think they want. That is a huge problem for the government, because at the end of the day, it will come out. But if we do an inquiry and actually look for the why, not the what and the how, and have people who don't have a political interest on either side—under your commission, you're picking the terms of reference, you're picking the scope and you're picking the participants, and then you're expecting people to believe, "This doesn't have any political tones to it at all." Come on. Come on.

I'd like to switch gears. This is PSW recognition day. I have one PSW I'd really like to recognize. Her name is Cheryl Proctor. We thankfully haven't suffered as much from COVID-19 as the rest of the province yet. But in November, I shadowed Cheryl at Extencare in Haileybury from 7 to 11. And that's when I found out that at Extencare in Haileybury—and it's a pretty-well-run home—they have seven minutes to get a resident up, clean and into the dining room. Before resident number 2, Cheryl was already five minutes behind—and thankfully, Cheryl and her colleagues treated those people with respect. But the system sure didn't.

That's something that we could fix right away. The member once said they were six weeks late with the \$4 pandemic pay. No, no, they're not six weeks late. You're about 15 years too late. Pay them what they're worth. Pay them what they're worth.

In the lunchroom, they were talking about how they don't really like getting co-op students anymore. Do you know why they don't like getting co-op students? Because co-op students come, they see how much work they have to do, how much they're going to get paid, and they quit

the course. Pay these people what they're worth. You can do that tomorrow.

But the question of why did we get here, that's a question we have to think of very carefully long-term. That's why we need an inquiry. Nothing less for the people of Ontario will do, and for the people like Cheryl who work and risk their lives, and the people who have given their lives.

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

Hon. Paul Calandra: I'll only take a couple of minutes of the House's time to add a few words to this debate. I appreciate the opportunity to speak.

At the outset, let me just say just how proud I am of the people in my own riding who work in long-term-care and retirement homes, congregate care facilities. My riding is home to Markhaven, where there was an outbreak, and Participation House, where there was an outbreak. In these facilities, these are people who have gone above and beyond the call of duty, and have constantly gone above and beyond the call of duty, to ensure that the people they care for are safe.

Now we are dealing, of course, with a global pandemic that sees, I'm told, close to five million people across the globe who have been impacted by this. We've seen across jurisdictions, multiple jurisdictions in Canada and across the globe, where long-term-care facilities and facilities such as the ones that we are debating today have faced some of the same problems.

That doesn't mean, of course, Mr. Speaker, that we shouldn't look at ways of improving the system. In fact, I would say that that is something that we started right from the beginning. That was a priority of this Premier. It was a priority of this government. We took action right away, not only just about building new long-term-care spaces—because that's really not what we're talking about right now. We know that there was a long period of time when long-term care was not the focus of this Legislature. I think all governments and all parties are aware of that. But it's something that we looked at right away.

The Premier said that we were going to make some important investments in long-term care, and we've started on those investments. The Minister of Health talked about changing the way health care is delivered in the province of Ontario, and the move to Ontario health teams, which would see an envelope or curtain of care around facilities like in my riding, the Ontario health team in my riding—which includes long-term care, which includes Participation House. We were transitioning to that, Mr. Speaker.

Of course the opposition didn't support that transition then, and they still don't support that transition, despite what they're saying today when it comes to this motion. So we knew that things had to change before COVID-19 hit.

The NDP today like to absolve themselves. Because they have not been in government for so long, they like to say, "Well, it's not us. We didn't do it. It has got nothing to do with us." I have always submitted that the fact that

they're never in government is because the people never have trust in the NDP.

1700

But they did have an opportunity, when there was a Liberal minority government. They held the balance of power in this place. They had the opportunity then to make long-term care a priority. They didn't. They could have said to the Liberal government then, "We will support you, we will keep you in office, if you put more money into long-term care, if you do something about PSWs, if you do something about personal protection," so that we make sure that if something like this happened again, we would have the equipment that they needed. Did they do that, Mr. Speaker? No. And that is a failing of this entire Legislature; it's a failing of all members.

What we're seeing today happen in the province of Ontario isn't something that this government or the Minister of Long-Term Care is responsible for. We all share the burden of having failed people who did so much for this province. That is why we are moving very quickly. That's why we made it a priority, upon getting elected, to move very quickly to help fix some of the problems in long-term care, to change the way health care was delivered in this province, so that these types of things would not happen again.

