

Legislative  
Assembly  
of Ontario



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(Hansard)**

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Mercredi  
24 novembre 2021

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Clerk: Todd Decker

Président : L'honorable Ted Arnott  
Greffier : Todd Decker

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LEGISLATIVE ASSEMBLY  
OF ONTARIO

Wednesday 24 November 2021

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Mercredi 24 novembre 2021

*The House met at 0900.*

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

*Prayers.*

ORDERS OF THE DAY

THRONE SPEECH DEBATE

Resuming the debate adjourned on October 28, 2021, on the motion for an address in reply to the speech of Her Honour the Lieutenant Governor at the opening of the session.

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

**Mr. Sol Mamakwa:** Meegwetch, Speaker. *Remarks in Oji-Cree.* It's always an honour to be able to get up in this place to talk about some of the things we face as Indigenous people. It's also an honour to represent the constituents of Kiiwetinoong regarding the motion, but also the throne speech itself.

I know that sometimes when I listen to the debates I get so convinced that there's change coming, but the actions look very different. I was here when we listened to the throne speech. I'm going to read out the piece of it that I'm going to speak about:

"Your government will also continue to engage with Indigenous communities in true partnership as we continue the work toward meaningful reconciliation. A few ... days ago, Ontario and Canada observed the inaugural National Day for Truth and Reconciliation. On that day, today and every day, your government will work to strengthen its relationship with Indigenous peoples and play an active role in supporting healing and reconciliation."

Good words. Those were the words on October 4 when Ontario's Lieutenant Governor delivered the government's throne speech to open this session of the 42nd Parliament. For the benefit of those people at home, the throne speech opens every new session of Parliament. The speech introduces the government's direction and goals, and outlines how it will work towards achieving them.

First, before I get into my remarks, I would like to thank the people of Kiiwetinoong, because they are amazing and they have worked so hard to get through the pandemic and work together as a community, as nations. It is an honour, again, to represent them and bring the voice of the north—the real north—here to the Legislature.

On the day of the throne speech, I listened very intently to what was being said, as many items I hoped would be in the speech were not there. In the throne speech there

was no mention of issues that are essential to the people across the north, such as education, affordable housing and protection of the environment. More resourcing is still needed for health care and smaller class sizes. There was talk of additional long-term-care beds and hospital beds across Ontario; I want to be able to see this turn to action on the 76 long-term-care beds that Sioux Lookout has been waiting for since 2018.

Speaker, we are dealing with a mental health and opioid crisis across the north, and this government should not be maintaining the status quo. More action must be taken to help those who need it and bring it closer to home.

Throughout the pandemic, the tourism sector has called on Ontario for assistance and to make good on promised funding. Tourism operators continue to have ongoing operating difficulties and uncertainty about their future. Even before COVID-19, municipalities had increasing financial pressures. They need more options from the province to expand their financial resources, such as stabilization of the Ontario Municipal Partnership Fund and increased resource revenue sharing from Ontario.

I also listened to what was said about healing and reconciliation, and I have concerns. On May 28, 2021, the Tk'emlúps First Nation announced its preliminary findings that there were 215 children found on the site of a former Kamloops Indian residential school. Uncovered at the site were children as young as three years old. According to Chief Rosanne Casimir, these children had been missing and were undocumented deaths. Although the communities had been searching for their own missing children in the past decades, the news was shocking and, of course, it was devastating for all of us.

0910

At the local level in my riding, in response to the announcement, the Sioux Lookout area Chiefs Committee on Health and the Sioux Lookout First Nations Health Authority board of directors began advocating and demanding action to be taken to search for the missing children who had attended Indian residential schools in the region.

On the same day the federal government, under pressure to respond to the findings, announced funding to support communities who wanted to conduct a search, access professional archaeological investigation services and return the remains home, if desired. Less than two weeks later, Ontario announced \$10 million in funding over three years to identify and commemorate residential school burial sites.

Speaker, we also know that there were 18 former Indian residential school sites in all of Ontario. Lac Seul First Nation has announced that they will take the lead in the

search for children who attended government institutions, both educational and health, on its traditional territory. In the area of Sioux Lookout, these are the Pelican Lake Indian Residential School and the former Sioux Lookout Zone Indian hospital. That's actually where I was born, the Indian hospital. The First Nations will also work with the municipality of Sioux Lookout to search for the missing children in the town cemeteries and burial sites.

The former Pelican Lake residential school site sits on the traditional territory of Lac Seul First Nation and Treaty 3 territory. It first opened up in 1926 and closed in 1973. In its developmental stages, the planners put the school in a wooded 116-hectare area located 10 kilometres by boat from Sioux Lookout, and it's about three kilometres from the CN railway. It was planned to be a large Anglican institution that would be at full capacity with 125 students from communities across northern Ontario. These students were Ojibway, they were Cree, from both Treaty 3 and Treaty 9 territories.

Sioux Lookout Zone Indian hospital was built in 1949 to treat tuberculosis, perform surgeries, deliver babies for communities in northern Ontario. Again, this is where I was born. The 65-bed hospital was part of a network of racialized segregation—health care facilities that treated Indigenous people for decades. That's the funny thing too. I thought it was normal to go to an Indian hospital, and then you have this other hospital. I don't know what they called it. It was a provincial hospital. Some people called it a white hospital. That's essentially what it was. If you were brown, you went over there; if you were white, you went over there.

That ended in 1997. The former Sioux Lookout Zone Indian hospital closed its doors when the municipality of Sioux Lookout amalgamated with the local First Nations, Ontario and Canada in the creation of the Sioux Lookout Meno Ya Win Health Centre in 2010.

Sioux Lookout's mayor, Doug Lawrance, notes that, "We know there are unidentified graves in the Northway Cemetery adjacent to the old ... hospital site. The Municipal Truth and Reconciliation Committee has been working towards memorializing those buried but not identified in the Northway Cemetery." So there are remains there. We also suspect that there are burials of children in the mound near the site of Pelican Falls.

I bring up this issue, I tell this story, because this is part of the history of not only the Sioux Lookout area but of Ontario itself. I have spoken to many people, and I hear often that they did not learn the truth about residential schools. This is something that we cannot repeat with our own children, your children, our grandchildren.

Speaker, I want to be clear: There is no reconciliation without truth. Meaningful reconciliation should engage young people in learning about Canada's history of colonization, thinking creatively about the future and providing them with an opportunity to make a difference—not just one, but opportunities. I say that because one of the first things that the government did when it came into office is stop curriculum writing that would have embedded the truth about Indigenous people in this country in our own curriculum.

The four Ontario school board associations have said that there's a practical and a moral obligation to be able to equip trustees, board members and boards with an accurate knowledge of Indigenous history, with insight and support for building school communities where the relationship between Indigenous people and non-Indigenous people is founded on mutual respect and understanding.

Since the release of the TRC report, provincial governments have been entrusted with the specific mandate of making the history of residential schools, treaties and historical and contemporary contributions of First Nations, Métis and Inuit a mandatory educational requirement for all kindergarten to grade 12 students. This has yet to happen. Is that reconciliation?

Senator Murray Sinclair, chair of the Truth and Reconciliation Commission, stated, "Reconciliation is not an Indigenous problem, it is a Canadian problem. It involves all of us" who are here.

Ontario educators Lindsay Morcom and Kate Freeman have said in the *Canadian Journal of Education* that reconciliation cannot be led by the colonizer.

"When approached in this way, reconciliation is an artificial concept because it only scratches the surface of the deep-seated historical and current inequalities that affect our society. The problem with this approach is" made worse "by the fact that, in this framework, we continue to perceive reconciliation from a Western, Eurocentric perspective without" learning more about "what Indigenous teachings tell us about" our relationships with another.

"True reconciliation requires us to engage Indigenous philosophies on ethical ... interactions and to strive to create meaningful, deep societal change where Indigenous and Western perspectives are treated with the same consideration."

#### 0920

This goal is essential now, given that we know what happened in Kamloops and at residential schools across Ontario. While we respect the lowering of flags and other demonstrations as a means of showing respect for all children who died in Indian residential schools across Ontario and Canada, there is so much more work to be done to honour our ancestors who never came home and to honour the survivors, also, of residential schools. It's so important to honour those who did not get to go home.

This work demands the attention of every member of this Legislature, and it needs the collective action of all 124 members who are here, who were elected to serve Ontario. All of us here must be fully committed to implementing the calls to action from the TRC to address the ongoing legacy of residential schools.

The discovery of the unmarked graves of the 215 children shows us again that genocide and colonization are not in Canada's past. Our people live with the effects in the present today, and we are long past the time of waiting for governments to honour their commitments to the treaties and reconciliation.

In their report, *Calls to Action Accountability: A 2020 Status Update on Reconciliation*, Eva Jewell and Ian

Mosby from the Yellowhead Institute identify three main barriers to the completion of the 94 calls to action:

“(1) a vision among policy-makers of the ‘public interest’” as not including “Indigenous peoples;

“(2) the deep-rooted paternalistic attitudes of politicians, bureaucrats, and other policy-makers, and;

“(3) the ongoing legacy and reality of structural anti-Indigenous racism.”

They also stated, “Where ‘reconciliation’ is attempted, we have found in our discussions with Indigenous experts and practitioners that it is non-Indigenous organizations who take advantage of ... government budget lines and they are often exploitative.”

Mr. Speaker, reconciliation as just a budget line item pads these institutions that start temporary project-based initiatives to avoid the institutional change that reconciliation demands. In this way, money earmarked for reconciliation often results in little more than recolonization. What I’m saying is, this is not reconciliation. Our children and residential school survivors deserve more than just empty promises and lip service. Meegwetch for listening.

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

**Mr. Will Bouma:** Speaker, through you, I always appreciate having conversations with the member from Kiiwetinoong and the point of view that he brings to this House. He knows, as I’ve mentioned before, how much I appreciate the fact that he is willing to sit in this place and everything that that means to him and to his people.

For myself, personally, it’s been such a wonderful development to have been at the former Mohawk Institute in my riding for the announcement of the \$10 million in funding to search for graves at the former residential school sites in the province of Ontario. I’ve been so appreciative of the leadership shown by Chief Darren Montour from the Six Nations Police Service and the excellent working relationship between Brantford city police, Six Nations police and the OPP. They’ve launched a criminal investigation, with the leadership of Six Nations police, as they search for—

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

**Mr. Will Bouma:** They’re doing the ground-penetrating radar right now.

I would like to ask the member if this is a good development and if this is a good first step in the reconciliation process.

**Mr. Sol Mamakwa:** Meegwetch for the question. Certainly, my friends over at Six Nations are leading the work in Ontario and starting the search.

I know that in other provinces the funding that is provided—First Nation organizations are just doing the work. They’re not doing the proposal-based approach where they have to get the province or the feds to approve it. That’s not right when we are trying to find the remains of our children.

Certainly, it is a good step, but we just need the government to get out of the way. It has to be an Indigenous-led process. The government just needs to get out of the way and let us do our work. Meegwetch.

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

**Mr. Gurratan Singh:** I want to thank the member from Kiiwetinoong for his really powerful presentation this morning.

You often mention how you say reconciliation is dead in Canada and in Ontario. Can you just elaborate a little bit on that and describe what it is that makes reconciliation be in such a terrible state in Ontario and in Canada?

**Mr. Sol Mamakwa:** Thank you for the question. Probably around February 2020, in and around that time, I remember saying that with this government, reconciliation is dead. I said that because I just felt that, with some of the cutbacks that had happened, some of the cancelled things, it wasn’t moving towards reconciliation. When there’s no work side by side, when the government treats us as stakeholders, not partners—when we talk about the Ring of Fire, it’s a divide-and-conquer approach. That’s kind of what I meant. We need to work together to a better place.

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

**Mr. Sam Oosterhoff:** My thanks to the member for Kiiwetinoong for speaking in this chamber. My thanks also for the strong advocacy you have for northern Ontario. I know it’s an immense, immense territory that you have the opportunity to represent, and that brings a unique perspective.

I’m wondering if you could speak a little bit about the economic development aspects and the importance of those partnerships you referenced, and perhaps walk through it for someone like myself who is trying to understand some of those complexities between some First Nations that are moving in a direction of a lot more resource development and some others that might have some concerns and are wanting to work through those concerns in a meaningful way. Can you share a little bit about what that process should look like and how there are also differences even between the various nations in the north on that?

**Mr. Sol Mamakwa:** Meegwetch for the question on resource development. Let me be clear: First Nations are not against resource development. They just want to be at the table. But when you’re not at the table, at the decision-making table, it will not work. The Ring of Fire will not happen if you don’t talk to other First Nations, period. But I think it’s important, you know, that there are things that happen in communities. I have 14 long-term boil-water advisories in the riding, the longest one is 26-plus years, and I bring those up. I have children dying who are 12 years old, dying by suicide. How do we deal with that? How do you expect for communities, First Nations, to rise when—how can you talk about economic development when you have these issues that we need to deal with? Ontario has got to become part of the solution.

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

**Mr. Ian Arthur:** Thank you to the member from Kiiwetinoong for his speech. Symbols matter a lot. It’s

interesting to recognize the new symbol that's in the Legislature. We debate a lot of different topics here, but I'm struck by what it must be like to debate something entitled "speech from the throne" and then to actually stand up and respond to questions from members opposite where they're asking to be patted on the back for providing some money to find the unmarked graves of children. It must kill you inside. My question is, how do you keep coming back to this space and keep doing that, when that is what you're faced with?

0930

**Mr. Sol Mamakwa:** That's a very good question, and I don't really know how to answer that. But I can say this: I know this is a very colonial place. This place was never built for a person like me, a First Nations person. I know that. But it gives me hope. I keep coming here because I have hope. It is the children, the youth, the people of Kiiwetinoong that give me hope. It is the others, people in Ontario, people across Canada who reach out to me, whether First Nation, non-First Nation, non-Indigenous. That's where I get my hope. I think it's about to change the trajectory by thinking of the people who are here, and I hope you stand with me on that.

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

**Ms. Natalia Kusendova:** I've had the privilege to work with some of our Indigenous partners when it comes to the issue of human trafficking, especially in my area with the Mississaugas of the Credit River, and I'm so proud of the work we have done as a government to address this heinous crime. I think it's so important that some of the funding that the government is providing is towards Indigenous-led initiatives, because we know that the Indigenous community has suffered from human trafficking for decades. I think it's really important that we have partners and that these initiatives are led by the community. Can the member talk about this and why we should be investing more into Indigenous-led initiatives within human trafficking?

**Mr. Sol Mamakwa:** Thank you for the question. It's certainly a big issue. We see it. Our people live it. But I think there are bigger things happening as well. Why are people ending up in those places? We cannot deal with things downstream. We need to address the issues upstream as well: better housing, better education, better health system, better schools, better mental health. That's how we make change. We cannot continue to deal with things downstream. I think it's a very reactive approach. We've got to be more proactive.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Hamilton Mountain for a short question.

**Miss Monique Taylor:** I'm grateful to have the opportunity to hear the member from Kiiwetinoong and the perspective that he brings to this House. I think this conversation has led us into the perfect place of talking about mental health, the lack of resources in your community and what it is that your community needs to support people's mental health to ensure that we don't have more human trafficking.

**Mr. Sol Mamakwa:** Yes, mental health is very important, because we cannot continue to accept and normalize that it's okay for 12- and 13-year-old boys and girls to die by suicide or just give up hope. We need to be able to give hope to youth, not just Indigenous youth but youth in general, in Ontario.

**The Deputy Speaker (Mr. Bill Walker):** Further debate? I recognize the Minister of Municipal Affairs and Housing.

**Hon. Steve Clark:** Speaker, I have to say, this is the first opportunity I've had to congratulate you on your ascension to the Chair. You're a great friend, and I'll try to keep my language in a parliamentary manner today so you don't have to stand up and eject me or do anything drastic. I'll try to deal with this in a respectful manner—but it's great to see you.

It's also a great privilege for me to have a few moments to speak about the speech from the throne. This is a very important time in our history, and it gives me a great opportunity to talk, not just about our government's plans, but also to touch on some things in my great riding of Leeds–Grenville–Thousand Islands and Rideau Lakes.

Speaker, I think we all agree that the last year and a half has been a real challenge for Ontarians. There's no question about that. But I am very proud of our government's efforts. I've seen every day that our health care heroes and those on the front lines of the pandemic have just performed so, so very well. And in my riding of Leeds–Grenville–Thousand Islands and Rideau Lakes, I've seen people step up and contribute. The local health unit, our hospitals, long-term care and retirement homes, immunization clinics at local drugstores—everywhere you could see in the riding, people have stepped up.

On the other hand, Speaker, the pandemic has emphasized issues that needed to be addressed. I'm proud that our government has taken action. I'm proud that we're continuing to find ways to address even the most long-standing issues faced by Ontarians. There's much, much more, I think we all agree, that we need to do collectively. Our government has also stepped up to make difficult decisions, to protect Ontarians at every single stage of the pandemic, and that's why I believe that we as a province have pursued the most cautious reopening in Canada.

But the other thing—and this is something that I'm sure you'll agree with, Speaker, because I said it many times when we were on the other side of the House. At every stage, our government put politics aside and put ideology aside to make decisions to save people's lives and to protect Ontarians. I'm proud that, when necessary—and this is something we also said when we were in opposition—we also changed course. We had to act in a manner that we believed was in the best interest of Ontarians and, I've always said this, our constituents deserve nothing less.

Go back to 2020: Let's face it, there was a significant amount of triaging that had to take place. Resources had to be committed and then allocated and then reallocated to essentially put the pressure on all of us to ensure that we had a plan in place that saved lives and protected Ontarians. Controlling the spread of the virus was paramount to this government.



The introduction of vaccines has been a very important tool in this fight. Our government created a vaccine distribution system with military precision. We coupled it with an outstanding educational campaign, and the results, I think, are outstanding as well. In my riding, my local health unit, the Leeds, Grenville and Lanark District Health Unit, asked people to step up and get vaccinated, and that's exactly what they did, Speaker.

Our health unit's outstanding numbers need to be restated in this House: Our first-dose vaccination rate is 98.5% for ages 12-plus; second-dose vaccination rate, 95.7%, Speaker. Let's do a comparison. Let's look across the river from my riding to New York's St. Lawrence county. It has only 54% of the population that's vaccinated. So you're seeing a significant difference in how those two jurisdictions, Ontario and New York, dealt with this issue.

And I'm so proud. I've said this many times throughout the pandemic: I'm so proud how people in my riding stepped up to control the spread and minimize the impact of COVID-19. Our Ontario high vaccination rate is helping us to return to a more normal life and to, again, concentrate on the things that need to be addressed by government.

Speaker, our government has already committed a dramatic amount of funds for long-term care. Certainly, the pandemic exacerbated the long-standing vulnerabilities after decades of underfunding by governments of all political stripes. The situation, I think we all agree, should never be allowed to repeat itself. That's why the government is investing \$2.68 billion to build 30,000 new and upgraded long-term care homes over the next decade, as thousands of them are being upgraded to 21st-century design standards.

In total, as we all know—we've talked about it many times as part of the throne speech debate—we're looking at 20,000 new, 15,000 upgraded long-term-care beds, after 15 years of inaction by the previous government where they only built 611 beds. Our government knows that beds aren't just numbers on a spreadsheet. Behind every single one of those beds—every one of them—there are real families that are impacted by a loved one who needs a safe place to spend the remaining years of their life.

**0940**

In my riding of Leeds–Grenville–Thousand Islands and Rideau Lakes, there is long-term care growth in every corner of the riding. There is a major expansion at Maple View Lodge in Athens, a new building and redevelopment at Wellington House in Prescott and a new home in Southbridge in Kemptonville. And, Speaker, there's more to come.

Also, from my ministry, I've used a tool called the minister's zoning order. I'm proud to have approved, as minister, and fast-tracked many long-term care projects across Ontario that are going to be built for today's realities and for the future: beautiful, spacious facilities; single rooms instead of wards; modern ventilation; modern amenities. These are beds that are being fast-tracked using a tool that I think we all agree—at least I hope the

opposition will start to agree that this is a tool that is much-needed for us to be able to realize building those 30,000 beds.