When they had the opportunity in government, for those five horrifying years for the people of the province of Ontario, did they do anything? No. When they held the balance of power, did they do anything? No. When we came back to this place on March 19, the 25th, on April 14, on May 12, on May 19—every single thing that we have brought to this House related to COVID has passed unanimously, including the support of the NDP opposition for our financial statement that happened on March 19.

When is the last time that the NDP has supported a Progressive Conservative budget in the province of Ontario? In my lifetime, I don't remember, but when it came to this, they supported it.

Did they talk about COVID-19 on the 19th? No. Did they talk about long-term care on the 19th? No. Did they bring anything up on the 25th? No. On the 14th? No. On May 12? No. On May 19? No. At no time have they made long-term care an issue, until they had the forum of a partisan debate in the Legislative Assembly of the province of Ontario that they could lead. That is where we're at today.

The Premier has announced that we will have an independent commission to look at how we can make the system even better. They don't know who is going to sit on the commission, but already, before—and that's typical. It is typical of the NDP. Usually, they reject our budgets before they have even read them. A day or two in advance, they will have rejected our budget. Not this one. I congratulate them that, on the economic statement that the finance minister brought forward, they were supportive of it. But when we brought to this House important legislation on health care, which would have made serious and real progress on long-term care, on making sure the things that we're seeing today—they voted against it.

When we brought to this Legislature increased funding to build long-term care, they voted against it, Mr. Speaker.

But they recognize the fact that when this House had to start dealing with COVID-19—they recognized the fact that this government was doing a good job on behalf of the people of the province of Ontario. And we did a good job—not in isolation. We did a good job because others helped us. When we brought a bill forward, to their credit, the Liberals and the Greens always amended the bill. They made sure that nothing came to this House that wasn't changed to respect some of the things that their constituents wanted. And the government responded by passing bills that were amended by those members.

In this debate today, we were made certain assurances: "It won't be a partisan debate. We'll only speak for a certain amount of time." We've made those decisions in co-operation. So some people at home may be looking and saying, "Well, why haven't Conservatives been speaking to this debate all day?" because, yet again, the NDP chose to turn this into a partisan debate as opposed to looking at what's important. So any agreements that you have with them are never respected—never respected.

Mr. Speaker, I say to you this: On this side of the House—and I know all members, outside of the partisan rhetoric of some of the parts of the debate—obviously, we all want our long-term-care facilities to be the best facilities not only in Canada but in the world. People want to know that what they're paying for—that their parents and their grandparents are taken care of. Can we make the system better? Yes. Are some of the things that we're doing to transition—will that help make the system better? Yes. Has the fact that a global pandemic has closed down the entire global economy had an impact? Yes. Obviously, Mr. Speaker, it has.

That's why this government wanted to do more PSWs. That's why we asked the federal government, "Help us bring more PSWs to the province of Ontario." We're building new homes. We need to have people work those homes. Perhaps it wasn't a priority then, but do you know what, Mr. Speaker? We have understood and we understand from our federal partners that it will be. We have been working together in a way that I think most Ontarians will be proud of.

We don't always have to agree on everything, and certainly during this time we haven't, but what you saw here today was the first opportunity to sink to partisan nonsense. The NDP were the first ones to do it, yet again absolving themselves of any responsibility—for what, I don't know, because we all have that responsibility. We're sitting in here, elected to make changes, to do things. Do they think that by absolving themselves of any responsibility, the people of the province of Ontario are going to say, "Ah, that wasn't the NDP"? Do you think the people of the province of Ontario care? They don't. They would have rather spent two hours, three hours, four hours or whatever it has been today dealing with important issues to make the system better. That's what they would have rather been talking about, not listening to partisan rhetoric that we've heard today.

Mr. Speaker, I say in summation here that this government—and all members; I have no doubt that all members on both sides of the House care passionately about improving long-term care. I have no doubt that all members are passionate in their desire to see retirement homes and services for the people who helped build this province made better. But I also know that the people of Ontario, the people whom I'm speaking to—what they've been saying is, "Work together to make the system better." That's what they've been saying, and they've been proud of this Legislature. They've been proud of all members of this place for doing that since March, and they want us to continue to do that.