I remember it like it was yesterday. I made the announcement in 2018 at Southbridge in Kemptonville about the redevelopment, and I had a number of staff come forward and talk about our plan to build more long-term-care beds. The issue that we see is we have to have more staff. We have to have better-paid staff. We have to have new advantages for training and retraining opportunities. That's why our government is investing nearly \$5 billion over the next four years for more than 27,000 long-term care staff, including nurses and personal support workers. In doing so, Ontario will provide long-term care facility residents with four hours of direct care per day, and that's something that we really—as a government, it's a priority for us. That's why we're making this long-term investment.

We've introduced legislation, as we all know, that will protect residents through better accountability, better enforcement and better transparency. This is good news for Ontario.

The other fact, Speaker, that I want to talk about is Ontario's hospitals. They've been on the front line of the COVID-19 pandemic. Our government is using every tool at our disposal to support them through these unprecedented times.

The government is committed to ending hallway health care. We've committed to address the challenges created by the COVID-19 pandemic. We've increased investments to hospitals across the province for a third straight year. And to support hospitals in managing those pressures created by COVID-19, we're providing hospitals with over \$1.2 billion to ensure that they can continue to provide that high-quality care our residents deserve.

Now, there's one aspect that I want to outline, and that is: As part of this, we're investing \$696.6 million to provide financial stability and relief to hospitals by eliminating significant portions of historic working capital deficits for public hospitals that qualify for eligibility. This is very important because it's something that the previous government refused to even consider.

In my riding, I was so very proud to announce recently that the Brockville General Hospital would receive \$25.6 million from our government to deal with this long-standing working capital deficit. Our community hospitals provide exceptional care to residents and families. This massive one-time investment to the Brockville General Hospital and a similar investment to the Perth and Smiths Falls District Hospital ensure they are placed in a stronger financial position, that they're able to grow, that they're able to thrive to meet the needs of the community.

This builds upon our investment we made. I made an announcement of almost \$5 million in the summer to help our local hospitals, and that added to another \$2.3-million announcement for infrastructure investments. All of these things put into good stead the opportunity to expand. That's why I was so very proud to announce a new cutting-edge MRI, our region's first MRI, to be housed at the

Brockville General Hospital, which I announced in October.

These announcements, this additional support to our hospitals as part of Ontario's action plan, include \$760 million to help hospitals continue to respond to COVID-19 and an additional \$300 million to reduce surgical backlogs. I'm confident now, because of our government and the work we've done over the last three and a half years, that our region and our province will have the compassionate care that residents need, not just for the short term but for many, many years to come.

From my own ministry, I want to talk about housing. The pandemic has really exacerbated the difficulty that far too many people have to find an affordable place to call home. Emergency funds were distributed by our government to help municipalities deal with shelter and housing needs across the province. The social services relief fund provided over a billion dollars to municipal service managers and our Indigenous program administrators to help a diverse range of very vulnerable people. It helped create longer-term sustainable solutions and it helped support the sector to safely transition to recovery.

As we look ahead, the same municipalities that I've been dealing with for the social services relief fund now have to develop longer-term strategies for meeting the needs of affordable rental and affordable home ownership, and the challenge is severe. It's driven, and I've said this many times, by a severe shortage of supply. Rental housing and affordable home ownership are even further out of reach for too many Ontarians. That's why in 2019 we introduced More Homes, More Choice, our province's housing supply action plan, to address the housing crisis and to help build more affordable homes. Our plan puts Ontarians first. We've cut red tape and we've helped build the right type of homes in the right places to make housing more affordable and to help taxpayers keep more of their hard-earned dollars, and new building stats for housing across the province are at the highest level they've been at in decades.

But we know there's more that the government needs to do, and that's why I'm going to turn to an announcement we made as part of the fall economic statement. Our government is creating a housing affordability task force to look deeper into the issues faced by those who want to create or those who require housing. The task force will identify further opportunities to get shovels in the ground faster, to remove duplication, to remove barriers and make housing more affordable for hard-working Ontarians. It's going to explore measures to support market housing supply and affordability, and it will provide our government with strategies and advice to continue to address Ontario's housing crisis.

In the time I have left, I want to go back to the riding. I want to talk about how, from the onset of the pandemic, we wanted as a government to ensure that personal protective equipment—PPE, ventilators and other equipment—was a priority, and our government never lost sight of what would come next.

When the pandemic began, it became more important than ever to unleash the unstoppable force of Ontario's

workers and Ontario innovation to build made-in-Ontario solutions. The response from the people, business owners, workers and communities was incredible. I remember this like it was yesterday. Early on in the pandemic, Premier Ford pledged that Ontario front-line workers would never again have to worry about PPE supplies. When he said that, I knew that the hard-working people in Leads-Grenville, Thousand Islands and Rideau Lakes would be part of that solution. Businesses of every size demonstrated the true Ontario spirit that I think was so vital in keeping our residents safe and making sure that we were prepared for any future challenge that came our way.

In Brockville, as a result of a \$23.3-million investment by Ontario matched by the federal government, we invested in Ontario self-sufficiency in PPE. High-quality N95 masks are now being produced at a brand new Brockville manufacturing plant. The production of N95 masks is critical in fighting COVID-19, and the investment in Ontario in well-paying, sustainable manufacturing jobs demonstrates our ability to work together to find solutions to get Ontario back on track.

Here's another example in my riding: Greenfield Global in Johnstown is another one of those companies rising to the occasion during the first wave of the pandemic. At the onset of the pandemic, I was proud to work with Greenfield, their dedicated employees and our government to help secure Health Canada approval to supply companies making hand sanitizer to meet this unprecedented demand.

#### **0950**

Then I was excited, six months later, to announce our government's investment of \$2.5 million through the Ontario Together Fund to support Greenfield so that they could ramp up production of the high-grade alcohols to be used in hand sanitizer. The project, which includes a \$75-million facility upgrade and expansion investment in Leeds-Grenville from Greenfield, enables the company to make 114 million litres of specialty-grade alcohol annually to its high standard. That's enough, Speaker, to make over 150 million one-litre bottles of hand sanitizer, helping Ontarians and Canadians and health care and front-line workers continue to combat COVID-19 safely and effectively.

These two projects, these two examples of how my riding stepped up, strengthen our province's domestic supply chains and reduce our dependence on unreliable foreign supply chains. So this was a huge announcement in the riding.

Speaker, I want to talk just briefly about the fact that months of public health measures have left a significant toll on people's mental health and well-being. Our government is investing heavily in mental health programs to meet those needs. As well, we recognize the linkages between those experiencing homelessness with mental health and addiction challenges. Our government is investing \$10 million a year to strengthen mental health and addiction supports for people experiencing or at risk of homelessness.

In 2020-21, this funding has been used to strengthen mental health and addiction services in communities hit

hard by COVID-19, increasing outreach services to individuals, better connections between mental health, addictions and housing. This is an all-of-government approach. It's part of our Roadmap to Wellness, which is the government's plan to invest \$3.8 billion over 10 years to build a modern, connected and comprehensive mental health and addiction system.

In closing, Speaker, Ontario has not hesitated to spend what was necessary to save lives and protect Ontario families and Ontario businesses through the pandemic. As a result, there were fiscal challenges ahead. Our government is committed to an economic and fiscal recovery that is fuelled by economic growth, not tax hikes or spending cuts. Ontario will see roads and highways built. Our government will build and expand transit to communities across the province. We will build and expand hospitals and long-term care facilities. We will create an environment where more homes can be built to meet the needs of growing communities.

The pandemic has created opportunities for all three levels of government, and we need to put aside our differences and work together more closely. I intend to foster those relationships. I've worked with municipal leaders over the last 20 months individually. I've worked with them through their associations, like the Association of Municipalities Ontario, AMO; the Rural Ontario Municipal Association, ROMA; the large urban mayors; various wardens associations; the two fantastic northern Ontario associations. I've also met with federal Minister of Housing, the Honourable Ahmed Hussen, so that Ontario projects will receive their fair share of federal funding for housing.

We need to create the environment that gets us out of this recovery, Speaker. The throne speech highlighted our plans. Thank you for giving me the opportunity to outline some of not just our plans but also issues in my riding.

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

**Mr. Gilles Bisson:** My question to the minister is a fairly simple one. When you first came to office, one of the first things that you did is you decided to cut money to public health and actually were going to enact a plan put in place by the former Liberal government that would have reduced the number of public health units in Ontario and made more larger units with having less of them. Along comes the pandemic, and all of a sudden you find out that's not a good idea and have to do something. My question to you is, do you think that was an error at the beginning to make those kinds of decisions, and then having to reverse them?

**Hon. Steve Clark:** Thanks to the member opposite. I tried to outline today some of the historical funding cuts that the previous Liberal government did over 15 years. I want to praise our government, I want to praise the Minister of Health, because looking at what happened in my riding—for years, the funding formula to my local hospital in Brockville was inaccurate. It was wrong. It penalized those medium hospitals. What it resulted in is not only our government having to fix the funding

formula, not only our government having to fix the historic working capital, but also having to ensure throughout the pandemic that hospitals and public health units had the resources that they need. Unlike the member's question—we've stepped up, we've supported public health and we've supported public hospitals.

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

**Mr. Norman Miller:** Thank you to the Minister of Municipal Affairs and Housing for his speech. He certainly hit on a lot of items that are important to the riding of Parry Sound–Muskoka that I represent. I was really pleased to welcome him up to Gravenhurst where he did the groundbreaking for the largest single purpose-built rental housing development in my riding ever: 232 purpose-built units.

He talked about the changes to funding for medium-sized hospitals. That is so important in my riding because for the past 20 years, pretty much every year, I've had to go to the Minister of Health to look for funding to keep them whole, particularly on the Muskoka side. With this working capital funding and other funding, they're projecting five years now with balanced budgets. That's so important.

But the item I wanted him to expand upon was long-term care development. I know in my riding, I've looked at the number of dollars going to individual long-term care homes to bring in four hours of care per resident, and it's significant. It's millions of dollars. Could the minister talk about that in his own riding, please?

**The Deputy Speaker (Mr. Bill Walker):** I return to the Minister of Municipal Affairs and Housing.

**Hon. Steve Clark:** Thanks, Speaker. Through you to the member: First of all, I want to congratulate you on your outstanding career in the Legislature. You've just done a tremendous job. I also want to say that he's hosted me a number of times over the last three and a half years, not only in his riding but at his home, and I have to tell you, Speaker, he cooks a mean steak. He and his wife are great hosts.

As the member notes, we had to make some changes. There were funding inaccuracies that took place with medium-sized hospitals. We were able to do that. But the long-term care piece, I think, is particularly important to me. I mentioned in the House yesterday as part of question period that the previous government, in 15 years, built 611 beds. Just the minister's zoning orders alone that I've been able to put forward have helped facilitate the early construction of 3,700 beds. This is like night and day, Speaker, our commitment to long-term care versus the previous government's. Thank you to the member for bringing this up.

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

**Mr. Terence Kernaghan:** Through you, Speaker, to the Minister of Municipal Affairs and Housing: Under this government and the Liberals before them, bad actors are getting away with building unsafe homes that don't meet the Ontario building code. Legal standards were not being

enforced. Canadians for Properly Built Homes has raised this issue with the government numerous times.

Building to code is not optional. Legal contracts guarantee homes are built free from defects in materials and in workmanship. Will this government finally stand up for consumers and ensure that builders deliver on all aspects of contracts and the Ontario building code?

**Hon. Steve Clark:** I thank the member for the question. The member knows that the Minister of Government and Consumer Services has looked at this file and presented legislative changes that I believe will help improve the system. As well, we continue to work with our municipal partners about the planning and building process in Ontario. I think we have in Ontario, with our building code, an extremely high standard. I celebrate the fact that we have such a safe set of standards in place today, and the fact that we've consulted with the industry on how we can make it better, how we can ensure that safety is a priority in everything we do, but at the same time also ensure that we can build more homes.

We're in a housing crisis, Speaker. It's all about making sure that people have an affordable place to call home.

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

**Ms. Donna Skelly:** To the minister, I want him to expand a little on what my colleague raised earlier, on our commitment to build more long-term-care facilities. Through the Speaker to the minister: In my previous life, I recall covering scandal after scandal when it came to the previous Liberal government, but rarely did we cover an announcement of an investment into long-term care. That's because, in my opinion, the previous Liberal government perhaps didn't find our most vulnerable a sexy issue or an issue that they felt that they wanted to support. It wasn't something that was even on their radar. And I'm very proud of the work that our government has done, recognizing that they are our most vulnerable and we have to take care of them.

**1000**

Through you, Mr. Speaker, can the minister share more on our plans and our commitment to developing more beds?

**Hon. Steve Clark:** I want to thank you for that great question. This is something that we have valued not just before 2018, during that 2018 campaign, but since government, we've really stepped up with dollars and a commitment to that four hours of care. There have been a lot of motions and private members' bills and discussions in this House, but now we've actually got a plan in place.

We owe Ontario seniors such a debt of gratitude, and we need to ensure that we've got a system that doesn't just upgrade the facilities, not just making those beds to this level of standard that we need and that they deserve, but also to ensure that staffing levels provide that four hours of care per day. This is a process that we jumped in right from the first day we were in government. There is a significant amount of dollars that are invested. Our seniors deserve no less. We have to continue to provide these dollars for them.

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

**Mr. Ian Arthur:** To the minister opposite: I was pleased to hear that there's going to be a task force on housing. It's such a critical issue. I hope that they look to some of the best practices globally. One of the best examples that I have ever heard of is the city of Vienna, where nearly three out of five people actually live in public housing, and it's not public housing like we think of it. There are tennis courts, on-site daycare, swimming pools, saunas—it's beautiful. But it's public housing. It's public money that was invested in it.

I wonder if the minister would speak to the role that government funds in public housing, truly publicly owned housing, play, or if he thinks that market-based solutions are going to be adequate.

**Hon. Steve Clark:** That's such a great question, because what I would love to have is to have that member's party support our call to the federal government. We're being shortchanged from the federal government, as part of the National Housing Strategy, some \$490 million, based on our core housing need.

Almost the first day after the minister was sworn in federally, I went up to Ottawa to talk to him about this plan that we have, this redevelopment. We were the first province or territory in Canada to sign on to the National Housing Strategy. We're right in the middle of renegotiating with the federal government. But our core housing needs, we require more dollars—more dollars for our municipal partners so that they can build that much-needed community housing system that was neglected for the better part of 15 years by the previous government. So what I hope I will hear at some point is that member and his party supporting our call to the federal government for our fair share.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member from Brantford—Brant for a very short question.

**Mr. Will Bouma:** In the dying seconds, to the minister, just a quick quote from one of my mayors: "The government of Ontario has done an excellent job battling COVID-19 while stabilizing the economy, which is no easy feat." We have already put out the OMPF numbers. What does that mean to our municipalities?

**Hon. Steve Clark:** Good question, and I want to thank the member for Brantford—Brant. We made a commitment to our municipal partners that we were going to let them know as early as possible those OMPF numbers. The finance minister has delivered that. As municipalities are right in the middle of their budgeting process, this is so important that we give them that certainty—great question.

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

**Mr. Gilles Bisson:** I'm glad to be able to rise and give my thoughts in regard to the throne speech that was delivered by the government earlier this fall. It's interesting to listen to the government members, and I understand part of the reason why: They've done no wrong; they've done everything right; they're the best government

in the history of the universe, if you listen to what they're talking about. But the reality for Ontarians at home is quite different. Things are getting much more unaffordable when it comes to the day-to-day things that we need, Mr. Speaker, to be able to survive.

If you're a young couple in the city of Toronto, in Whitby or many other communities, especially the further south you go, you can't afford to buy a house. Houses have now become, as a regular cost, anywhere from \$800,000 to \$1.5 million and then upwards. How does a young couple who both are starting out, who probably get \$60,000 or \$70,000 a year each in their salary, afford to buy a house?

There was a really good question put forward by the member from Kingston to the Minister of Municipal Affairs. He asked, "Do you believe there's another approach to housing other than market-based solutions, which is to build houses and sell them?" And you noticed he didn't answer the question, because they are ideologically driven to that particular direction.

There's nothing wrong with building houses. Most of us in this assembly own our own houses; I have two. We have the house out at the lake, and we have the house in the city. Most people want to be housing owners; that goes without saying. But for a lot of people starting out or some of us who age out and need to get out of our houses because they're too much to maintain, there's not much in the way of choices, and whatever choice is available is unaffordable.

I'm talking to people in my constituency, Mr. Speaker, and I'm sure you speak to people in your constituency. They're not able to afford the basic things that they were looking forward to as they move closer towards their retirement. The cost has gone up. The price of gas is up. Grocery costs are up. The price of materials has gone up. My Lord, if you were trying to buy a two-by-four, let's say about a year ago, the price went from about \$1.75 for a two-by-four, for a stud, to upwards of \$7 or \$8. And at the time, a lot of people—municipalities, MPPs and the citizens—were calling on the government to do something, because I'll tell you something: It's the same tree. The tree didn't get more expensive. The tree in the forest is harvested in a sustainable way. It's brought to our sawmills and then it's sold out in the distribution system, and it comes back to the market vis-à-vis some building supply store. The prices had gone up 400% to 500%, and so people called on the Premier to do something. "Stop the gouging," we said. And what did we hear from the Premier's office and the rest of the front bench of the Conservative caucus? Crickets. We didn't hear anything.

So you know as I do, Mr. Speaker, and all of us in this assembly know, people who were looking forward to either doing some renovations on their house or being able to build a new house or a garage or whatever it was put that on hold because they couldn't afford to buy in today's market. And that's just but one industry.

The member from Kingston and the Islands raises a really good issue when it comes to not-for-profit housing. One of the things that I'm the most proud that we did when

we were in government from 1990 to 1995 is we invested heavily in not-for-profit housing. In many communities around Ontario, the majority of the housing stock now that resides with municipalities—because the Harris government got rid of not-for-profit housing programs, down-loaded the buildings to the municipalities and said, "It's your baby. You take care of it." But the majority of that stock was built by the NDP. I'm very proud that we did that, because it provided affordable housing. It was mixed income. It wasn't just for low-income and retirees; it was mixed-income housing. You had people who were making a very good salary who paid the market rent, and you had those people who were either on pension because of retirement or on disability who paid a lesser rent based on income. It was a great program.

We saw all kinds of construction go across this province. It created jobs in the middle of the recession. People were working, building these units across the province. And what happened? The Conservatives under Harris, when they came to power, got rid of the not-for-profit housing program. The federal Liberals cancelled the funding that came to the provinces. The former Liberal government was not interested in going there, because they believe in a market-based approach. There has to be a mixed approach. Market is part of it, no argument, but you have to have a mixed approach.

This government says, "Oh, we're working with the federal government to help us get money from the feds." Listen, let's do our jobs. Let's, yes, get a good deal from the federal government. I don't argue that for a second. If I was the minister, I'd be doing that too. But you need to have a strategy in place that says Ontario is prepared to build so much housing stock in the not-for-profit sector. This is how much we're building. These are the types of rents we're going to be charging, and it will give citizens hope that they're going to be able to find a place to live that's reasonable.

#### 1010

In the city of Timmins, Mr. Speaker—as in Sudbury and a whole bunch of other places in northern Ontario—we're seeing the cost of rents go up exponentially. Somebody moves out of an apartment in a house or a house, whatever it might be, or an apartment building, and you're seeing the rents starting to skyrocket. People aren't making more money today than they were two, three years ago. In fact, if they're lucky, they may have got 1% or 2%—if they're lucky, if they're not working in the public sector. What do they do to be able to afford this housing that is so needed?

This is the problem with the government's approach. The minister was so proud to say they're the most non-partisan government in the history of the universe—hogwash. This is one of the most partisan governments I've seen, and I've been here 32 years this fall. This is one of the most partisan governments I have ever seen. They will not work with the opposition parties or the independents when it comes to drafting legislation.

We go to committee, members of the opposition propose reasonable amendments that are put forward by

the people that came to see us—in the little amount of time that they get because this government changed the process at committee—and it will not take an amendment from anybody. Even Mike Harris took amendments from the opposition. Bob Rae took amendments from the opposition. Why? Because it made better legislation. But these guys are of the view that, no, we're the only ones who know, and it's an extremely partisan approach to governing.

You're creating a task force in order to look at what to do with housing. You don't need a task force to figure out what's going on with housing, quite frankly. You might get some ideas, but you have to have a plan. There are plans that exist in order to be able to deal with how we build both mixed-income housing in the not-for-profit sector and what we do to assist to drive the price down on houses that are built for sale, and maybe there's a hybrid model somewhere in between—maybe there's a hybrid model that can be spoken of.

In England, that's what they did many years ago—I think it was after the Second World War. What they did is, they built not-for-profit housing, but some of that housing stock was available for people to have as a way of a mortgage. Maybe that's a hybrid approach. Rather than having a condominium approach or not-for-profit, maybe you can have something that you build—you know, granny flat-style units or condo-style units—and you allow people to buy them at a reasonable price. We're not driven by profit to build this, as a government; we do it as the cost of providing services to the public.

So when the government stands here and tries to say to all of us that, "Oh, my God, we're doing such a great job," just go back and talk to constituents and ask them how you're doing today as compared to four years ago. Is the cost of living more expensive today than it was then? Are you further ahead, or are you further back? If you measure that on either scale, Mr. Speaker, we are further back. Life has become much more unaffordable under this government. Yes, a lot of this has to do with the pandemic. We understand that, but the measures the government has taken have not, quite frankly, been enough to deal with some of these costs.

The other one is the price of gas. You look at the price of gas that's going up exponentially—you just saw the United States government under Joe Biden, the administration is releasing, what is it, 50 million barrels of oil from reserves to try to drive down the price of gas. It is an approach. I'm not going to argue that it's not. But the point is, at least he's trying to do something. You guys hide behind the market, "Oh, we can't do nothing"—Chicken Little—"The market's going to get us."

There are things we can do. There are things that we can do in the way of regulation, as we do with hydro, as we do with natural gas and, to a certain degree, as we do with milk, because it has its own regulatory system to deal with the collection and distribution of milk. We can put in place a system that ensures that there isn't these great big gas spikes that come on the weekends—

**The Deputy Speaker (Mr. Bill Walker):** I apologize to the member from Timmins for disrupting his words. It

is now time for members' statements, but we will make sure that you are able to resume debate in the future.

*Debate deemed adjourned.*

## MEMBERS' STATEMENTS

### HOMELESSNESS

**Mr. Ian Arthur:** This past Monday was National Housing Day, and yet, tragically, on Monday night, the mercury dropped to minus 12, with an unprecedented number of Kingstonians sleeping rough.

The crisis is growing daily, and we are not being presented with adequate solutions from this government. Social housing registries have eight- to 10-year wait-lists. A more appropriate term might not be "wait-list" but "wish list." Affordability barely exists. Rent for a one-bedroom in Kingston costs nearly twice what the allowance is on social assistance. And for those who are employed, their employment often does not cover their rent, let alone the essentials that they need. The reality is that we are asking people to live on an impossible amount and so they are stumbling, first with a missed bill, then a utility cut-off, then an eviction.

Housing is one of the main social determinants of health. Study after study confirms this. One of the leading hospital networks in Canada has taken the unprecedented step of establishing supportive housing for historically marginalized groups who are frequent users of hospital services. Research suggests the net annual cost of a homeless person with mental illness can run into the hundreds of thousands. Approximately 230 individuals represent over 15,000 visits to Toronto's University Health Network emergency departments because they lack access to more appropriate support.

This paradigm cannot continue, Speaker. We must break the cycle before it is impossible to do so.

### KANEFF FAMILY

**Mr. Rudy Cuzzetto:** Last month, I had the privilege to join the Premier and Mayor Hazel McCallion to announce a significant donation from Kristina and Anna-Maria Kaneff and their family to the Trillium Health Partners to help support the redevelopment and the expansion of the Mississauga Hospital. This donation honours and builds on the great legacy of their father, Dr. Ignat Kaneff, and they made the announcement on his 95th birthday.

When Dr. Kaneff came to Canada as a young immigrant from Bulgaria in 1951, he had no family, no friends, and spoke very little English. He spent his only \$5 dollars to take a taxi from Union Station to Mississauga, where he learned a trade, went to work in construction and built homes for other new Canadians in Mississauga-Lakeshore. In 1955, only four years after he arrived to Canada, Dr. Kaneff pledged against his future earnings to give \$2,000 to support the construction of the first Mississauga Hospital, where I was born and my two sons

were born. This was the largest gift by an individual at the time, 20 times higher than the second-largest donation, and it was only the first of many.

As his daughter Kristina said, “Our father embodied the spirit of giving throughout his life.” In my member’s statement last year, I said that Dr. Kaneff’s legacy and his Ontario spirit would live on, and it does, in his daughters.

I would ask all members to please join me in recognizing the entire Kaneff family for their incredible generosity and their support for the Mississauga Hospital.

## NURSES

**Ms. Bhutla Karpoche:** Kill Bill 124: This is what nurses have been asking for from the Ford government. Nurses have always been heroes, but these past two years, we’ve relied on them more than ever.

Since the beginning of the COVID-19 pandemic, nurses have suited up in protective gear, showed up every day to work, walked into our hospitals, despite harassment, despite protests to the front lines. They have worked non-stop for two years now, ignoring their own exhaustion, suppressing their own fear so they could tend to us, hold our loved ones’ hands when we couldn’t, stroked our loved ones’ heads as we said goodbye from afar.

Imagine the worry they would have felt, terrified of bringing the virus home to their family members. How long was it that they couldn’t hug their own children, where some were separated from their family because they couldn’t risk going home at all?

They have paid with their health, their well-being, and some with their lives. And what does the Premier do in return? He keeps their wages suppressed. Bill 124 caps nurses’ wage increases at 1%, which is way below inflation. And when wages don’t increase at least by inflation, it’s a wage cut. Wage suppression is not how you treat health care heroes.

Many nurses are leaving the profession because they are fed up. We cannot afford to lose these heroes now. I urge the Premier to do the right thing: Repeal Bill 124.

## GENDER EQUALITY

**Ms. Natalia Kusendova:** Speaker, being a female parliamentarian is a job that can be disproportionately difficult when compared to our male colleagues. I was reminded of this fact this past weekend on social media when anonymous bots came out in full force replying to my tweet wishing the Premier a happy birthday. One interaction in particular was troubling, where a user using an anonymous account—calling himself a father and an educator, nonetheless—made a sexist comment about me, making an insinuation about my support for the Premier that was so vulgar that I don’t dare repeat it in this esteemed place of democracy.

1020

Unfortunately, Speaker, I know that when it comes to sexist slurs made towards female parliamentarians, my

experience is not the exception. My fellow female colleagues can attest to the fact that it is a rule.

People say to take these interactions with a grain of salt, but this event reminded me how vulnerable I am solely because I am a girl. And we wonder why so many of our daughters, our sisters, our mothers and our wives are reluctant to enter into politics or even enter male-dominated fields.

November is a solemn reminder that way too many women face hardships and challenges each and every day in Ontario. But I know that we, working together, must and can do better when it comes to gender equality and, even more so, treating each other with basic respect and decency. By working together, we can eliminate these attitudes and elevate each other.

## INDIGENOUS LAND CLAIMS

**Mr. Sol Mamakwa:** The violent dispossession of First Nations people from their land for the purpose of resource development is a foundation Canada was built upon.

On November 18, dozens of heavily armed RCMP officers raided the Gidimt’en Checkpoint in British Columbia. Wet’suwet’en land defenders and their supporters have been controlling access to this road to stop Coastal GasLink from drilling under Wedzin Kwa, their sacred headwaters. Fifteen people were arrested on November 18 in an invasion of Gidimt’en yintah, including Wet’suwet’en elders, legal observers and two journalists.

The Wet’suwet’en hereditary chiefs represent a governance system that predates colonization and the Indian Act that was created in an attempt to outlaw Indigenous peoples from our lands.

The Wet’suwet’en have continued to exercise their unbroken, unextinguished and unceded right to govern and occupy their lands by continuing and empowering the clan-based governance system to this day. Under Wet’suwet’en law, clans have a responsibility and a right to control their territories.

We are obligated to protect the ways of life for future generations that come after us. All eyes on Wet’suwet’en.

## VIOLENCE AGAINST WOMEN

**Ms. Lindsey Park:** November is Woman Abuse Prevention Month. Today, I’m wearing purple as a symbol of the courage it takes a woman to leave her abuser. However, the courage of a woman is not enough. It takes the support of an entire community. This year, the Wrapped in Courage campaign is not selling purple scarfs; they are mobilizing violence against women shelters across Ontario to remind everyone that now, more than ever, violence continues to be the greatest inequality rights issue for women and girls.

I want to thank Bethesda House, a women’s shelter for women fleeing abuse in Bowmanville, for the work they do every single day of the year to support women fleeing devastating and sometimes life-threatening situations. We know that over the course of the pandemic, when we’ve

asked Ontarians to stay home, that home is not a safe place for everyone. I want to thank all the shelters across the province who have worked to continue to provide a safe place for women fleeing violence over the course of the pandemic, as well as the agencies that provide legal support, like Luke's Place in Durham, that have so generously stepped up during the pandemic to take calls from women fleeing abuse across the province. Finally, I want to thank the Durham Regional Police and Victim Services of Durham Region who are critical partners in the fight to end violence against women.

To join the fight, go to [wrappedincourage.ca](http://wrappedincourage.ca).

#### TALE OF A THOUSAND TURTLES PROJECT

**Mr. Norman Miller:** Today, I rise to celebrate the township of The Archipelago, which was awarded with the Peter J. Marshall Innovation Award for innovation in providing public services at this year's AMO conference.

The Archipelago has demonstrated amazing innovation and collaboration in order to protect local species such as turtles and snakes with its Tale of a Thousand Turtles project. This began as a road rehabilitation project, but the township quickly identified an opportunity to engage local partners to protect species at risk. What resulted was a collaboration between the local community, Georgian Bay Biosphere, Shawanaga First Nation and Hall Construction to protect eggs and nests that may have otherwise been destroyed. The actions of The Archipelago and their community partners have resulted in the collection of more than a thousand eggs and the release of more than 1,000 snake and turtle hatchlings.

It is extremely impressive that the Tale of a Thousand Turtles project was not only cost neutral, but the road construction was completed on schedule, all the while implementing new environmental policy. The Archipelago has demonstrated the ability to fulfill infrastructure upgrades and pursue development projects, while ensuring local species are protected and environmental due diligence is included in the planning process. The construction crew participated in species-at-risk training, and this resulted in a personal investment by the crew in protecting local reptiles.

I congratulate Reeve Bert Liverance and everyone at the township of The Archipelago on this initiative to protect wildlife, and I encourage other municipalities to follow their example.

#### GOVERNMENT'S RECORD

**Mr. Gilles Bisson:** Many of us will know in this assembly, because we often talk to constituents on the phone, in person and by email, that life has become much more unaffordable. It is really getting difficult for a lot of people to try to make ends meet. You look at what's happening when it comes to the price of groceries, you look at what's happening to the price of materials when it comes to any work that you have to do in your home and you take a look

at the price of gas when it comes to the gas that you put inside your vehicle: Everything is going up, and life is getting much, much more unaffordable as time goes by.

We listen to the government talk about how great a job they're doing, but the reality is that for the average person at home, they ask themselves this question: How am I comparing today to where I was three and a half or four years ago? The measure to that is that they're not doing any better; they're doing worse.

Our wages have not gone up; they've been essentially stagnant over the last period of time. The minimum wage was at first frozen by the government—if it had not been frozen, we would probably be around \$16.50 per hour today—and the cost of everything is going up, so people can little afford the things that are the basic necessities they need to be able to get by.

This government has failed on the point of making life more affordable, and we as New Democrats will continue pushing in that direction in order to try to deal with some of the things that can be done.

#### SKILLS TRAINING

**Mr. Deepak Anand:** The world we live in today is changing rapidly. COVID-19 has further transformed our lives, especially our jobs and the way we work. Many workers have faced unemployment and underemployment, and have to rethink their career paths.

To support workers during these tough times, the Ontario government is investing an additional \$85 million to expand Ontario's Second Career program for workers, including self-employed individuals, gig workers, youth, newcomers and individuals with disabilities. Through the expanded program, workers attain the skills to match in-demand jobs and receive up to \$28,000 to cover costs for tuition, training, books and transportation, and \$500 to cover the cost of living expenses.

Second Career will also help job seekers to retrain and re-enter the workforce quickly with programs that take 52 weeks or less to complete. It will connect workers with well-paying jobs in Ontario's rapidly growing sectors, including advanced manufacturing, life sciences and ICT.

To apply, please contact your local employment services agency or speak to an employment counsellor by booking an appointment at [Ontario.ca/secondcareer](http://Ontario.ca/secondcareer). I encourage residents in Mississauga–Malton to take advantage of this program and contact Peel Career Assessment Services, Achēv or Family Services of Peel to complete the application, or call our office.

We have 300,000 unfilled jobs in Ontario. Let's support our workers and together let's build a prosperous Ontario.

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

#### VISITORS

**The Speaker (Hon. Ted Arnott):** I'm very pleased to inform the House that one of today's page captains is page Eleanore Bouma from the riding of Brantford–Brant, and



we have with us today at Queen's Park her mother, Joni Bouma, and her sister, Lena Bouma.

**1030**

Also page captain today is page Hayden Lai from the riding of York-Simcoe, and we have with us today her father Desmond Lai.

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

## QUESTION PERIOD

### PROTECTION OF PRIVACY

**Ms. Andrea Horwath:** My first question this morning is for the Premier. The Premier has been pretty consistent on one thing throughout the pandemic, and that's chaos: constant problems, constant delays, massive lineups and wait times, the first-dose Hunger Games, booking system crashes. The Premier promised a safe, secure and easy-to-use vaccine portal. What we know now is that, in fact, it is neither safe, secure or easy. It was hacked and the OPP cannot confirm what data has leaked or how many people have been affected.

My question is, how on earth did the Premier let the vaccine portal system fail the people of Ontario so badly?

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

**Hon. Paul Calandra:** I appreciate the question from the Leader of the Opposition. She should know that, frankly, the world-renowned Ontario Provincial Police cyber crime unit did investigate, an arrest has been made, and Ontarians can continue to have the utmost confidence in the system.

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

**Ms. Andrea Horwath:** Speaker, private health information in this province should be safe, and especially when we're talking about our kids. Parents have a right to know if there is any risk at all to that safety. The government claimed on Friday the 19th that they had no reason to believe at all that text message scams were connected with the portal. We now know that that was inaccurate, Speaker. The OPP revealed that the province asked for police help on Wednesday, November the 17th, but they didn't tell parents.

My question is, why did the Premier not alert parents about this breach before opening bookings for the younger children, and why didn't the Premier come clean with parents the moment they found out that there was a breach to the system?

**Hon. Paul Calandra:** Look, as I just said, Speaker, a very thorough and very swift investigation was undertaken by the OPP cyber crime unit. An arrest has been made. The system remains secure for the people of the province of Ontario, and we continue to encourage Ontario families to book those vaccine appointments.

Speaker, we have a world-leading vaccination rate in the province of Ontario. We are approaching, if I'm not mistaken, 90% for first vaccine doses and close to 87% for second. Unlike what the Leader of the Opposition is suggesting—chaos—what we have had is a measured response which has seen a world-leading vaccination rate and supports put in place for individuals who needed to get those vaccines.

We are doing everything that needs to be done to put this pandemic behind us and emerge stronger than ever before.

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

**Ms. Andrea Horwath:** People had their personal information compromised. That's what we all know: They had their personal information compromised. That's a very serious privacy breach, Speaker. In fact, the only reason we even know about it is because the people whose information was breached, who got those scam emails, actually went to the media.

The government knew this was happening and they chose to keep it under wraps and plow ahead regardless with opening registration for children without their parents even knowing what was going on.

My question for the Premier is this: Who ordered this information to be kept from parents? Was it the Premier? Was it the minister? Who will take responsibility for this cover-up?

**The Speaker (Hon. Ted Arnott):** I'm going to ask the Leader of the Opposition to withdraw her unparliamentary remark.

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

**The Speaker (Hon. Ted Arnott):** And I look to the government House leader to reply once again.

**Hon. Paul Calandra:** The Leader of the Opposition's question highlights the challenges of dealing with a pandemic with an opposition like that. The OPP, an award-winning cyber crime unit, was immediately engaged, and quickly went to work and has charged an individual who is no longer working with the government of Ontario.

As opposed to getting people afraid, the Leader of the Opposition—what she should be doing is helping us get more parents getting their kids booked to get their first and second doses, Mr. Speaker. That should be the priority of the opposition: helping us put the pandemic behind us, helping us rebuild the economy. That should be the focus of the Leader of the Opposition: thanking the OPP and the award-winning cyber crimes unit for their swift action to ensure the safety of the booking system. Instead, the Leader of the Opposition goes in a different direction, because I suppose she thinks that it will help her poll numbers.

But what we know will help the people of the province of Ontario is putting this pandemic behind us, and that's what we'll continue to focus on.

### EMPLOYMENT STANDARDS

**Ms. Andrea Horwath:** My next question is, in fact, for the Premier, but I will say, deflecting my question about

people's personal private information to the OPP is beneath even this member, Speaker. It's shameful.

But the Premier has been consistent on another thing throughout this pandemic, and that is not being there for the workers of this province. He was dragged kicking and screaming into putting in place three measly paid sick days, and now he's ripping those paid sick days up for a second time. The Premier seems to think that the pandemic is already over, but case counts for COVID-19, as we know, continue to be up in Ontario.

My question is pretty straight up: Will the Premier in fact be ripping up three paid sick days for Ontario workers on December 31?

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

**Hon. Paul Calandra:** Again, Mr. Speaker, an interesting question from the Leader of the Opposition, because while they were asking for one or two sick days, we were fighting to get 23 paid sick days for the people of the province of Ontario. We didn't agree with the Leader of the Opposition when she wanted to reduce the amount of sick days that we had put in place for the hard-working people of the province of Ontario. My colleagues will remember this quite clearly. We were the party, of course—one of the first governments in the country—to protect workers who were facing the effects of COVID. The opposition, of course, didn't agree with that. Our Premier brought in over \$1 billion in supports to help people who are sick get the pay that they needed to stay home so that we could continue to fight this pandemic. They wanted us to cut those hours.

What we'll continue to do is ensure that the people who work and who need protection and who need support will have that support. That's why we brought in paid sick days. We didn't put the burden on businesses, like the opposition wanted us to do. We assumed that responsibility, because we thought, and continue to think, that that is the right approach.

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

**Ms. Andrea Horwath:** Well, Speaker, perhaps the government House leader would like to correct his record, because in fact it's this government that 27 times voted against paid sick days paid by the government that we were recommending.

Nonetheless, we know that it's flu season now. Children, of course, are also just finally getting their bookings for the COVID-19 vaccines, the littlest children. More people, of course, are indoors as the weather gets colder, so more staff are at risk of getting sick. They need paid sick days to overcome any sickness and to heal themselves, to protect themselves, to protect their co-workers, to protect their families.

The question is, why is this Premier ripping up the three measly paid sick days that Ontarians have right now?

**Hon. Paul Calandra:** To be clear, Mr. Speaker, what we voted against was the opposition that wanted to put the burden on our small and medium job creators. We voted against that. What we voted against was an opposition that

wanted to reduce those 23 sick days that our Premier negotiated with the Prime Minister. They wanted to reduce that. Well, of course, we weren't going to be cutting sick days for people. We've also said—I guess the Leader of the Opposition hasn't been brought up to date—but of course we also said that parents who need to take their kids to get their vaccine appointments can utilize the sick days that we have put in place.

So, again, I encourage the Leader of the Opposition to work with us, help us get more parents booked so that more children can be protected and we can finally put this pandemic behind us and we can continue to be the economic engine of the province of Ontario, of Canada. That's what you should be working with, and I hope, finally, that you might help us build a bigger, better Ontario.

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

The final supplementary.

**Ms. Andrea Horwath:** This Premier and this government may be patting themselves on the back, but the reality is, we need permanent paid sick days in this province, and the government needs to get that done. Because that's exactly what getting things done for workers looks like: permanent paid sick days for our province. And as I said, it is flu season. It is getting colder out. People, because of the weather, are being driven back indoors. Children's vaccines are just starting. The fact of the matter is people are going to start getting sick. That's the way it works in our climate, in our province.