We're not going to stop improving long-term care. We're not going to stop the transition to Ontario health teams. We're going to keep doing it, and we're going to make the system better.

Obviously, when you hear what you've heard today—and even the way, colleagues, that the motion was written, it is as though the NDP cannot help themselves but to lower themselves to ugly partisan politics every time. If you don't agree with some of the things that we have been doing, fine; get up and talk about it. But they can't even write a motion in the spirit that this place has been working since March, and they thought that we would just stand up here and say nothing because we want to keep working together.

We do want to keep working together, Mr. Speaker. Every single one of us on this side and, I have no doubt, some of the members on that side want to keep working together, and we have dropped the nonsense that we had seen leading up to this. When we rise in this place today as Conservatives and vote against this motion, we will do it proudly, knowing that we are making a difference right away, knowing that we have made changes right away, but with the knowledge that we have to do better, that we can do better and we will do better; with the knowledge that the Premier, the Minister of Health and the Minister of Long-Term Care, supported by a Minister of Finance and an entire Conservative caucus who want to do better for our parents and for our grandparents, will be seized with this and we will not stop until we do better. Political rhetoric and nonsense aside, I can assure the people of the province of Ontario that this government will continue doing what it needs to do to make long-term care better for all of the people of the province of Ontario.

With that, I thank you very much, Mr. Speaker, for giving me the opportunity to say a few words.

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

The Leader of the Opposition has the right to reply. But before I recognize her, I will remind the government side that you still have some time left, but once I recognize her, that concludes the debate after she responds to the speeches that have been made this afternoon.

Further debate? I recognize the Leader of the Opposition.

Ms. Andrea Horwath: It's certainly my pleasure to remind folks why we're here. We're not here for the

government House leader to tell a tale about things that he knows nothing about, frankly, but we can get some Hansards to show exactly the work that we've been doing for many, many, many years in this Legislature on behalf of the people who are residents of long-term care, as well as all of the family members.

But what's really important today is that the people of this province get what they deserve, and what they deserve is a full, independent, public inquiry into the long-term-care system, into how it failed us for many years, leading up to being in such a crisis that it has caused the deaths of, at this point in time, 1,919 people and counting, who are residents of long-term care. That's what this debate is about.

The tale that was woven by the House leader on the government side is nothing short of shameful, and they are only using that kind of language and behaving in that way and making false accusations in that way to support their—

Hon. Paul Calandra: Can't help yourself, right?

The Speaker (Hon. Ted Arnott): Order.

Ms. Andrea Horwath: I'll withdraw, Speaker.

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

Ms. Andrea Horwath: To support their belief that the right thing to do is to simply have a backroom kind of deal cooked up with some commissioner or some commission that will justify everything they've already said and done and will justify recommendations that they already have written.

The bottom line is that we deserve better than that. The people of Ontario deserve better than that. A full public inquiry that can subpoena witnesses, that can compel documents, that is truthful and honest and open is the only thing that this government should be—

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

Ms. Horwath has moved opposition day number two. Is it the pleasure of the House that the motion carry? I heard some noes.

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.

Call in the members. This will be a 10-minute bell.

The division bells rang from 1713 to 1723.

The Speaker (Hon. Ted Arnott): Order. Ms. Horwath has moved opposition day motion number 2. All those in favour of the motion will please rise one at a time and be recognized by the Clerk.

Ayes

Armstrong, Teresa J.	Gates, Wayne	Mamakwa, Sol
Begum, Doly	Gélinas, France	Rakocevic, Tom
Bell, Jessica	Harden, Joel	Sattler, Peggy
Coteau, Michael	Horwath, Andrea	Schreiner, Mike
Fraser, John	Hunter, Mitzie	Vanthof, John
French, Jennifer K.	Lindo, Laura Mae	Yarde, Kevin

The Speaker (Hon. Ted Arnott): All those opposed to the motion will please rise one at a time and be recognized by the Clerk.

Nays

Baber, Roman	Cuzzetto, Rudy	McKenna, Jane
Bailey, Robert	Gill, Parm	Pang, Billy
Bouma, Will	Harris, Mike	Piccini, David
Calandra, Paul	Ke, Vincent	Rasheed, Kaleed
Cho, Stan	Khanjin, Andrea	Skelly, Donna
Coe, Lorne	Martin, Robin	Smith, Dave
Crawford, Stephen	Martow, Gila	Triantafilopoulos, Effie J.