**1040**

So the question, again, is to the Premier. Will he finally do the right thing? Will he commit to real, permanent paid sick days, to a real program of permanent paid sick days here in our province once and for all and say that he is definitely not going to tear up, for a second time, the measly paid sick days that workers now have?

**Hon. Paul Calandra:** Again, these are measures that we brought in. The opposition, of course, voted against those measures, ostensibly because they didn't like the fact that we didn't think, at a time of a global health and economic pandemic, that our small and medium job creators should face the burden that would be associated with it. That's why we brought in measures to protect workers' paid sick days that included the government offsetting those costs for these small businesses that have done so much.

So when the Leader of the Opposition asks us to put these paid sick days back on the backs of our small, medium and large job creators, at a time when they are just emerging from this pandemic and all the hardships they faced, I say very clearly to the Leader of the Opposition: No, we're not going to do that. We're going to continue to protect the people of the province of Ontario.

When they asked us to reduce our sick days from 23 down to three, we said no. We want to work with the federal government to have a system that protects workers for the amount of time that they need, Mr. Speaker. We will continue to protect workers. We will let the Leader of

the Opposition continue to vote against all of those measures, but the people of the province of Ontario know who they can trust to protect them.

### CONSUMER PROTECTION

**Mr. Taras Natyshak:** My question is to the Premier. When asked about an Ontario developer who got caught trying to gouge their customers out of an extra \$100,000, the Premier puffed up his chest and gave some surprisingly tough talk. I'll quote the Premier. He said, "Nothing burns me up more than that—some developer just trying to make extra money off the backs of hard-working people. Unacceptable." Even I was surprised at the tough talk that the Premier put out there.

But I agree with the Premier. Nothing would make me happier than to help the Premier throw the book at some of his developer buddies. So my question to the Premier is: Premier, a YouTube clip does not constitute real action. So what is he going to do about the price gouging and when is he going to finally act?

**The Speaker (Hon. Ted Arnott):** And to reply, the Minister of Government and Consumer Services.

**Hon. Ross Romano:** Thank you very much, Mr. Speaker, for the opportunity to rise, and thank you to the member opposite for the question. If I may just take a moment to say, this is my first opportunity to be able to rise in the House as the Minister of Government and Consumer Services, and I'm very proud of this opportunity.

#### *Interjections.*

**Hon. Ross Romano:** Thank you. I really want to take the opportunity to recognize all my excellent predecessors, like Minister Thompson and Ministers Walker and Smith as well, for all the great work that they were doing. I look forward to being able to follow in some very, very large footsteps, but looking forward to it all the same.

This is such an important question, and I really thank the member opposite for raising it. As our Premier has very, very clearly and unequivocally stated time and time again, we will not tolerate bad actors who take advantage of hard-working Ontarians. That is the most basic principle of our government for the people, and we are going to ensure that we continue to do that. I look forward to further embellishing and discussing this further—

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

**Mr. Taras Natyshak:** If the Premier's re-election strategy is to run on his record of saying one thing and doing absolutely nothing—news flash—he's already lost. We have seen this before from the Premier: He's "hitting the roof." He's "outraged." He's mad as heck. He's going to come down "like an 800-pound gorilla." He's "got zero tolerance for this kind of nonsense," and he's coming after the price gougers. But each and every time, whether it's people getting gouged—

#### *Interjections.*

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

**Mr. Taras Natyshak:** He hasn't done any of that, so they're clapping for the Premier's non-action. Each and every time, whether it's on toilet paper or PPE or hydro rates or gasoline or his buck-a-beer that never actually transpired, when it comes time to actually do something, the Premier is all talk and no action.

He says he wants to "throw the book" at price gougers. This would be a slam dunk for him. I'll even give him an alley-ooop. If he needs, we can work together and introduce a motion here today to get this done.

So will the Premier finally put his words into action, or is he ready to admit that he's just all bark and no bite?

**Hon. Ross Romano:** Thank you again for the question. As I indicated earlier, I'm very, very interested in being able to respond to this and to expand upon my earlier answer.

The Premier has been very clear that we do not tolerate bad actors, and we will protect all of the hard-working Ontarians. It is absolutely critical that we continue to protect all consumers across all of Ontario, and we expect all condo developers to treat Ontarians who are purchasing preconstruction units fairly and with integrity. I know the member opposite would say the same thing. Of course, we all want to make sure that we're treating consumers fairly.

We are looking into this, Mr. Speaker. I can tell you that there has been substantial work done in this area. Consultations have already been held. We're actually in the middle of two consultations right now to solve this issue, because we will not tolerate bad actors.

### DOMESTIC VIOLENCE

**Ms. Laurie Scott:** My question is to the Minister of Children, Community and women's issues.

Minister, the COVID-19 pandemic has left many families across Ontario dealing with a multitude of challenges. Sadly, for many women in the province the pandemic has increased the frequency and severity of domestic violence, meaning that more women and children are living in fear and danger and are in need of support.

November is Woman Abuse Prevention Month, a time to shine a light on this societal problem.

The key to supporting women who find themselves in abusive situations is enabling them to access supportive housing.

Can the minister tell this House what the government is doing to help women and their families to find supportive housing?

**Hon. Merrilee Fullerton:** I'd like to thank the member from Haliburton-Kawartha Lakes-Brock for her important question and her very good work.

Our government remains committed to doing all that we can to support victims of domestic violence. That's why, as part of our 2021 budget, we are investing \$18.5 million over three years for the Transitional and Housing Support Program. This program supports survivors of domestic violence and survivors of human trafficking to find and maintain affordable housing. In addition to housing

support, Transitional and Housing Support Program workers are also a key resource for survivors by helping with safety training and other available supports, such as counselling programs, social assistance, education and training programs that will help them transition to a better life, free from violence and fear.

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

**Ms. Laurie Scott:** Thank you, Minister, for that answer.

Back to the minister: As she points out, survivors of domestic violence and human trafficking often need additional support to help them transition to a better life. For domestic violence survivors, escaping an abuser can be complicated. The journey often begins with a call to an assaulted women's helpline for assistance, which leads to a connection with an emergency shelter in the community. Once safely at the emergency shelter, survivors need support and assistance to transition to long-term, affordable and safe housing. Without this support, they can be at risk of returning to their abusers.

Can the minister please explain to the House who will benefit from this program and what outcomes the government expects to achieve?

**Hon. Merrilee Fullerton:** Thank you again to the member for Haliburton–Kawartha Lakes–Brock for that question.

As the member points out, the Transitional and Housing Support Program is a key resource for survivors escaping domestic violence and human trafficking. Our investment enhances the existing program by serving more people and addressing service gaps, while expanding services to serve survivors of human trafficking. The program helps survivors of violence and human trafficking, including Indigenous peoples, to find stable housing so they can begin to heal.

The expansion of the Transitional and Housing Support Program is expected to improve access to stable housing and alleviate pressures on the emergency shelter system. By helping survivors and their families with wraparound services, we are supporting them on their journey to healing and independence.

1050

## AIR QUALITY

**Mr. Sol Mamakwa:** Good morning.

*Remarks in Oji-Cree.*

My question is to the Premier. Last week, Aamjiwnaang First Nation learned that the levels of cancer-causing chemicals in its air are 44 times higher than is considered safe, after years of fighting for this data from this government and previous Liberal governments. Data obtained using freedom-of-information requests by the media revealed elevated levels of known carcinogens and indicated that Ontario knew the levels were far higher than the provincial standard.

This level of benzene pollution wouldn't be acceptable anywhere else. Why is this acceptable in Aamjiwnaang?

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

**Hon. David Piccini:** Simply put, it's not. That's why this government is taking definitive action, since we established a health group early on, engaging Indigenous communities, engaging the region. I just recently posted regulations on SO<sub>2</sub> emissions, which will see an immediate 30% reduction, something the previous government could have done and didn't.

Secondly, over the next five or six years, we'll see a reduction of 90% in SO<sub>2</sub> emissions with air monitoring unit number 1 in Aamjiwnaang First Nation. Thanks to working with our government, collaboratively with industry, we've seen a 50% reduction in benzene, and we're going to continue to act. We're increasing monetary penalties and we're mandating public reporting, so that no longer will this community be kept in the dark, because it's unacceptable.

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

**Mr. Sol Mamakwa:** Back to the Premier: Speaker, Aamjiwnaang has been surrounded on all sides by petrochemical facilities for decades, and members have long known that these facilities have exposed them to environmental harm.

In 2019, the United Nations special rapporteur on toxic chemicals said, "I was struck by the incredible proximity of the affected First Nations to dozens of intense chemical production and processing facilities, which resulted in incredible releases of pollution and waste affecting the [residents'] health."

Aamjiwnaang is asking Ontario to work with them, to protect them from further environmental harm. How and will you honour their request? Meegwetch.

**Hon. David Piccini:** I really appreciate that member's question. Yes, I've spoken to Chief Plain, and as I said, we're acting.

When this government first took office in 2018, we launched the Sarnia area environmental health project, working with Aamjiwnaang First Nation, working with the region and working with industry. We've issued since then over \$1.8 million in monetary penalties.

But we're acting. We've set an immediate reduction of 30% in SO<sub>2</sub>, working with industry for a 90% reduction by 2026, as they operate on three-year planning and investment cycles. This is going to mean millions in investments into that community to improve air quality.

Simply put, the kids and the communities deserve better. That previous government, under the Wynne-Del Duca Liberals, issued zero dollars in monetary fines. They didn't act. They did nothing.

That member has my commitment: As a government, we're acting. We're going to work with Aamjiwnaang First Nation and we're going to let our actions speak louder than words.

**The Speaker (Hon. Ted Arnott):** I'll remind the House that we refer to other members by their riding name or their ministerial title, as applicable.

The next question.

## HOSPITAL FUNDING

**M<sup>lle</sup> Amanda Simard:** Mr. Speaker, Ontario Liberals have been long committed to turning Peel Memorial into a full hospital and delivering a third new hospital in Brampton to support their growing health care needs. When will this government say yes to a new hospital for Brampton?

*Interjections.*

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

**Hon. Christine Elliott:** I thank the member opposite for the question, but I would say we already have promised a new hospital for Brampton. We made this announcement several months ago. We're building 250 new hospital beds for Brampton, as well as a 24/7 emergency department, and we've already granted over \$1 million for the planning grant for that. So the people of Brampton are going to receive the health care resources that they need. We are the government that's going to provide them.

*Interjections.*

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

**M<sup>lle</sup> Amanda Simard:** Mr. Speaker, last year the Premier and his government continued to promise that a new hospital was being built in Brampton, when, in fact, as we found out later, it was a wing that falls short of what the community of Brampton desperately needs.

The question is simple: Will this government stop congratulating themselves and build a new hospital in Brampton. Yes or no?

**Hon. Christine Elliott:** Well, this is going to be a new hospital. It's being transferred from what it previously was, for daily care. It's now going to be a 24/7 hospital for the people of Brampton. It's a rapidly growing community.

Again, I would quote the mayor of Brampton, who recently said, "Brampton got nothing for two decades—for 20 years we were ignored despite having institutionalized hallway medicine. Frankly, this should have been done 15 years ago." In fact, it should have been done 15 years ago by the previous government. They didn't get the job done, but our government will.

## POST-SECONDARY EDUCATION

**Mr. Norman Miller:** My question is for the Minister of Colleges and Universities.

Currently, over half of post-secondary students have reported feeling depressed and over two thirds have experienced anxiety. New stresses caused by the pandemic mixed with the regular challenges of post-secondary education have led to an increase in poor mental health for students. Post-secondary students need greater support during these challenging times, and they need it now.

Speaker, can the minister please tell the House what initiatives the government has taken to address the alarming rates of poor mental health seen in post-secondary students today?

**Hon. Jill Dunlop:** Thank you to the member from Parry Sound–Muskoka for highlighting such an important and pressing issue that's facing students these days.

Since we were elected, our government has committed to addressing the well-being of all Ontarians, including post-secondary students. Last year, our government invested over \$26 million in mental health supports for post-secondary students. That's an increase of \$10.25 million from the previous year. This funding included grants for mental health workers, services and Indigenous institutes supports. We acted swiftly to fund much-needed mental health services.

Mr. Speaker, earlier this month, in the fall economic statement, our government was proud to announce an additional \$8.7-million investment to increase mental health supports at Ontario's post-secondary institutions. This additional funding will help to address the increased need for services that students so desperately need.

Our government will continue to work hard to address mental health challenges facing students.

I look forward to speaking more to this pressing issue in the supplementary.

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

**Mr. Norman Miller:** Thank you to the minister for the response.

Speaker, as students shifted to online learning in response to the pandemic, many experienced additional stress. At this point, some students are still unsure of what their winter semester will look like. This uncertainty is creating logistical challenges for students like those from my riding who have to travel further to attend campus, adding to the stress.

Now that vaccination rates are higher and case counts are lower, fully vaccinated students should be able to return to campus. The return to in-person learning is critical to the well-being of students.

Can the minister please tell the House what the government is doing to get students back on campus for the winter semester?

**Hon. Jill Dunlop:** Thank you again to the member for that question. As a mother of three daughters attending universities in Ontario, I have seen first-hand how students need to get back in the classroom and receive in-person instruction.

In the fall, our government worked closely with the Ministry of Health, the Chief Medical Officer of Health and post-secondary institutions to develop a reopening plan that worked for students. In September, schools proved that they had the capability to begin reopening with the proper health measures in place. I'm proud to say that 96% of students and 95% of faculty are fully vaccinated. With these high vaccination rates, we know students can safely transition to in-person learning.

In recent weeks, students have been vocal in their frustration and lack of motivation with online learning, and we are listening. Students should not have to worry about the uncertainty around winter semester. That is why we are working with our post-secondary partners to

provide support for institutions as they prepare for winter 2022 so they can safely reopen.

1100

#### COVID-19 TESTING

**Ms. Bhutla Karpoche:** My question to the Premier. My constituent Erin is a mother of young children, including an infant who cannot be vaccinated or wear a mask. Erin tells me she relies on her local pharmacy to pick up medications and diapers, often with her children in tow. Now she fears putting her baby at risk by attending to these vital needs in the same space where symptomatic people are being tested all day long.

Will the government reverse their irresponsible decision that allows symptomatic COVID-19 testing out of pharmacies?

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

**Hon. Christine Elliott:** Thank you very much to the member for the question, but I'm afraid we see things quite differently. What we need right now in Ontario is more places for people to be tested, because with colder weather, we are seeing more people indoors. We are seeing the numbers go up, although the numbers in our intensive care units are remaining very low.

We need to have convenient places for people to go. If they feel that they may have COVID, they need to be tested. They have to have an entrance to go into; they're not going to be allowed to go in and do their regular shopping. They will go in to be tested or they will have someone else pick up a test for them and then return it for them.

Pharmacies will have to opt in. They will need to have the physical space available for this to be done safely, and there are very intense infection prevention and control measures that are in place to make sure that the other patrons in the store are also going to remain safe and healthy.

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

**Ms. Bhutla Karpoche:** Back to the minister: The Ford government allowing symptomatic COVID-19 testing in pharmacies has left everyday Ontarians exposed and afraid to access essential services. For my constituent Michael, his local pharmacy is now a symptomatic testing site, despite there being a hospital testing centre just a 10-minute walk away. Michael also says he and his family no longer feel safe picking up prescriptions and using pharmacy services.

With this decision and with the response, the Minister of Health is essentially saying it's okay for people with COVID-19 symptoms to go to the same place where vulnerable people are. So my question to the minister is, are you aware COVID-19 is airborne?

**Hon. Christine Elliott:** I can assure the member opposite that the policy that is put in place for allowing pharmacies to opt in to this testing for both symptomatic and asymptomatic individuals is safe. There are dedicated protocols there. There are many measures to make sure

that these protocols are going to be followed, by the inspections that we have available, as well as by the College of Pharmacists, which holds pharmacists to very high standards. It has also been approved by our Chief Medical Officer of Health and the epidemiologists who advise him.

In fact, what Dr. Moore has said about symptomatic testing in pharmacies is this: "We absolutely anticipate a great partnership with our pharmacy experts and that they will be able to test in a safe manner within their facilities for those who have symptoms. We're working with them to have the best infection prevention and control protocols in place to best protect their clients, but very much welcome their partnership"—

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

The next question.

#### EDUCATION FUNDING

**Ms. Lindsey Park:** My question is for the Minister of Education. With so many young families moving to Clarington, we need to plan for the growth pressures in our schools. A number of Clarington elementary schools are already overflowing, and for years to come we want to make sure our youngest learners have a great place to call home that's close to home and to start their education journey.

I was pleased to see the minister announce yesterday new funding for building and improving schools. When will we find out if the Northglen school in Clarington is approved?

**The Speaker (Hon. Ted Arnott):** The member for Niagara West and parliamentary assistant.

**Mr. Sam Oosterhoff:** My thanks to the member from Durham for the question, and my thanks also for her advocacy. I know that this has been a project that she has been advocating for for quite some time, and I know that the constituents in her riding understand the importance of seeing modern, safe schools being built across not just their region, but across Ontario. That's why I was very pleased to see yesterday the Minister of Education join the Minister of Infrastructure to announce some \$600 million in new capital planning projects.

*Interjections.*

**Mr. Sam Oosterhoff:** Absolutely. It's very, very important to ensure that our province is being built up after so many years of the former Liberal government's neglect where we saw many schools being closed across this province—over 600 schools. Our government is the government that is building schools in communities like yours.

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

**Ms. Lindsey Park:** I've always found the minister and his parliamentary assistant, as well as their ministry team, willing to listen when bringing east Durham concerns to their attention.

Kawartha Pine Ridge District School Board already owns an 8.3-acre property that's incorporated as a school

in the municipal plan near Northglen park. On top of this school board, I have had many, many families contact me, asking me to bring this to the ministry's attention. Don't you agree with parents and the school board that it's time for a new elementary school in Clarington?

**Mr. Sam Oosterhoff:** My thanks again to the member opposite. The member is absolutely correct that our government is investing in more new schools. In fact, yesterday's announcement is announcing specifically \$565 million for 26 new schools in communities such as the ones that you represent and are advocating for, including 20 permanent additions and renovations being built and an additional 1,500 child care spaces. This is actually going to be adding, in addition to these spaces, 19,700 student spaces. This speaks to the Minister of Education, our Premier, and the ministry as a whole's commitment to ensuring that every single community in this province receives high-quality public education and that they receive it in safe, modern and technologically connected and accessible schools.

I know that there will be more details coming out in the coming days about these particular projects that have been approved in this capital tranche, and I anticipate further conversations with—

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

#### MENTAL HEALTH SERVICES

**Mr. Lorne Coe:** My question is to the Minister of Agriculture, Food and Rural Affairs. Farming is not like other careers. It's truly a 365-day-a-year job, with long hours and many stresses: unpredictable weather and difficult crop conditions, social isolation, heavy workloads, fluctuating markets and prices, labour challenges—and throw in the ongoing pressures associated with COVID-19.

The issues that farmers in my riding and across Ontario have to contend with can be overwhelming. Access to mental health resources in rural communities can also be difficult. Can the minister please explain what steps this government is taking to address mental health challenges faced by the farmers in my riding?

**Hon. Lisa M. Thompson:** I want to thank the member from Whitby for this important question. It wasn't too long ago that I had the opportunity to be north of Oshawa and Pickering with both Minister Bethlenfalvy and MPP Coe visiting on-farm and seeing the dedication and the passion that is absolutely indicative of the type of farmers we have across this province. We need to demonstrate that we have their back as well.

That's why I'm very pleased to share with everyone that on Monday we announced a \$7-million multi-year program for supports for farmers and their families to assist them with challenges, because the member was absolutely right: What other sector has people committed to their profession 365 days a year? And those days include challenges. The two programs we introduced on Monday will provide wellness supports that are part of a

larger investment that I appreciate from Minister Tibollo and Minister Elliott—

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

**Mr. Lorne Coe:** Back to the minister: I'm pleased to hear that the government is investing millions of dollars to fund these mental health support programs. However, one of the major issues associated with mental health challenges is that people in need often don't reach out and consequently do not get the supports they need. Compound that issue with farmers in my riding and across Ontario often working alone: They may not speak up at all, Speaker.

Can the minister explain how the government is addressing this critical first step to support farmers in receiving the supports they so desperately need?

**Hon. Lisa M. Thompson:** The member is very astute, because it ranges from cost of production to weather to market access. For 365 days Ontario farmers are working hard to produce good-quality food close to everyone's home. That's why we need to have their backs.

1110

The \$7-million multi-year program includes two particular programs: a farmer wellness initiative that will provide tailored, specialized support for farmers as well as their families—and I might say, this is a very popular initiative. It is modelled after initiatives that were introduced in eastern Ontario by Deborah Vanberkel, in Lennox, Addington and Hastings. She has led by example in this regard, and her legacy is allowing us to build on that success and demonstrate that our government has farmers' backs all across Ontario.

In addition to that particular program, we're also introducing the Guardians Network. It's a suicide prevention network, and it's all about training individuals to recognize farmers or farming families that could be at risk. The volunteers who will be trained will be able to recognize challenges and how farmers are dealing with those challenges.

This is great news for Ontario, and I'm very proud to be part of a government that stands with—

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

#### CHILD CARE

**Miss Monique Taylor:** My question is for the Premier. Today, the Ford government is finally supposed to be back at the table with the feds to try and hammer out a deal for the long-delayed child care plan. The only problem, though, is that the government still hasn't handed in their detailed proposal, and they still haven't given the action plan that the feds need to finalize the deal.

Speaker, parents are struggling with the cost of living, and they need \$10-a-day, affordable child care now, not when the Premier gets around to negotiations. When is the Premier going to stop trying to run out the clock, try to stop doing the bare minimum and finally get this deal done?

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

**Hon. Paul Calandra:** Mr. Speaker, it's actually the NDP who would seek to have us do the bare minimum. What we have is a federal government that has asked the province of Ontario to work with it to get to \$10-a-day child care. We are working together to do that. The federal government put an initial offer on the table. We explained to them that it did not get us to the \$10-a-day child care that was the goal of the program. The federal government didn't come to us and say, "Well, it's a take-it-or-leave-it offer." They came back and said, "Let us know what the differences are in the province of Ontario and how we get to that \$10 a day."

So unlike the NDP, who would have just accepted what the federal government put on the table first—even though the federal government wants to do more, the NDP are saying no. You know what the NDP are like, Mr. Speaker. They're that couple who invites you out to dinner and then forgets their wallet. That's what they are.

What we're going to do is, we're going to get \$10-a-day child care for families in the province of Ontario by working with our partners, despite the fact that they're unwilling to do that.

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

**Miss Monique Taylor:** Every day that this government continue to drag their feet and try to run out the clock, it is costing parents thousands of dollars out of their pocket, and it costs our economy even more.

Ontarians have suffered enough, and the fact that the Premier couldn't even be bothered to do his homework before today's meeting shows that he really doesn't even care about getting a deal, but he is going to do everything he can do to stop it. If he's not willing to do the work to get a deal, then he needs to get out of the way because there is too much at stake for Ontario families and our economy.

Conservative Premiers in Saskatchewan, Manitoba and even Jason Kenney in Alberta managed to get their own pettiness out of the way and get a deal for \$10-a-day, affordable child care. Why can't this Conservative Premier do the same thing for Ontario families?

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Members will please take their seats.

Government House leader.

**Hon. Paul Calandra:** Every single day—you know, you try to help them; you really do. You try to help the NDP understand how governments function and how to work with other people, but they just don't get it.

What the NDP are telling the people of the province of Ontario is that despite the fact that we have a partner that wants to help us get to \$10-a-day child care, despite that fact, we should say, "No, we don't want those extra resources. Forget about the differences. Let's just sign any deal." We're not going to do that because we want to get to the \$10-a-day child care. That's our goal.

It is true that the Liberals botched up this file for 15 years and gave us rates that are far too expensive for families in the province of Ontario. We're going to get a

deal that is sustainable, that is in the best interests of Ontario families and that helps build a \$10-a-day child care foundation for decades to come, despite the fact that the NDP seem completely unprepared to ever deal with issues that come before them.

## CHILD CARE

**M<sup>me</sup> Lucille Collard:** I just got a little taste of the answer I'm going to be getting.

Mr. Speaker, child care in Toronto costs nearly \$19,000 per year. People on minimum wage earn \$27,000 per year. The Minister of Education acknowledges that child care is inaccessible and unaffordable, yet we've been waiting endlessly for \$10-a-day child care, which is preventing parents—mostly women—from joining the workforce.

The government wants more money for a longer period than other provinces. That's why it's making the deal so hard to negotiate. The federal government has been asking for an action plan that is not being provided, as has been mentioned. Lack of a plan—sound familiar?

My question is, why is it taking so long for the government to provide a plan and negotiate a deal on child care for the benefit of Ontarian families and for the benefit of our economy?

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

**Hon. Paul Calandra:** Speaker, now I know why Steven Del Duca doesn't want to be in the House. It must be very difficult for the Liberals to ask these types of questions. We heard it earlier, with the Brampton hospital question—if they only had that fifth mandate. They had four mandates to do something about child care, but if they had had that fifth mandate, they would have gotten the job done for Brampton—but it's taking us in our first mandate to get it done. On child care, we first heard the commitment back in 1993, I think. It was a real big stretch goal for the Liberals that was, of course, supported by the NDP—those stretch goals.

Here's the difference: A Progressive Conservative government is going to deliver on affordable child care, just like a Progressive Conservative government delivered on public health care, just like a Progressive Conservative government delivered subways to the province of Ontario. It is a Progressive Conservative government that delivers constantly, and we will deliver for the families of Ontario.

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

**M<sup>me</sup> Lucille Collard:** This government claims to be all about promoting a strong economy. Ten-dollar-a-day child care would allow more parents to enter the job market and continue with their careers. That's what would help our economy, and that's why the other provinces have signed a deal. It is also the right thing to do.

While everybody is waiting for relief, this government's delay is costing parents thousands of dollars. The government says it's waiting for a fair deal, but everyone is tired of waiting for the government to step up and help working families.



So will the minister or the government prioritize Ontario families and sign a deal today?

**Hon. Paul Calandra:** Mr. Speaker, one wonders, if the Liberals are so passionate about this, how it is that we have the most expensive daycare fees in the country. Under their watch, daycare fees, the costs of child care, actually increased by 40%. Think about that: 40%. Think of how that impacted the people of the province of Ontario and Ontario families. Put on top of that the fact that we had the most expensive hydroelectricity rates in the entire country. Put on top of that the fact that thousands of jobs were being lost because of the policies they brought in place.

Here's one thing I know: A Progressive Conservative government will get the job done for Ontario families when it comes to affordable child care. The member opposite has my word. We will complete the job that the Del Duca government, the Wynne government, the McGuinty government never could do, and we'll do it in our first mandate.

#### ADDICTION SERVICES

**Mr. Jamie West:** My question is for the Premier.

Speaker, Barbara Ries is a constituent of mine. She was prescribed opioids after a serious work injury. Barbara took her medications as prescribed and became addicted. When Barbara filed a complaint against her health care provider; it resulted in a training session for the physician. Meanwhile, Barbara faced homelessness and lost care of her children.

The government can't sit by while such injustices continue. There are thousands of people like Barbara out there, and they want accountability for those who over-prescribe opioids, and they want solutions for those suffering from addiction.

Barbara beat her addiction, but many others aren't as lucky, especially in Sudbury, where we face an acute shortage of addiction supports.

My question is, when will the government move from the sidelines of the opioid overdose epidemic and take serious action to save lives and address the opioid crisis?

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

**Hon. Michael A. Tibollo:** Thank you for the question from the member opposite.

Mr. Speaker, we know that there is a polysubstance overdose issue in the province of Ontario. One of the first things we did as a government was to create a Roadmap to Wellness to understand the needs of the various people who live within the province, and what we did was announce \$32.7 million be invested in new, annualized funding for targeted addiction supports, including treatment and care for opioid use disorder.

1120

These investments will enhance and give additional supports to people in the province using evidence-based therapies and interventions that include opioid agonist therapies and high-quality addiction services to address the urgent needs that we have in the province of Ontario.

I'll speak a little bit more in the supplementary with respect to the kind of investments that we made and—

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

Supplementary question.

**Mr. Jamie West:** The minister talks a good game, but two years ago, the Conservative Party voted against my bill to declare the opioid overdose crisis in northern Ontario a public health emergency. They voted it down.

And one year later, last November, I told the Premier, in question period, about walking with Denise Sandul and two of her daughters. During that walk, we visited the overdose memorial cross for her son Myles. Myles was an athlete and his family loved him, and he was also addicted to opioids. Several times, Myles tried to get help with his addiction, and none was available. Myles Keaney was 22 years old when he died by overdose.

Last year, in September, Myles's memorial cross was alone. When I visited with Denise and her two daughters, there were 51 crosses last November, and today there are 218 opioid overdose memorial crosses. That's 167 more crosses in just one year.

My question to the Premier is, how many more crosses will we have to erect before the Premier takes action on opioid addiction in Sudbury?

**Hon. Michael A. Tibollo:** Once again, to reiterate the position of the government, investments are being made and we are addressing the issues in northern Ontario, in rural Ontario, in southern Ontario.

This year, we were proud to invest another \$175 million for mental health and addiction services that build on previous investments that this government has made and is continuing to make, to the tune, now, of \$525 million in annualized funding. Through the funding we announced, the \$32.7 million—and it's targeted to addiction services and supports across the province, including treatment for opioid addictions. That includes \$13 million in new annual funding to address urgent gaps across the continuum of care in northern Ontario, with investments like the more than \$1 million in additional annual funding we announced to help develop a system-wide response to complex mental health and addictions for the people to find access and supports where and when they need them.

We have an issue in the province of Ontario relating to opioid overdoses, polysubstance. We are addressing it—

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

The next question.

#### ENVIRONMENTAL PROTECTION

**Mr. Mike Schreiner:** My question is for the Premier. On Monday, the Auditor General released a scathing report expressing concern that the Ministry of the Environment is not actually protecting the environment. Especially disturbing are the AG's revelations that thousands of hazardous spills are resulting in pollution that threatens workplace safety and people's health. The annual economic cost of this pollution is \$5 billion. Not only is the ministry failing to prevent these toxic spills, but they're

putting the price of them on the backs of taxpayers, resulting in tens of millions of dollars of unrecovered costs.

Will the Premier commit today to protecting people's health and taxpayer dollars by committing to do everything possible to prevent these toxic spills and making polluters pay for the damage they cause?

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

**Hon. David Piccini:** Thank you to the member opposite for that question. In short, yes. Every year, we receive thousands of reports from Ontarians on spills. In fact, in 2020, the Spills Action Centre handled approximately 93,779 calls. As I'm sure that member can appreciate, each call is unique in nature and results in a differing level of response. Some are minor; some are major. Obviously, the ministry investigates every single call that we receive.

What I can tell that member opposite is that we've taken action. In fact, to do that, we've launched a new app, Environmental Compliance Hub Ontario, or ECHO, empowering citizens to stay engaged. Want to know what that means? Just ask Niagara Coastal, who this government has funded, empowering citizen science to support us with the latest data to tackle spills. We're leading with action, and we're going to continue doing that.

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

**Mr. Mike Schreiner:** I guess the minister did not read the Auditor General's report. Proactive inspections are down by 25%.

The results of the lack of inspections and preventing toxic spills have real-world consequences. According to the Auditor General, these toxic spills and pollution result in 800 annual worker injuries, 600 annual cancer cases from local sources of air pollution, and 6,600 premature deaths of local sources of air pollution.

The ministry's failure to protect people has real consequences, Speaker, so I'm asking the minister: Can the minister commit today to using all the ministry's powers to minimize the damage of these spills, which the auditor says they're not doing, and recover the tens of millions of damages polluters are causing in this province?

**Hon. David Piccini:** I guess the member opposite didn't hear my answer. What we are doing is just that: We're empowering not only citizens to get engaged, but we're utilizing the latest technology.

I mean, it was irresponsible. The previous government—picture a round phone where you have to dial the number like this. That's how they operated: in the Stone Age. We're embracing technology. We've updated our reporting in an effort to be more transparent on this. And yes, we investigate the repeat offenders and apply penalties. We're open to examining every aspect of this.

We appreciate the Auditor General's response, but quite literally, we're acting on this by taking action, empowering citizen science, updating, being more transparent with our data. And we're going to keep doing more, because we know that Ontarians care about their natural environment. We're empowering them to be a part of the

solution, and we're relying on the latest technology to do better.

## HOSPITAL FUNDING

**Mr. Gurratan Singh:** My question is to the Premier. Brampton is a city of almost 700,000 people, and we are struggling with a health care crisis that was declared before COVID-19 and has become far worse with the pandemic. But instead of fixing this crisis, the Premier is using it to play political games. He made an empty election promise to build another hospital in Brampton without a dollar in the budget or in the fall economic statement. There are not even plans to bring a 24-hour emergency room to the Peel Memorial health centre.

Enough is enough. The people of Brampton are done with the Conservative government's political games with our health care crisis. Will the Conservative government commit today to ensuring that the Peel Memorial health centre is converted to a hospital with a 24-hour emergency room—24 hours—and with the amount of beds that our community needs?

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

**Hon. Christine Elliott:** Thank you to the member opposite for the question. Our government is certainly well aware of the needs of the people of Brampton. It's a fast-growing community, and two members of our government—the members from Brampton South and Brampton West—have been strong advocates for their community, and we're very grateful for that.

What has happened, though, is that for 15 years, the needs of Brampton were neglected by the previous government. We are not going to do that. We are agreed that Brampton does need another hospital. We have already put \$1.5 million in to support the planning for the emergency department, which will be 24/7, as well as an additional 250 beds.

Again, I'd like to quote the mayor of Brampton, who said this: "We're getting \$1 billion, the largest investment in health care in our city's history. This is a significant step forward, this is progress, and I don't think there is any mayor in Canada that would not be elated with a \$1-billion investment in their community."

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

**Mr. Gurratan Singh:** Back to the Premier: The Conservative government will quote from the mayor of Brampton, but let's quote from the Premier of Ontario, who came to Brampton himself and admitted that there are no plans to build a hospital in Brampton until 2023. That's after next year's election. Instead of coming to Brampton to end our health care crisis and ending hallway medicine in Brampton, where thousands—

*Interjections.*

1130

**The Speaker (Hon. Ted Arnott):** Government side, come to order.

**Mr. Gurratan Singh:** —of people are treated every single year in the hallway, the Premier came to Brampton

and did a political pre-campaign stop and made empty election promises—

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Government side, come to order.

**Mr. Gurratan Singh:** —off our city's health care crisis. Will the Premier stop playing political games with Brampton's health care crisis, and will he commit today to making sure that Brampton has three fully funded hospitals?

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Once again, the government side must come to order.

The Minister of Health.

**Hon. Christine Elliott:** With respect—news flash to the member opposite—it takes longer than a year to build a hospital. This is a process that requires detailed planning. There has already been \$1.5 million advanced to support the planning for the emergency department. There are active negotiations that are going on between the people at the hospital and the people within the Ministry of Health. This is a project that is going to go forward. We have made a commitment—and we fulfill our commitments—to make sure that this is a 24/7 emergency department and 250 new beds for the people of Brampton. They deserve it, and we will deliver it for them.

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

#### PRIVATE MEMBERS' PUBLIC BUSINESS

**The Speaker (Hon. Ted Arnott):** I beg to inform the House that, pursuant to standing order 101(c), changes have been made to the order of precedence on the ballot list for private members' public business such that Mrs. Stevens assumes ballot item number 25, Mr. Natyshak assumes ballot item number 75, Mr. Bourgouin assumes ballot item number 26, and Ms. Begum assumes ballot item number 42.

#### DEFERRED VOTES

STAY HOME IF YOU ARE SICK  
ACT, 2021

LOI DE 2021  
PERMETTANT AUX EMPLOYÉS  
MALADES DE RESTER CHEZ EUX

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

Bill 8, An Act to amend the Employment Standards Act, 2000 with respect to paid leave / *Projet de loi 8, Loi modifiant la Loi de 2000 sur les normes d'emploi en ce qui concerne les congés payés.*

**The Speaker (Hon. Ted Arnott):** The bells will now ring for 30 minutes, during which time members may cast their votes. I'll ask the Clerks to please prepare the lobbies.

*The division bells rang from 1133 to 1203.*

**The Speaker (Hon. Ted Arnott):** The vote on the motion for second reading of Bill 8, An Act to amend the Employment Standards Act, 2000 with respect to paid leave has taken place.

**The Clerk of the Assembly (Mr. Todd Decker):** The ayes are 30; the nays are 46.

**The Speaker (Hon. Ted Arnott):** I declare the motion lost.

*Second reading negatived.*

TIME TO CARE ACT (LONG-TERM  
CARE HOMES AMENDMENT, MINIMUM  
STANDARD OF DAILY CARE), 2021

LOI DE 2021  
SUR LE TEMPS ALLOUÉ AUX SOINS  
(MODIFIANT LA LOI SUR LES FOYERS  
DE SOINS DE LONGUE DURÉE  
ET PRÉVOYANT UNE NORME MINIMALE  
EN MATIÈRE DE SOINS QUOTIDIENS)

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

Bill 14, An Act to amend the Long-Term Care Homes Act, 2007 to establish a minimum standard of daily care / *Projet de loi 14, Loi modifiant la Loi de 2007 sur les foyers de soins de longue durée afin d'établir une norme minimale en matière de soins quotidiens.*

**The Speaker (Hon. Ted Arnott):** The bells will now ring for 15 minutes, during which time members may cast their votes. I'll ask the Clerks once again to prepare the lobbies.

*The division bells rang from 1205 to 1220.*

**The Speaker (Hon. Ted Arnott):** The vote on the motion for second reading of Bill 14, An Act to amend the Long-Term Care Homes Act, 2007 to establish a minimum standard of daily care has taken place.

**The Clerk of the Assembly (Mr. Todd Decker):** The ayes are 72; the nays are 0.

**The Speaker (Hon. Ted Arnott):** I declare the motion carried.

*Second reading agreed to.*

**The Speaker (Hon. Ted Arnott):** Pursuant to standing order 101(h), the bill is referred to the Committee of the Whole House. I recognize the member for London—Fanshawe.

**Ms. Teresa J. Armstrong:** I would like to refer Bill 14, the Time to Care Act, to the Standing Committee on Justice Policy.

**The Speaker (Hon. Ted Arnott):** Is the majority in favour of this bill being referred to the Standing Committee on Justice Policy? Agreed? Agreed. The bill is referred to the Standing Committee on Justice Policy.

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

*The House recessed from 1221 to 1500.*

## REPORTS BY COMMITTEES

### STANDING COMMITTEE ON SOCIAL POLICY

**Ms. Natalia Kusendova:** I beg leave to present a report from the Standing Committee on Social Policy and move its adoption.

**The Clerk-at-the-Table (Mr. William Wong):** Your committee begs to report the following bill, as amended:

Bill 27, An Act to amend various statutes with respect to employment and labour and other matters / Projet de loi 27, Loi modifiant diverses lois en ce qui concerne l'emploi, le travail et d'autres questions.

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

*Report adopted.*

**The Speaker (Hon. Ted Arnott):** The bill is therefore ordered for third reading.

## INTRODUCTION OF BILLS

### 9-1-1 EVERYWHERE IN ONTARIO ACT, 2021

#### LOI DE 2021 SUR LE 9-1-1 PARTOUT EN ONTARIO

Mme Gélinas moved first reading of the following bill:

Bill 56, An Act to enact the 9-1-1 Everywhere in Ontario Act, 2021 and to amend the Ombudsman Act to create an Assistant Ombudsman responsible for the oversight of 9-1-1 operations / Projet de loi 56, Loi édictant la Loi de 2021 sur le 9-1-1 partout en Ontario et modifiant la Loi sur l'ombudsman pour créer le poste d'ombudsman adjoint chargé de surveiller les activités du système 9-1-1.