The Clerk of the Assembly (Mr. Todd Decker): The ayes are 18; the nays are 21.

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

Motion negatived.

The Speaker (Hon. Ted Arnott): This House stands adjourned until tomorrow at 10:15 a.m.

The House adjourned at 1725.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lieutenant Governor / Lieutenante-gouverneure: Hon. / L'hon. Elizabeth Dowdeswell, OC, OOnt.
Speaker / Président: Hon. / L'hon. Ted Arnott
Clerk / Greffier: Todd Decker
Deputy Clerk / Sous-greffier: Trevor Day
Clerks-at-the-Table / Greffiers parlementaires: Tonia Grannum, Valerie Quioic Lim, William Short
Sergeant-at-Arms / Sergente d'armes: Jacquelyn Gordon

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Anand, Deepak (PC)	Mississauga—Malton	
Andrew, Jill (NDP)	Toronto—St. Paul's	
Armstrong, Teresa J. (NDP)	London—Fanshawe	
Arnott, Hon. / L'hon. Ted (PC)	Wellington—Halton Hills	Speaker / Président de l'Assemblée législative
Arthur, Ian (NDP)	Kingston and the Islands / Kingston et les Îles	
Baber, Roman (PC)	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	President of the Treasury Board / Président du Conseil du Trésor
Bisson, Gilles (NDP)	Timmins	Opposition House Leader / Leader parlementaire de l'opposition officielle
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 Without Portfolio / Ministre sans portefeuille 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, Stan (PC)	Willowdale	
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	
Coteau, Michael (LIB)	Don Valley East / Don Valley-Est	
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	Associate Minister of Children and Women's Issues / Ministre associée déléguée au dossier de l'Enfance et à la Condition féminine Minister Without Portfolio / Ministre sans portefeuille
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	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
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 Long-Term Care / Ministre des Soins de longue durée
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
Gill, Parm (PC)	Milton	
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, Hon. / L'hon. Ernie (PC)	Oxford	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
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 / Solliciteure générale
Kanapathi, Logan (PC)	Markham—Thornhill	
Karahalios, Belinda C. (PC)	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, Jane (PC)	Burlington	
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	
Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Natyshak, Taras (NDP)	Essex	
Nicholls, Rick (PC)	Chatham-Kent—Leamington	Chair of the Committee of the Whole House / Président du comité plénier de l'Assemblée Deputy Speaker / Vice-président
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
Park, Lindsey (PC)	Durham	
Parsa, Michael (PC)	Aurora—Oak Ridges—Richmond Hill	
Pettapiece, Randy (PC)	Perth—Wellington	
Phillips, Hon. / L'hon. Rod (PC)	Ajax	Minister of Finance / Ministre des Finances
Piccini, David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Energy, Northern Development and Mines / Ministre de l'Énergie, du Développement du Nord et des Mines Minister of Indigenous Affairs / Ministre des Affaires autochtones
Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa- Ouest—Nepean	
Romano, Hon. / L'hon. Ross (PC)	Sault Ste. Marie	Minister of Colleges and Universities / Ministre des Collèges et Universités
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	Associate Minister of Small Business and Red Tape Reduction / Ministre associé délégué au dossier des Petites Entreprises et de la Réduction des formalités administratives Minister Without Portfolio / Ministre sans portefeuille
Sattler, Peggy (NDP)	London West / London-Ouest	Deputy Opposition House Leader / Leader parlementaire adjointe de l'opposition officielle
Schreiner, Mike (GRN)	Guelph	
Scott, Hon. / L'hon. Laurie (PC)	Haliburton—Kawartha Lakes—Brock	Minister of Infrastructure
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (LIB)	Glengarry—Prescott—Russell	
Singh, Gurratan (NDP)	Brampton East / Brampton-Est	
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 Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	Associate Minister of Transportation (GTA) / Ministre associée des Transports (RGT) Minister Without Portfolio / Ministre sans portefeuille
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Nina (PC)	Mississauga—Streetsville	
Taylor, Monique (NDP)	Hamilton Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
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 Minister Without Portfolio / Ministre sans portefeuille
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	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Walker, Hon. / L'hon. Bill (PC)	Bruce—Grey—Owen Sound	Associate Minister of Energy / Ministre associé de l'Énergie Minister Without Portfolio / Ministre sans portefeuille
West, Jamie (NDP)	Sudbury	
Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	
Yakubski, Hon. / L'hon. John (PC)	Renfrew—Nipissing—Pembroke	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
Yurek, Hon. / L'hon. Jeff (PC)	Elgin—Middlesex—London	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs

**STANDING COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS DE L'ASSEMBLÉE LÉGISLATIVE**

Standing Committee on Estimates / Comité permanent des budgets des dépenses

Chair / Président: Peter Tabuns
Vice-Chair / Vice-président: Wayne Gates
Lorne Coe, Wayne Gates
Randy Hillier, Andrea Khanjin
Jane McKenna, Judith Monteith-Farrell
Michael Parsa, Randy Pettapiece
Kaleed Rasheed, Peter Tabuns
Effie J. Triantafilopoulos
Committee Clerk / Greffier: Isaiah Thorning

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

Chair / Président: Amarjot Sandhu
Vice-Chair / Vice-président: Jeremy Roberts
Jill Andrew, Ian Arthur
Stephen Blais, Stan Cho
Stephen Crawford, Catherine Fife
Randy Hillier, Mitzie Hunter
Andrea Khanjin, Sol Mamakwa
David Piccini
Committee Clerk / Greffière: Julia Douglas

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

Chair / Présidente: Goldie Ghamari
Vice-Chair / Vice-président: Daryl Kramp
Robert Bailey, Jessica Bell
Goldie Ghamari, Chris Glover
Mike Harris, Daryl Kramp
Sheref Sabawy, Amarjot Sandhu
Mike Schreiner, Jennifer (Jennie) Stevens
Daisy Wai
Committee Clerk / Greffière: Valerie Quioc Lim

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

Chair / Président: John Vanthof
Vice-Chair / Vice-président: Taras Natyshak
Will Bouma, Lorne Coe
Rudy Cuzzetto, Taras Natyshak
Rick Nicholls, Billy Pang
Marit Stiles, Nina Tangri
John Vanthof
Committee Clerk / Greffier: William Short

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

Chair / Président: Roman Baber
Vice-Chair / Vice-présidente: Effie J. Triantafilopoulos
Roman Baber, Will Bouma
Parm Gill, Natalia Kusendova
Suze Morrison, Lindsey Park
Gurratan Singh, Effie J. Triantafilopoulos
Kevin Yarde
Committee Clerk / Greffier: Christopher Tyrell

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

Chair / Président: Kaleed Rasheed
Vice-Chair / Vice-président: Vijay Thanigasalam
Rima Berns-McGown, Michael Coteau
Faisal Hassan, Logan Kanapathi
Jim McDonell, Christina Maria Mitas
Sam Oosterhoff, Kaleed Rasheed
Sara Singh, Donna Skelly
Vijay Thanigasalam
Committee Clerk / Greffière: Valerie Quioc Lim

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

Chair / Présidente: Catherine Fife
Vice-Chair / Vice-présidente: France Gélinas
Deepak Anand, Jill Andrew
Toby Barrett, Stan Cho
Stephen Crawford, Catherine Fife
John Fraser, France Gélinas
Christine Hogarth, Norman Miller
Michael Parsa
Committee Clerk / Greffier: Christopher Tyrell

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

Chair / Président: Deepak Anand
Vice-Chair / Vice-président: Will Bouma
Deepak Anand, Toby Barrett
Will Bouma, Stephen Crawford
Mitzie Hunter, Laura Mae Lindo
Gila Martow, Paul Miller
Billy Pang, Dave Smith
Jamie West
Committee Clerk / Greffier: Isaiah Thorning

**Standing Committee on Social Policy / Comité permanent de
la politique sociale**

Chair / Présidente: Natalia Kusendova
Vice-Chair / Vice-président: Aris Babikian
Aris Babikian, Jeff Burch
Amy Fee, Michael Gravelle
Joel Harden, Mike Harris
Christine Hogarth, Belinda C. Karahalios
Terence Kernaghan, Natalia Kusendova
Robin Martin
Committee Clerk / Greffière: Tonia Grannum