**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):** I'll invite the member for Nickel Belt to briefly explain her bill.

**M<sup>me</sup> France Gélinas:** The bill enacts the 9-1-1 Everywhere in Ontario Act, which requires the Solicitor General to administer the act and to fulfill various obligations regarding the provision of infrastructure so that 911 services become available everywhere in Ontario.

The act also places certain obligations on persons to operate a 911 call centre respecting the staffing, supervision and training of staff.

The bill also amends the Ombudsman Act to establish the position of assistant ombudsman responsible for the oversight of 911 operations, which includes assisting the Ombudsman with investigations relating to the provision of 911 services.

### PARIS GALT MORAINÉ CONSERVATION ACT, 2021

#### LOI DE 2021 SUR LA CONSERVATION DE LA MORAINÉ DE PARIS GALT

Mr. Schreiner moved first reading of the following bill:

Bill 57, An Act to conserve the Paris Galt Moraine by providing for the Paris Galt Moraine Conservation Plan / Projet de loi 57, Loi visant à conserver la moraine de Paris Galt grâce au Plan de conservation de la moraine de Paris Galt.

**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):** I'll invite the member for Guelph to briefly explain his bill.

**Mr. Mike Schreiner:** This bill enacts the Paris Galt Moraine Conservation Act and enables the minister to establish a Paris-Galt moraine conservation plan. The bill sets out the objectives of the plan, which include protecting the ecological and hydrological integrity of the moraine with the intention of protecting drinking water for present and future generations.

## PETITIONS

### TREATIES RECOGNITION

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

"To the Legislative Assembly of Ontario:

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

"Whereas Ontario has marked Treaties Recognition Week since 2016;

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

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

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario to ensure that treaty week is used as an opportunity to put words into action by delivering safe drinking water, adequate health care, equitable education, a reformed child welfare system, safe housing, and clean air, water and land for the future."

I absolutely support this petition. I affix my signature and hand it over to Serena for the Clerks.

### OPTOMETRY SERVICES

**The Speaker (Hon. Ted Arnott):** Petitions? The member for Nickel Belt.

**M<sup>me</sup> France Gélinas:** Thank you, Speaker. I'm happy to present these petitions from the good people of Wellington-Halton Hills. Maybe you know some of them.

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

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

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

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

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

They petition the Legislative Assembly as follows:

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

I support this petition. I will affix my name to it and send it to the Clerk with page Ella.

#### TENANT PROTECTION

**Mr. Wayne Gates:** “To the Legislative Assembly of Ontario:

“From the Ontario land lease homeowners’ action group in support of amending the Residential Tenancies Act and related legislation as it pertains to land lease communities:

“Whereas the population of land lease homeowners in Ontario numbers 26,000-plus women and men, mostly seniors, in 12,000-plus homes in 72 communities, with thousands more under development; and

“Whereas land lease homeowners live in self-owned homes on rented property; and

“Whereas, from a land lease homeowner’s perspective, the Residential Tenancies Act has not been revisited since 2006; and

“Whereas the land lease housing environment has changed dramatically; and

“Whereas many land lease homeowners feel the current practices of certain landlords are contentious and must be addressed;

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

“To direct the Ministry of Municipal Affairs and Housing to work in committee with appointed representatives from the Ontario land lease homeowners’ action group, to review and revise the Residential Tenancies Act and related legislation to ensure that land lease homeowners are treated fairly, justly and equitably under the Tribunals Ontario system, specifically when matters appear before the Landlord and Tenant Board.”

I fully agree with this, and I’ll sign my name to it.

#### OPTOMETRY SERVICES

**Miss Monique Taylor:** I’d like to read a petition to save eye care. I thank Dr. Otto C.W. Lee and Associates,

which is located on Rymal Road in my riding, for sending these petitions in.

“To the Legislative Assembly of Ontario:

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

“Whereas the government only pays on average \$44.65 for an OHIP-insured visit—the lowest rate in Canada; and  
**1510**

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

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

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

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

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

I wholeheartedly agree with this, Mr. Speaker. I’m going to give it to page Isabella to bring to the Clerk.

#### HIGHWAY SAFETY

**M<sup>me</sup> France Gélinas:** I would like to thank Mr. Russ Lamothe from Dowling in my riding for these petitions.

“Make Highway 144 at Marina Road Safe....”

“Whereas residents of Levack, Onaping and Cartier, as well as individuals who travel Highway 144, are concerned about the safety of a stretch of Highway 144 in the vicinity of Marina Road and would like to prevent further accidents and fatalities; and

“Whereas three more accidents”—now four—“occurred in summer 2021 resulting in severe injuries, diesel fuel spilling into the waterways, the closure of Highway 144 for several hours delaying traffic” and the death of two residents as well as “stranding residents; and

“Whereas the Ministry of Transportation has completed a review of this stretch of Highway 144, has made some improvements and has committed to re-evaluate and ensure the highway is safe;”

They petition the Legislative Assembly as follows: “that the Ministry of Transportation review Highway 144 at Marina Road immediately and commit to making it safe, as soon as possible, and no later than December 2021.”

I support this petition, will affix my name to it and send it to the Clerk with page Hayden.

#### OPTOMETRY SERVICES

**Ms. Jill Andrew:** “Petition to Save Eye Care in Ontario.

“To the Legislative Assembly of Ontario:

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

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

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

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

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

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

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

I absolutely support this petition, affix my signature and will hand it to Nathaniel for the Clerks.

### OPTOMETRY SERVICES

**Ms. Andrea Horwath:** This petition is to the Legislative Assembly of Ontario. It reads as follows:

“To the Legislative Assembly of Ontario:

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

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

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

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

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

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

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

Speaker, I support this petition, will affix my name and send it to the Clerks’ table via wonderful page Serena.

### NURSES

**The Deputy Speaker (Mr. Bill Walker):** Petitions? The member from Niagara Falls.

**Mr. Wayne Gates:** Thank you very much, Speaker. It’s the first time I’ve seen you there, so congratulations on your new job.

I’m happy to present this petition from Ontarians, many of whom are served by Southlake hospital. There are 522 signatures on it, 210 of which—40%—are from the residents of Newmarket–Aurora, the health minister’s own riding. I want to thank registered nurses and registered respiratory therapists for speaking out for patient safety in intensive care.

“To the Legislative Assembly of Ontario:

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

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

“Whereas Southlake’s response to the RN staffing crisis in its intensive care unit is to hire RNs without providing full education and training in critical care nursing prior to these nurses working in the ICU; and

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

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

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

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

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

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

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

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

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

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

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

I agree with this, and I’ll sign my name to it and give it to the page as well.

**The Deputy Speaker (Mr. Bill Walker):** Thank you, and welcome back to the member from Niagara Falls.

## FRONT-LINE WORKERS

**M<sup>me</sup> France Gélinas:** I would like to thank Mrs. Valerie Smith from Val Caron in my riding for these petitions.

“Make PSW a Career....”

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

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

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

They petition the Legislative Assembly as follows:

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

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

## PRIVATE MEMBERS’ PUBLIC BUSINESS

**The Deputy Speaker (Mr. Bill Walker):** I beg to inform the House that, pursuant to standing order 101(c), changes have been made to the order of precedence on the ballot list for private members’ public business, such that Ms. Begum assumes ballot item number 30 and Mr. Mantha assumes ballot item number 42.

1520

## OPPOSITION DAY

## HOSPITAL FUNDING

**Ms. Andrea Horwath:** I move opposition day number 5, as follows:

Whereas Brampton is one of the fastest-growing and most diverse cities in the country, yet remains one of the most underserved cities in Canada in terms of health care services and investments; and

Whereas the previous Liberal government ignored the growing health services crisis in Brampton by refusing to build a new hospital; and

Whereas despite the challenges of the pandemic, the Ford government has broken its promise to upgrade Peel Memorial to a full hospital, walking away from the Premier’s commitment to build the second emergency room and acute care beds required to address long waits and a lack of capacity in the city’s one existing hospital; and

Whereas consecutive Liberal and Conservative governments have repeatedly failed to deliver on promises to improve health care in Brampton, despite the need for a minimum of 850 new beds and the construction of a third

full-service hospital to address overcrowding and hallway medicine in Canada’s ninth-largest city;

Therefore, the Legislative Assembly calls on the Ford government to immediately provide the funding necessary to address the 850 beds needed in Brampton, build a new emergency room and beds at Peel Memorial, and build a third hospital to appropriately address the city’s health care needs.

Addressed to the Premier.

**The Deputy Speaker (Mr. Bill Walker):** Ms. Horwath has moved opposition day number 5.

I return the floor and recognize the leader of the official opposition to lead off the debate.

**Ms. Andrea Horwath:** Thanks so much, Speaker. I can tell you that I really wish we didn’t have to be here once again debating the desperate need that Brampton has for emergency room capacity and critical care beds. The bottom line is that this community was pretty much ignored by the Liberal government for 15 years. Promises were made to them as recently as January of this year by the current Conservative Premier, and then, of course, just a couple of weeks ago, they found out that the Premier is reneging on the promise he made just several months before. This community has been devastated by successive Conservative and Liberal governments. Let’s not forget that it was a Conservative government that initially broke the promise around how many beds that community would get in the building of the very first P3 hospital in Ontario, which was Brampton Civic. In fact, the Auditor General later was quite critical of the Conservatives in terms of not only the wasted money in the P3 model of that hospital but the poor process and the reduced number of beds that ended up being provided in Brampton Civic. The day that hospital opened, it was already overcrowded. The same thing happened with Peel Memorial, which is an urgent care centre. The people of Brampton, which is, as I said, the ninth-largest city and a still quickly growing city in Canada, have been shortchanged by several years of Conservative governments—I think they had eight years back then, when they were in office, and they’ve had four years now. So that’s 12 years of Conservative governments and 15 years of Liberal governments.

Brampton is a very vibrant and diverse community. They deserve to have the health care resources and the hospital capacity that they need to be able to serve the public. They deserve what all Ontarians deserve: timely access to quality health care when they need it, close to home. Families in Brampton know all too well that that has not been what they’ve been getting for literally decades. There are nearly 650,000 people in Brampton, and they have just one full-time hospital, one ER. Compare that to Toronto, where there are nearly three million people and we have 15 emergency rooms here.

Bramptonians have known for a long time that there is chaos and crisis inside both Brampton Civic and Peel Memorial. In fact, we know that Brampton has been like a ground zero—the hot spot, if you will—for hallway medicine in this province. And this is a Premier that pretended that he was going to address hallway medicine;

another promise broken by Premier Ford. Not only has he not done so, because, particularly in Brampton, all of the services are again bursting at the seams; he has, as I said just recently, once again thumbed his nose at the people of Brampton and is basically saying that they're still going to have to wait to get the health care services that they need.

That means that patients are left in untenable situations. Patients are left in hallways, stacked up on stretchers or gurneys, waiting in pain, families not being able to figure out exactly where their loved one is—24 hours with lights on and noises, and a lack of a room, lack of a washroom, lack of a call bell for a nurse. That's what going on there.

Brampton Civic was built to see 90,000 visitors a year, the day the doors opened, when the Conservatives basically caused a huge problem in not providing the capacity that they should have had from day one. Some 90,000 visitors a year, it was built for, unfortunately. But instead, it sees 140,000, and 5,000 patients each and every year are being treated in the hallways—5,000 patients being treated in the hallways every year at Brampton Civic. They're serving 50,000 more visits a year than what the Conservatives first built this hospital to provide.

Bramptonian Judith Martin describes her experience with her mom, Muriel, and I'm going to quote it, because I think people across the way need to know the kind of situation that their decision is leaving people in: You "could hardly walk through the maze of stretchers crowded into that treatment area. Sick and vulnerable people are subjected to light and noise 24 hours a day. They have no privacy and cannot sleep."

As I said, Speaker, Brampton Civic and Peel Memorial were already in an overcrowding crisis before COVID-19 hit, and of course it became even worse during the pandemic. I'm going to ask members and anybody who might be watching to cast their mind back to 2016, 2017, four or five years ago when hallway medicine was at an all-time high in Brampton. We heard a lot from a particular woman. Her name was Jamie-Lee Ball. My friend here, the MPP for Brampton southwest—

**Ms. Sara Singh:** Centre.

**Ms. Andrea Horwath:** —shoot, I always do that; sorry—from Brampton Centre was with me on a number of occasions in downtown Brampton to meet with Jamie and to help her get her story out.

Jamie was known as "Hallway Patient Number 1." Her experience in hallway medicine led her to be labelled "Hallway Patient Number 1" because she didn't have a room, so health care professionals in the hospital couldn't talk about the patient in room A or room B or room 325 or whatever. No, it was "Hallway Patient Number 1."

Here is what an article from that point in time says: "It was really surprising.... One of the comments that my mom made is that she felt like we were in a Third World country—deprived of a room, just lying on a stretcher in the hallway." Speaker, nobody should have to deal with that, but Bramptonians have been dealing with it literally for years and years and years on end.

She goes on to say, "I got up from the wheelchair I was in and collapsed on the floor. I was in so much pain, I was

screaming in pain and crying." Nurses found a stretcher, and she spent the next two days on a stretcher in a hallway in the emergency room. It is absolutely shameful.

I could go on. This is one article that describes what Jamie-Lee Ball endured, but there are thousands of stories, really. I've heard from parents who said that they avoid driving to the Brampton Civic Hospital because they're fearful of being stuck in a hallway for days on end with their loved one, whether it's their children or whether it's their parents or whether it's any loved one whatsoever. They literally drive further. They drive to Georgetown, some people have told me, because they just simply cannot trust that the services are going to be there. And this has nothing to do with the wonderful front-line workers that work in that hospital, the dedicated staff that do their very best day in and day out, absolutely very best, to take care of folks at Brampton Civic, and the same with Peel Memorial. It's not their fault. It's not the administration's fault. They're doing everything that they can as well. But who is not doing their job and who hasn't been doing their job is the Liberal government for the last 15 years and the Conservative government eight years before that and for the last three years. That's who's not doing their job. And the people of Brampton have yet again been shortchanged and have been told they're going to have to wait.

**1530**

Well, Speaker, you know what? Kathleen Wynne and Steven Del Duca, the Liberals, had 15 years, as I said; they chose not to. They chose not to build. They chose not to help out the people of Brampton.

From July 2018 to June 2019, Peel Memorial capacity was between 555% and 587%. That's the capacity: 587% overcapacity at Peel Memorial. How can any organization, how can any health care provider or institution function adequately and provide the quality and level of care that they want to provide when they're at 587% overcapacity?

When the Liberals left office, of course, Brampton Civic was in crisis. They were spending nearly half of their days, half of the days of a week in code gridlock, literally, where there was no capacity whatsoever to bring in new patients.

Sanjay Madgal was describing his 91-year-old dad Satyanarayana's last days in Brampton Civic's ER. This is how it was described: "I will spare you the gory details of my dad's last days. He died of pneumonia. Suffice to say he spent a significant amount of time on a stretcher in the coldest part of the ER hallway....

"To this day I am traumatized whenever I encounter an ambulance with lights and sirens. I say a small prayer for the sick person heading to the Brampton ER because I know what they are about to go through."

Speaker, people are literally traumatized by what this government and the previous Liberal government, or this party that is now in government and was before and the Liberal Party which were just previously in government before this one regained power—traumatized by the decisions that they've made, by the refusal to do the right thing and fund adequate services in this wonderful and fast-growing community.



Doug Ford could have turned the page on all of that. In fact, he was suggesting that perhaps he was going to do that. But then, of course, he didn't. He could have made things better but he chose to cut instead. He's been cutting health care, cutting public health and, of course, putting Bramptonians in an even worse situation.

In January of this past year, Brampton council declared a health care emergency because there simply are not enough hospital beds to serve the people of Brampton—not enough beds and not enough staff. By June in the pandemic, Brampton Civic transferred out 567 infected patients, 150 of them in critical condition, more than literally any other hospital in Ontario. And still after all of that, the Ford government doesn't want to spend the money on Brampton families, their health, their well-being and the health care services that they deserve.

The Ford government's Peel Memorial expansion plan that was recently announced still doesn't make Peel Memorial a full hospital. There is going to be no emergency room, no acute care beds—far less than the 850 beds that the facility needs. Here is what the Brampton council said when they found out that the Conservative government had done a bait and switch on them. I quote from the Pointer back in November 6, 2021—

*Interjections.*

**Ms. Andrea Horwath:** I find it shocking, Speaker, that government members are laughing as I describe the horrifying conditions that patients in Ontario, in Brampton, Ontario, have faced over the last number of years. It is a disgrace. Stop laughing and take your job seriously. Get these people the health care that they need. Shame on all of you.

“‘We asked for 850 beds in that motion and we're getting 250 beds in seven years?’ Those were the angry words of Brampton Councillor Jeff Bowman Wednesday, as he recalled a resolution of council last year that officially declared a local health care emergency and demanded” that Queen's Park take action.

Speaker, I can quote more from this article and many, many others, from many other publications and many other news sources, because everybody knows what's been happening in Brampton, except the Ford government. Everybody understands what the solutions are, except the government that penny pinches and doesn't want to fund health care for the people of this province.

Speaker, I've got say, this Ford government still has not budgeted a single dime for a brand new, stand-alone hospital in Brampton, a hospital that they need and deserve. The government could have made Peel Memorial a full hospital, with an ER and acute care beds, and they could actually bring another full-service hospital to this community that desperately needs it, but they have absolutely chosen not to do so. That is the choice, Speaker. That is on them.

Now, I can tell you straight up that that's why this motion is here today, and that's why, once again, it's New Democrats, who, dozens of times, have raised the crisis of Brampton's health care needs and hospital capacity in this chamber for many, many years. If I were a Premier right

now, if the NDP were in government right now, we would finally get this done for the people of Brampton. We would absolutely build a new hospital in Brampton. We would expand Peel Memorial in the way that it should be expanded, to become a full hospital as well, with an ER and acute care beds, because that's what should have been done long ago.

It's shocking that, yet again, the people of Brampton are told they have to wait. But I can tell you, they don't have to wait. They don't have to wait until the election to get some action on this file. They don't have to wait to an election to elect an NDP government. This government can change its ways and actually make the commitment that they should have made when they first got elected, frankly, three and a half years ago. So today, what I'm doing is putting out an offer. I'm proposing that all parties work together to actually get this done for the people of Brampton. Let's start to repair decades of damage done by Liberals and Conservatives by refusing to step up and do what they should have done for Bramptonians.

As MPPs in this House, let's stop the government from looking the other way. As the twin crises of the pandemic and hallway medicine spiralled out of control, they could have actually done something about it. But what we can do today is we can actually commit to giving Bramptonians what they need and deserve. They deserve so much better. Let's get together today, pass this motion and change the course of action here.

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

**Mr. Kevin Yarde:** I want to thank our leader for those kind words for our community of Brampton. We so desperately need the health care fixed and the crisis to end as soon as possible. It's an honour to rise and speak on behalf of the people of Brampton North. We're here to bring this motion forward on a new Brampton hospital and the Peel Memorial expansion.

This government has been saying that they're on the people of Ontario's side, but, Mr. Speaker, it's clear that they've let the people of Brampton down time and time again. Maybe they don't consider Brampton as part of Ontario. We've seen how they've let down our health care system, our long-term-care homes, our schools, our small businesses and so much more. They neglected Brampton even in the middle of a pandemic. We were one of the hardest-hit cities during the pandemic in Ontario, yet we had some of the fewest pop-up vaccine clinics for a very long time.

**1540**

At the risk of sounding like a broken record, Mr. Speaker, let me bring it up again, because I don't think the government heard me the countless times I've raised this issue here. Our health care system in Brampton is in a crisis. Our health care system in Brampton is in a crisis, and with only one full-service hospital, which is in my riding, Brampton Civic, serving almost 700,000 people during a pandemic, it's no wonder our city saw over 20% positivity rates at times.

We've been below the provincial average in almost all the health care metrics for years now due to the neglect of

the Conservative and the Liberal governments over the past 15 years. I've been hearing from so many frustrated constituents about how dire the situation is in our health care system, and I've been hearing about it ever since I've been elected. I hear from my constituents how they don't even go to Brampton Civic, as the leader was mentioning. They just drive right past Brampton Civic, going to other hospitals, going to Georgetown, going to Toronto, going to Mississauga to get the health care they need.

One situation that I think is really, really touching is the fact that even one of our Brampton city councillors had to drive his wife to Georgetown because of the absurd wait times at Brampton Civic Hospital. This is a city councillor in Brampton. At the Georgetown Hospital, his wife received care within the hour. If a city councillor in Brampton has to go to another city to get health care, there's obviously something desperately, desperately wrong with our health care system in Brampton.

All of this has been going on since well before the pandemic, so I do put some of the blame as well on the Wynne-Del Duca government. But the Ford government has been in power since 2018, and the moment they came into power, they cut our health care system. What they should have been doing is they should have been investing in our health care system, investing in hospital beds. Instead, they chose to neglect Brampton, just like the previous Liberal government.

During the third wave, as we all remember, Brampton Civic was so overcrowded that it accounted for more patient transfers than all Ontario hospitals combined. You'd think something like that would be enough for this government to stop neglecting Brampton and start building another hospital and convert Peel Memorial, our urgent care centre, into a full-service hospital. That's why I was hopeful when the Premier came to our city and made an announcement. I was all excited, just like my colleagues, my other Brampton colleagues. I thought our voices would finally be heard, that we were getting the support that Brampton needed. But that's not what happened. We were given another election promise.

Even with the Premier's expansion proposal, he decided we would add an additional wing to Peel Memorial. That is not a new hospital. Look at it as if—your house: You're doing some renovating and you add an addition to your house. It's not a new house, Mr. Speaker. It's the same house. Myself and my colleagues, we had to go throughout Brampton, talking to our constituents, letting them know the real facts and telling them the bad news that they were not getting a brand new hospital. They were shocked, because they felt that they were not spoken to honestly.

The proposal from the government, as the leader mentioned, adds 250 beds, which is well short of the 850 beds that we require. Also, the construction doesn't finish until 2027. So by the time we get the 250 beds, we'll be even further behind. This is nowhere close to enough, Mr. Speaker.

This government could have included funding for our health care system in the provincial budget or the fall economic statement, but they chose not to do so. They could

have funded another hospital and converted Peel Memorial into a full-service hospital, but they left Brampton behind once again.

Where this government has been falling behind, our health care workers like nurses and PSWs were there to pick up the slack. They've worked tirelessly through the pandemic and saved many lives.

As the pandemic has shown us, the importance of nurses in our lives is immeasurable. So how did this government show their appreciation for our nurses during the pandemic? Well, by not providing them with PPE, capping their wages, and denying them paid sick days.

We're not here and I'm not here to knock the doctors and nurses at Brampton Civic, because they're doing everything humanly possible that they can do. They're just dealing with what they have or what they don't have.

My question to the government is: When will this government act and not be a step behind like they have been for this entire pandemic? They were well behind the game on paid sick days, as we all know. Paid sick days is a program that would have helped alleviate some of the overcrowding in our hospitals in Brampton and, as a matter of fact, right across Ontario. They initially voted against a paid sick days program about 25 times before they finally implemented their own paid sick days.

It wasn't just the Ontario NDP that was pushing for paid sick days. Doctors, health experts and their own science table were all calling for paid sick days, but the government only provided three paid days when the workers of Ontario need at least 14.

It feels like this government has been dragging its feet on everything we needed to get through this pandemic. They had to be pushed by the opposition to provide Ontarians the supports they needed. We saw that with paid sick days and vaccine passports. And their vaccine rollout was ridiculous—I'm trying to think of a word we can use here. People were driving over an hour just to get their shots, camping out overnight, unable to book appointments online. In a hot spot like Brampton, we continued to lag behind, and as I mentioned, we didn't even receive our fair share of vaccines for the majority of the pandemic. So while, right now, yes, Brampton is about 85% vaccinated, it wasn't because of this government's vaccine rollout; it was because of the hard work our public health units put in day in and day out, every day. As my fellow members have mentioned, the government has done few things; individuals and businesses have stepped up to fill the gaps in government policy.

This government has the opportunity to take the first step in righting this ship. They can stop treating the people of Brampton as second-class citizens and give them their fair share. This starts with converting Peel Memorial into a full-service hospital and building another stand-alone hospital. We need shovels in the ground right now, not in 2027.

As the official opposition leader said, we're urging all MPPs from all parties to vote with us today to give Brampton its fair share. I'm hopeful that we can do the right thing today. I encourage the government members

from Brampton—Brampton South and Brampton West—to come on our side and join us to provide the proper health care in Brampton.

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

**Hon. Prabmeet Singh Sarkaria:** It's an absolute pleasure to rise here today as a proud representative of the hard-working families of Brampton and as part of a government that is delivering on our promise to build a better Brampton; a government that is saying yes to better health care, yes to improved quality and access to care, and yes to a new hospital to serve the needs of a vibrant and growing community like Brampton.

1550

Mr. Speaker, when I was elected by the people of Brampton, meeting the demands of our local health care needs was one of my key commitments. For years, Bramptonians have pleaded with government after government to deliver our community from the nightmare of hallway health care, to improve local facilities and to build capacity in order to keep pace with the growth of our city. But time and time again, those pleas have fallen on deaf ears, as our problem has only grown worse.

But today, Mr. Speaker, I can say with both confidence and gratitude that Brampton is no longer being ignored or left behind. When our government committed to ending hallway health care, we were focused on Brampton families who were so often ignored, where illnesses had gone undiagnosed, and on Brampton families who had to wait in unacceptably long lines to access care. But actions speak louder than words, and on health care, we are delivering for the families of Brampton.

Brampton's new hospital will be a game-changer for our community and represents fulfillment of years of broken promises by previous governments. The new hospital will house over 250 in-patient beds in a seven-storey patient tower, and to scale up operations while construction is ongoing, we will be transforming Peel Memorial, putting in an additional \$18 million to run it 24/7, paving the way for an emergency department as Peel Memorial is expanded into a new hospital with in-patient wings.

Mr. Speaker, our government is saying yes to Brampton where other governments have repeatedly told our community no: no to adequate bed spaces, no to shorter hospital wait times, no to improved access to health care and quality of care. Our government, in the first three years of our mandate, is delivering more than what a combined 15 years of the previous Liberal government delivered for Bramptonians. It took one PC Premier and two elected members to make good on a promise that two Liberal Premiers failed to deliver in over a decade and a half.

Sadly, the opposition seems determined to join the Liberals in continuing a legacy of saying no to the people of Brampton. Despite the empty words and hollow criticisms coming from the other side, our government is delivering better health care options and outcomes for the people of Brampton.

Mr. Speaker, when we look across our community, many have been fighting for this new hospital. The chair of Osler's board of directors, who understands the impact and importance of Brampton's new hospital, says, "Osler's board is proud to have set out an ambitious plan to transform Peel Memorial into Brampton's new second hospital. We all understand our significant hallway medicine pressures, and our city continues to grow. I am confident a second hospital will have a significant positive impact on health care capacity...."

"When combined with the urgent care, clinic, diagnostic, surgery and other facilities already operating on the Peel Memorial site, this will be a huge boost in services for patients in Brampton."

Brampton's mayor was even more pointed in his support for this new hospital: "Brampton got nothing for two decades—for 20 years we were ignored despite having institutionalized hallway medicine. Frankly, this should have been done 15 years ago.

"We're getting \$1 billion, the largest investment in health care in our city's history."

The people of Brampton are saying yes, the representatives of the city and Brampton's health care system are saying yes, and our government is saying yes. But it seems as though, for the opposition, it's their way or the highway—unless, of course, that highway is Highway 413, which they are also, sadly, saying no to.

This is nothing new. When our government said yes to building 600 long-term-care homes, the opposition said no. When this government said yes to building a second hospital for the people of Brampton, with an emergency department, the opposition and the NDP said no. When this government is talking about building a new highway for the people of Brampton, this government said yes, and the people across the aisle, the NDP, said no. When we're talking about bringing a new medical university, the Ryerson medical university, this government says yes to the people of Brampton. The opposition says no. When we talk about funding all-day, two-way GO for the people of Brampton, this government says yes, and the opposition says no. Mr. Speaker, 600 long-term-care beds are coming to the city of Brampton that this government is bringing, and the opposition says no.

I'm proud to belong to a city like Brampton, and I will continue to fight for the local health care needs of our Bramptonians and our long-lasting infrastructure needs. And we'll continue to work with my colleague from Brampton West to deliver on those needs and continue to make sure that Brampton gets its fair share.

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

**Mr. Gurratan Singh:** To really describe how terrible the health care crisis is in Brampton right now, I want to share a quick story. I was talking to a very successful business owner in Brampton. He described how his young daughter got ill. When he took his daughter to Brampton Civic, he described the terrible conditions at the hospital: the overcrowded hallways, the lack of staffing support. To his own credit and the credit of the hospital, this small

business owner recognized that the staff were doing as good of a job as they could do. But he had this overwhelming sense that there was too much work and not enough resources. This is the reality of so many people who go to Brampton Civic, the city of Brampton's only hospital—a city of almost 700,000 people with one hospital.

There is this sense amongst the community that going to Brampton Civic is almost a scary thing to do, because they don't want to face these incredibly long wait times. They don't want to face these overcrowded hallways. The reality is, people in Brampton don't have the dignity to go to a hospital in their own community, because the one hospital we do have is chronically underfunded, chronically overcrowded.

This is nothing new; this is something that started because of 15 years of a Liberal government that chose—it was a decision—to not invest in Brampton's health care. It was a decision to leave Brampton behind, a decision whose impact is being seen today. When we talk about Brampton Civic, our only hospital, operating at over 100% capacity, Peel Memorial health centre operating at 587% over capacity, the fact that Brampton is ground zero for hallway medicine, over 5,000 people being treated in the hallway because there's not enough space in any room, this is deplorable; this is wrong. But it is a decision that has been made by Liberal and Conservative governments that has resulted in this situation.

Brampton is a city that had a health care crisis declared before COVID-19, before the ravages of a pandemic in which Brampton was one of the hardest-hit communities, not just in Ontario but across Canada. If we were in a health care crisis before COVID-19, imagine the situation we're in today.

**1600**

But instead of acting, instead of moving forward, instead of taking the courageous step to address this crisis, the Conservative government chose to leave Brampton behind. They chose to leave us behind during the pandemic, where we consistently had fewer testing sites, we consistently had fewer vaccine sites, we consistently had fewer resources, despite the fact that across Canada new agencies, communities—everyone was reporting on the fact that Brampton was a hot spot, with one of the highest positivity rates, with one of the highest rates of people sick in the hospital—so sick that the amount of patients transferred outside of Brampton Civic due to COVID-19 was higher than all other hospitals combined in Ontario. What a devastating stat.

But instead of using this as an opportunity to address Brampton's health care crisis, the Conservative government chose to make a political play out of it. Instead of choosing and making the right decision to invest in our health care system, to fully fund Brampton Civic, our only hospital, instead of making concrete steps to convert Peel Memorial from a health centre into a hospital, instead of committing to building a third hospital, the Premier of Ontario came to Brampton and made an empty election promise. He himself admitted there's no money in the

budget, there's no money in the fall economic statement for this potential hospital coming to Brampton. Instead, the Premier came to Brampton himself and admitted that construction was not even going to start to begin until 2023, until a year after the next election. That doesn't sound like a decision to invest in Brampton's health care crisis. That sounds like a political play, a political decision, a pre-campaign spot, a pre-campaign stop, at a time when the people of Brampton were struggling at their worst. That's the legacy, that's the reality and that's the decision that this Conservative government made at a time when Brampton was suffering in the depths of the second and third waves of COVID-19.

When we look at Brampton and we compare our resources right now to other areas, it's clear today: Brampton is a city of almost 700,000 people, with only one emergency room. Toronto is a city of three million people, with 15 emergency rooms. If that doesn't demonstrate how badly Brampton is being left behind, I don't know what does. The reality is, we're seeing and hearing these stories time and again of people being treated in hallways, people not being given the dignity of privacy, not being given the care that they deserve because of the fact that our hospital and our health care system are so poorly underfunded. The result is this overcrowded nature of our hospital.

It's important to keep this in mind. When we look at the stats, they clearly demonstrate how underfunded our health care system is. Brampton receives something like 1.3 beds per 1,000 people. The provincial average is 2.4 beds per 1,000 people. So Brampton is clearly underneath the provincial average. We're not receiving our fair share of health care funding. It's no surprise, then, that we have Brampton Civic being ground zero for hallway medicine. It's no surprise that we have our one hospital at over 100% capacity, or that Brampton's health centre, Peel Memorial, is at over 587% capacity, a number that's staggering, in my mind. How can a hospital function in such a state? The reality is, something like half the days that Brampton Civic operates, it's in code gridlock. It is completely filled to the brim. It is unable to take on new patients. It is in a gridlock situation because of how badly it is underfunded.

Brampton deserves better, and we, in the NDP, are committed. We are committed to fighting for Brampton. We're not going to stop until Brampton gets its fair share in regards to health care funding. We're not going to stop fighting, we in the NDP. We're not going to stop fighting for Brampton until we get our fair share of health care funding, and that means fighting to create a city that has three fully funded hospitals. That means making sure that Brampton Civic is fully funded, and it means converting Peel Memorial from a health centre into a hospital and building a third hospital in Brampton. We're almost 700,000 people today, and every year we know that Brampton is growing. It is the ninth-largest city in Canada. So we can't just build for today; we need to build for tomorrow. That's why the NDP courageously are saying, "Yes, let's build for tomorrow." That means making sure that Brampton is a city that has three hospitals.

This is something like our third opposition day motion with respect to Brampton's health care, and every single

time we put forward this challenge to the Conservative government, we see from the Conservative government and their members a vote no—a vote no to ending Brampton's health care crisis; a vote no to standing up for the people of Brampton; a vote no to treating Bramptonians with the dignity that we deserve; a vote no to ending the thousands of people who are treated in the hallways; a vote no to the fact that families have a sense of dread in going to Brampton Civic because of the fact that it's chronically underfunded and overcrowded. That's the decision that this Conservative government has made time and again in this House.

It's clear: This Conservative government doesn't care about Brampton. If they cared about Brampton, they would invest in our city's health care. Instead, this Conservative government does not care about Brampton. I've said it before and I'll say it again. They chose to not invest in our health care system when they needed it the most. At a time of pandemic, they left us behind. At a time when we needed support the most, they left us behind.

We in the NDP are committed to Brampton. We're committed to fighting for our city, and we're not going to stop until Bramptonians get the investment in health care that we deserve. That means living in a city that has three fully funded hospitals.

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

**Mr. John Fraser:** I want to thank the Leader of the Opposition for bringing this motion forward. We'll be supporting this motion and accepting it to a certain extent with criticism in all that is in there.

Here's the bottom line: The people of Brampton need an emergency room. No matter how much we fight in here, no matter how much we say to each other, they need an emergency room and they need more beds, and what the government is offering is not going to deliver what they need.

The government announced a new hospital when they were actually extending phase 2, which was a project that began before they got into government. As most of us know, it takes about 10 years to build a hospital; it used to take about 17. It takes about 10 years—

*Interjections.*

**Mr. John Fraser:** If you listen, you might learn something.

*Interjection.*

**Mr. John Fraser:** No, you're not listening. That's the problem.

It takes about 10 years to build a hospital now; it used to take 17. It's a very, very deliberate process. The reason that it takes that long is that it's important to get it right. In other words, right now the government is not going to be able to deliver. The member from Brampton East was right: Your timelines aren't going to work. When I look at the amount of money that you're putting into that and getting shovels in the ground between now and then, it's not going to work. You're not going to deliver on the promise that you've made there. That's what's going happen. He's right.

**Hon. Merrilee Fullerton:** Fifteen years.

**Mr. John Fraser:** That's right, Minister; 15 years. What you did in a few short months was pretty incredible too.

**The Deputy Speaker (Mr. Bill Walker):** Remember to put your thoughts through the Chair.

**Mr. John Fraser:** Thank you very much, Speaker.

What the minister did in a few short months was pretty spectacular.

Simply put, the people of Brampton deserve the hospital that they were promised—not an extension, not phase 2, not an urgent care room that might be an emergency room. That's not the way you plan for a hospital or a health care facility.

**Ms. Natalia Kusendova:** Really?

**Mr. John Fraser:** No, it isn't. You'd be surprised. Ask the minister.

Anyway, we'll be supporting this motion, and I'll finish up right now just before things get too exciting here.

1610

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

**Mrs. Robin Martin:** It's my pleasure to once again rise in this chamber to speak about the good work that our government is doing for the people of Ontario and for the people of Brampton specifically. Our government agrees with the Leader of the Opposition's statement that for years the people of Brampton have been underserved by previous governments with regard to health care capacity and capabilities.

For 15 years, the Liberals, often propped up, unfortunately, by the NDP, heard the calls for better health care from Brampton and ignored them. Those days are gone. They're done.

We believe in the people of Brampton and we are listening to them. Brampton is the fastest-growing city in Ontario. The government of Ontario agrees with and understands the need for new health care capacity in Brampton. That's why, as part of our 2021 budget, the Ontario government is supporting the transformation of Peel Memorial Centre for Integrated Health and Wellness in Brampton from a day facility into a new in-patient hospital.

This new funding is part of Ontario's investment of over \$21 billion over the next 10 years to build new and expanded health care infrastructure. It's our PC government that is saying yes to Brampton and yes to a new hospital that will provide over 250 new patient beds and include a 24/7 emergency department.

The province is converting Peel Memorial's urgent care centre into a 24/7 operation by providing up to \$18 million this year alone to pave the way for an eventual emergency department at this hospital. Peel Memorial will be a state-of-the-art health care facility—the new hospital that Brampton needs and deserves. This modern hospital will help meet increasing health care needs due to the amazing growth in this area of the province. The funding for the hospital was immediate, moving at “rapid speed,” as the Premier has said.

To support this transformation, the province previously made a \$1.5-million planning grant immediately available in March 2021 to support plans to construct 250 net new beds. Furthermore, as part of our comprehensive keeping Ontarians safe plan, William Osler received more than \$17 million in funding to operate 87 net new acute medical surgical beds to alleviate surge pressures.

Let me be clear: With the increased funding from our government, William Osler will be able to strengthen their capacity as well as ensure patients continue to receive the high-quality care they expect. And all of those things are already happening. That money is already there for the net new beds in Brampton, and that's an important contribution that's already being invested in Brampton and in Brampton health care and in the citizens of Brampton, because this government is saying yes to Brampton.

As part of budget 2021, the government of Ontario has also started the process of studying the feasibility of adding a new medical school located at Ryerson University. I expect that one day we will have doctors working in this hospital who are trained at that potential new medical school located in Brampton. We say yes to that.

Further, Ontario's COVID action plan totals \$51 billion in funding to continue to turn the corner on COVID-19 and return Ontario to the economic engine of Canada that it has been in the past, and Brampton is an important part of that. We've invested \$16 billion throughout COVID-19 in health care, with \$5 billion of that for hospital care.

It's critical to remember that our government is continuing to provide added funding to all of our hospital partners by increasing their base funding by more than 3%, resulting in roughly more than a \$778-million increase to ensure that they have the resources needed now to provide the world-class care Ontarians know and expect.

On the topic of debate, the mayor of Brampton—the honourable Patrick Brown—said, “Brampton got nothing for two decades—for 20 years we were ignored despite having institutionalized hallway medicine. Frankly, this should have been done 15 years ago.” Then he said, “We're getting \$1 billion, the largest investment in health care in our city's history.” Let me repeat that. The mayor of Brampton said, “We're getting \$1 billion, the largest investment in health care in our city's history.”

The Liberals and the NDP just talk—talk, talk, talk. They're very good at talk, but this government does not just talk. We say yes to Brampton and then we make it happen.

The government had issued a tender for \$1 billion, and as Mayor Brown said, this is not just talk, like what we heard before. This is the first time a tender has been issued for this project in Brampton, and we're in uncharted territory, and the mayor of Brampton, Patrick Brown, says that this is good evidence that this project is happening. That's what we think. It's a significant step forward. We're very excited about it. But a tender for \$1 billion has been issued for this project in Brampton, and the mayor of Brampton has acknowledged that this is huge progress, significant progress, “a significant step forward” is what he said.

Because the government says yes, the investments in Peel Memorial will ensure that the people of Brampton have access to 24/7 hospital services, including urgent care, complex continuing care and enhanced mental health and rehabilitation for patients and their families. This government says yes to Brampton and to all of those services.

Our government's priority during this pandemic has always been to keep the people of Ontario safe, and that includes the people of Brampton. We made a commitment to the people of Brampton, and we will keep our word. Nothing will stop this government from doing what should have been done for nearly two decades: getting an in-patient hospital built for the people of Brampton. That has not changed. Our commitment to this project is absolute.

Thank you, Speaker, for the opportunity to speak to this important issue.

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

**Ms. Sara Singh:** It's always an honour to rise here on behalf of the good people of Brampton Centre and the people of Brampton, a community that I have lived in since the day I was born. It's an honour to fight for our community. One of the reasons I actually got into politics was that the crisis in health care in our community was devastating and horrifying for many, including myself and my family. Every time we visited the ER we experienced hallway medicine and understood that reality very clearly.

What's disappointing here today is that the government has an opportunity to finally support the people of Brampton in a meaningful way and move past political gestures in the media and actually commit to providing the people of Brampton the health care services they deserve by committing to fully expanding the Peel Memorial urgent care centre into a 24/7 fully functional emergency room, as well as providing our city with the much-needed funding commitment for a third hospital in our city, something that New Democrats have been calling on for some time, as well as people in our community. I think that what the government has promised falls far short of what is actually needed.

I just want to start off by sharing a little bit about the reality of hallway medicine in our community, what it looks like and feels like for people in the city of Brampton. As my colleague from Brampton North outlined, even our own city councillors are afraid to go to our emergency department because they know that their family members will be stuck waiting in the hallway for services and, therefore, they commute to other parts of the province, to neighbouring cities like Georgetown, Orangeville, Mississauga, Toronto in order to receive the health care services they need. I know from my own personal experiences that we've had to do that on numerous occasions in order to get the health care that family members needed.

**1620**

Speaker, it isn't just our emergency department that is constantly overcrowded and over capacity. It's also all of the other health care services that people in our community need and, frankly, don't have access to. We have young

people experiencing mental health crises and waiting in our hallways for care, because in Peel region, not only in Brampton, young people—children and youth—are waiting up to two years in order to access mental health care services. This is a crisis that shouldn't be happening. Young people should be able to get the supports they need when they go to our emergency room, or, if they need to see a mental health specialist, they should be able to get that service in a timely manner. But what I hear from families is that children and youth are going to our emergency room, waiting for hours in crisis, and often going back home because they didn't get the supports they need, and are unfortunately dying by suicide. This is heart-breaking, and it's a reality in our community that I don't think the government understands.

People go to our emergency department, people like Jamie-Lee Ball and countless others who go to our emergency department and wait on a stretcher to receive care, with no privacy, not even a curtain around them as blood is being drawn, with people in those hallways walking past them as they lay on their stretchers. How is this a reality in Ontario in our hospitals, in any part of the province?

We know that in Brampton Civic, the day that our emergency department opened its doors in 2007, it was already over capacity. The hospital was only built to handle 90,000 visits a year, but in reality, they see over 130,000 people, Speaker. How can they keep up? How can staff keep up with limited resources and chronic underfunding, when the demand is so great in our community?

Then there was hope that Peel Memorial Urgent Care Centre, which actually used to be our first, and only, full-service hospital—I was born there in 1985—that when this new building was going to be constructed, our community was finally going to get the health care services we needed. But unfortunately, yet again, because the Liberals failed to invest adequately in our community, Peel Memorial was only funded to receive 10,000 visits. In reality, they see over 75,000 people a year, Speaker. These numbers are shocking, and should help outline why this city is in such a crisis and in such dire need of real commitment to help us get the beds that we need.

Our city council declared a health care emergency back in 2020, Speaker, and they outlined that what we needed was a minimum of 850 beds. What we learned early in November was that we were getting 250 beds over seven years, and that the city and the people of Brampton would still be responsible to provide a portion of that funding; \$125 million that taxpayers need to foot the bill for, in order to get 250 beds into our community. That is shameful. This is a community that receives on average \$1,000 less per capita health care funding already, and you are expecting people in the city of Brampton to pay even more to potentially get beds in their community? This will be the largest tax levy in the history of this city. Why, Speaker, is the city of Brampton being asked to pay more for health care, when we have never received our fair share of health care funding?

We have less than one bed per 1,000 residents in our community, when the provincial average is well above two. Why do we need to provide more funding, when we

aren't getting our fair share for beds, in order to receive at least a minimum of what we need here? It's shocking.

What's concerning to me, Speaker, is that our health care facilities are not just 100% over capacity, 200% over capacity, 300% or 400%; we are talking 587% over capacity. That means that people having a heart attack, potentially having a stroke, cannot even go to our urgent care centre to get the care that they need. They are being shipped out of our community. I know, because when my own father had a quadruple bypass, I met him on a stretcher in the hallway at Brampton Civic, and then he needed to be taken to Toronto General in order to get the health care that he needed. Why is this still the reality for the people in our communities?

People in Brampton deserve so much better than what this government has promised. People like Gurpreet Malhotra, who is the CEO of Indus Community Services, wonder why there is such wilful neglect by government after government, decade after decade—neglect in our community—and he wants to know why such a multi-cultural area like Brampton, with diverse community members, racialized community members, is always so chronically underfunded and neglected by Liberals and Conservatives. I think it's a very important question, which I hear time and time again from my community, racialized people who want to know why our community doesn't get the health care services that we deserve. Why does government after government continue to neglect the city of Brampton and the people of our community?

Speaker, it's mental health; it's also the opioid crisis in our community. Last year, we had 236 people die from overdoses in our community. The supports are not there for people, and when they go to the one and only health care facility with the only hospital that we have, they don't get the services that they need and that they deserve.

It's cancer care, Speaker. I can speak from personal experience that there are no services available for people in the city of Brampton. I know; my own brother passed away in 2017 from cancer. We spent hours—hours in the final days of his life—driving to Toronto in order to get him the platelet infusions he needed, because they weren't available in my community. I speak to people whose children do not have pediatric services available in our community and are forced to drive all the way to Toronto in order to get their children the care that they deserve, and this government is touting 250 beds as if this is going to make the difference for our community.

They keep quoting our mayor; well, our mayor is the one who helped declare a health care emergency in the city of Brampton, and he has been very clear that this will not address the chronic underfunding and increase in demand that our community is experiencing when it comes to health care services. So while government members want to continue to quote the mayor, I think they should read the quote in its entirety and understand that we need much more.

That's exactly what this motion is calling on this government to do: Invest in Brampton; invest in the people; invest in the essential workers who put their lives at risk

to make sure that this economy can keep moving forward. Those people deserve better, Speaker. The people in my community deserve so much better.

On a routine basis, Speaker, we know that Brampton Civic spends nearly half its days in code gridlock. Can you imagine the fear of calling 911 and knowing that you aren't going to get the services because your hospital is in gridlock, Speaker? Can you imagine what that feels like for residents in our city, to feel that fear of not being able to access what's supposed to be a safe space for the city of Brampton, of not being able to access the health care facility that you need because governments have chosen not to invest in the people of Brampton?

And it's not just opposition members, Speaker. It's not just people in our community. It's even members of council. We heard the story of one member who had to drive all the way to Georgetown in order to ensure that his wife got the care that she needed. It's also people like Jeff Bowman, who knows that our city needs so much more and that this really falls short of what we actually needed in our community. As many have expressed, it appears that Brampton residents are the victims of more broken promises yet again, and now, as I said earlier, they're being expected to pay for something that isn't even close to what they expected. City councillors are in shock that the proposal contains 250 beds when what they asked for was well over 250 beds.

**1630**

It's really disappointing that the government came to our city, the Premier came to our city and he told the people of Brampton, "We are building you a new hospital. You will get the health care services you need," but in fact, what they are getting is an expansion of Peel Memorial, which isn't even going to meet the needs of the city. While the government wants to claim that they're saying yes to the people of Brampton, we know, in fact, that they are not. What they are saying is no to more investments in our community. They are saying no to building a third hospital for the people of Brampton. They are saying no to young people who are waiting in crisis. They are saying no to an aging population that needs critical health care services. And they are saying to the people of Brampton that you need to pay even more if you want the health care services that you deserve. Why?

Speaker, I'm just taking a moment to gather my thoughts, because I'm just reflecting on all the conversations that I have as the member for Brampton Centre and a member from the city of Brampton, and the horror stories that I hear on a routine basis. I think of people like Dr. Armitage. She's a family physician. I've known her for many years; actually, since I was in grade 8. She has, on numerous occasions, written and advocated for the people of Brampton to get the health care services that they deserve. As she explains, people scatter from our city because they don't get the health care they need.

I urge this government to think about those stories, to think about the people in Brampton, to think about the young people, think about the people who wait in hallways for health care, think about how agonizing it must be for the over 4,000 patients who were treated in the hallways

of Brampton Civic, people like Jamie-Lee Ball and others who never received the care that they deserved. I urge them to say yes to the people of Brampton by committing to a third hospital and to fully funding the expansion of Peel Memorial and giving us the 850 beds that the city requested. This is a start. They can say yes to that. They have the power to do that. They should start saying yes to the people of Brampton and making sure we're going to get the services that we need and, frankly, that the people deserve.

I urge them to support this motion, Speaker. The people of Brampton cannot wait any longer for this government to do better. Thank you very much.

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

**Mr. Amarjot Sandhu:** It's an honour to rise in the House today to support the people of Brampton. However, I must firmly stand against the shameful politics the opposition is playing by introducing a motion that contrasts with their own previous statements and putting their own political self-interest ahead of the people of Brampton.

Speaker, along with the people of Brampton, I was shocked to learn the official opposition is tabling a motion demanding a third hospital in our city without acknowledging the efforts of our government to deliver a second hospital in Brampton. This is merely a politically motivated act. Does this mean that the opposition has finally acknowledged that our government is building a second hospital in Brampton, which they have denied for the past nine months?

One out of two things is correct: Either the opposition deliberately chose to spread misinformation and rumours or they forgot how to count. I cannot understand how the opposition has managed to count to three while skipping the number two. The route to three goes through two, doesn't it? I don't understand why the opposition only seems to remember odd numbers while skipping even numbers. Do you know the best term to describe such behaviour, Mr. Speaker? Odd behaviour.

In March this year, our government released the 2021 budget that clearly outlines the Ontario government is supporting the transformation of Peel Memorial Centre for Integrated Health and Wellness in Brampton from a day facility into a new in-patient hospital. We're delivering where other governments have failed. This new hospital will be an amazing state-of-the-art facility which will include over 250 patient beds with a 24/7 emergency department—the new hospital this city deserves. And this modern, new hospital will help us keep up with the amazing growth in this area. I hope that one day we'll have doctors working in the hospital who are trained at the new medical school right here in Brampton. Mr. Speaker, because as part of this budget, we have also funded a proposal by a great university, Ryerson University, to study the feasibility of a new medical school here in Brampton, which I think would be fantastic.

The people of Brampton have waited far too long because the previous Liberal government, supported by the NDP, forgot the people of Brampton for 15 years. They



heard the demands for Brampton to get its fair share; they heard our calls for better health care and they ignored us deliberately. They gave us a day clinic and told us it was all we needed.

Now we're getting up to \$1 billion, the largest health care investment in our city's history, which was also praised by Brampton's municipal government and our mayor.

This is the same opposition that is against a new hospital in Brampton with a 24-hour emergency unit. We're building 600-plus long-term-care beds, the new Highway 413, a medical school for Brampton and an increase in funding for fighting guns and gangs.

It's our PC government that is saying yes to a new hospital, a recent investment of \$45 million to William Osler hospital, two new long-term-care homes, hundreds of long-term-care and critical care beds, a medical school, two-way, all-day GO, Highway 413, an LRT and other unprecedented investments in health care, education and infrastructure right here in Brampton. We have done so much, but there's still a lot of work to be done.

I, along with my colleague from Brampton South, will continue to fight for Brampton, for the people of Brampton and for the future of Brampton. I wish all my colleagues in the opposition to come up with new creative ways to keep themselves relevant on the provincial political landscape and advise them to put the interests of the people before their own political motives.

Mr. Speaker, the opposition is utterly confused and frustrated. At one end, they're bringing such motions to play petty politics and, on the other, they're saying no to the critical infrastructure in Brampton. As I said, they're saying no to the second hospital in Brampton; they're saying no to the medical school in Brampton; they're saying no to Highway 413; they're saying no to two-way, all-day GO; they're saying no to 600-plus long-term-care beds; they're saying no to the Hurontario LRT.

Our government is saying yes to the people of Brampton and a big no to the politics that thrive on misinformation, lies and rumours.

**The Deputy Speaker (Mr. Bill Walker):** I ask all members to use parliamentary language at all times when we're in the chamber.

I would ask the member to withdraw.

**Mr. Amarjot Sandhu:** I withdraw.

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

**M<sup>me</sup> France Gélinas:** I'm happy to say a few words about the good people of Brampton, who deserve equitable access to our health care system. We've known for many, many years that the hospital in Brampton is not big enough to meet the needs of the 600,000 Ontarians who call Brampton home. We've known that for a long time. We have the data that shows what size of hospital is needed for a population that size, taking into account the social determinants of health that are specific to this area of our province, yet we have seen no government action.

1640

I come from northern Ontario. The hospital in Sudbury is called Health Sciences North. I thought that Health

Sciences North was the most over-capacity hospital that we were ever seeing, until I went for a visit to Brampton Civic. Brampton Civic—the people who work there, Speaker, have done miracles. They have used every single inch of space available in that hospital to deliver the best care possible. But it's too small. There aren't enough beds. A hospital that has been built to see about 90,000 visits a year is at 130,000 visits a year, and it keeps growing.

COVID put a spotlight on Brampton, for all the wrong reasons. There were more sick people—sick enough to be admitted into a hospital, sick enough to be admitted into the ICU, sick enough to be put on a respirator—who had no place to care for them in Brampton. They were shipped all over the province. Some of them came to Sudbury, came to Health Sciences North. People who had never been north of Vaughan, people who did not own a car, people whose loved ones were told, “They have a 10% chance of survival, and we are going to fly them out to Sudbury”—they had to look on the map to see where that was. That was awful, that was just awful.

The hospital could not meet the needs of the people who lived there so that their loved ones could be around and so that their loved ones could care for them. None of that was possible. They were shipped to Sudbury.

I want to say a special thank you to the Sikh community of Sudbury, who banded together and helped the families come and visit their loved ones, because they did not own a car. How do you come to Sudbury when you don't own a car? It's not obvious. The train comes twice a year—twice a year? It could be twice a year, but it's twice a week. It's always late. It never works. And then once you're in Sudbury, well, public transit is not what it is down here. You need a car. But those people didn't. This is just one example of how the hospital in Brampton is not meeting the needs.

When we hear that Peel Memorial will get an extra wing, this is almost insulting. Speaker, whenever people want to put down the health care system in Canada, they go to Brampton. It has become the poster child of what an overcrowded hospital looks like. Shame on all of us for letting that happen. How could it be? I am proud of the health care system we have in Ontario. I am proud of our hospital system. But we fail the people of Brampton each and every day. It doesn't have to be like this, Speaker. It doesn't have to be like this.

We have a motion, brought forward by my leader here this afternoon, which would take tangible steps to change this, to show the people of Brampton that we respect them; that they deserve equity of access to health care; that their lives and their health matter to all of us. For many, many years, we have, as a society, turned our back on those good people. How could it be? How could it be that the Liberal government, who was there for 15 years, never brought this forward?

I can't help but think of racism. I can't help but think of discrimination. This is wrong. We know better than this. We have to do better than this. The people of Brampton depend on the decisions that we will be making today. We can send them a message that says, “You matter to us. You

are important to our health care system. We know your needs, and we will make sure that we bring forward a new hospital that will meet your needs.”

Don’t get me wrong, Speaker, there are many other aspects of our health care system that are deficient in that part of our province. Whether you look at access to primary care or you look at access to mental health or you look at access to palliative care or to long-term care, we could do better. But the most pressing need—the most pressing need that we have known for many years—is the need to have more acute-care beds to serve the 600,000 Ontarians that call Brampton home. This has to start today. It has to start today with the motion that the NDP is bringing forward.

I will ask for all of the members of this House to look at the message that we can send, to look at the opportunity to send hope to the people of Brampton, to send a strong message from the entire Legislative Assembly that says that you matter, that we care and that we are in a position as leaders, as legislators to help you. And we will do this. How will we do this? By passing the motion that my leader has brought forward, by making this commitment to bring a new hospital to those people, who deserve no less.

I know that a lot of stats have been shared by some of my colleagues, so I won’t repeat them. But I want to make a little parenthesis for the hard-working people, the hard-working nurses who are stuck with Bill 124, which keeps them from negotiating fairly—people who give of themselves each and every day, who work under circumstances that nobody should work under, but yet they show up every single shift because they know that the people of Brampton’s lives depend on them. They keep showing up, they keep putting in the effort, and now they’re turning to us to say, “We can’t take this anymore. We need this government’s help. We need the people in this Legislative Assembly’s help.”

I hope that our answer to the residents, to the hard-working health care workers will be that we will be there for you and we will vote yes to this motion. I’m counting on each and every one of you.

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

**Ms. Natalia Kusendova:** It is always a privilege to rise, but especially today to speak to this motion brought forward by the Leader of the Opposition.

Speaker, the member opposite is right in saying that the previous Liberal government ignored the growing needs of Brampton residents by refusing to build a new hospital to serve the residents of the city. Where the member opposite is incorrect, however, is in saying that we are not delivering on our promises to improve health care in Brampton. In actuality, this could not be farther from the truth.

Our government was elected with a strong mandate, back in 2018, to end hallway health care in the province of Ontario. In fact, ending hallway health care, Speaker, was my impetus for getting involved in politics. It was in Brampton where hallway health care became a tragic commonality due to the neglect and mismanagement by

the Wynne-Del Duca Liberals. But it was also in Brampton where my passion for health care was first ignited, first as an environmental services associate, then as a physician navigator and finally as a nurse.

Speaker, for 15 years, those on the other side of the House said no to better health care in Brampton, ignoring the needs of its growing population.

Monsieur le Président, contrairement à eux, notre gouvernement a entendu les appels des habitants de Brampton, et nous apportons les améliorations aux soins de santé qu’ils méritent depuis des décennies. C’est notre gouvernement qui a dit oui à un nouvel hôpital, fournissant 250 nouveaux lits de patients et incluant un service d’urgence 24 heures sur 24 et sept jours sur sept.

C’est notre gouvernement qui a dit oui à des millions de dollars de financement pour des lits de soins actifs supplémentaires à William Osler pour faire face aux pressions induites par la pandémie. Et c’est notre gouvernement qui a dit oui à l’augmentation du financement de base des hôpitaux de 3 % dans toute la province.

**1650**

While the Wynne-Del Duca Liberals froze hospital budgets for four years—and I know the member opposite remembers this—we are increasing base funding to hospitals year over year.

Alors que ceux d’en face font de la politique, les habitants de Brampton comprennent ce que ces investissements sans précédent signifient pour les soins de santé dans leur communauté. En tant qu’infirmière, je sais ce que cette augmentation de la capacité hospitalière fera pour assurer de meilleurs résultats pour les patients. En termes simples, lorsque nos hôpitaux disposent des outils, des ressources et de l’espace dont ils ont besoin pour faire le travail pour lequel ils sont formés, de bonnes choses se produisent.

When we support our health care heroes, they can do the heroic jobs that they do each and every single day in our province’s hospitals. The people of Brampton will benefit greatly from hospitals more capable of serving their needs, and they will finally have the health care investments that their growing city deserves.

I won’t quote the mayor of Brampton—it has been done enough today—but we all know that these investments should have been done decades ago. Instead of appropriate investments in Brampton’s health care, the people of Brampton got institutionalized hallway medicine. In fact, the deputy leader of the opposition and I did an episode of Political Blind Date on this very issue, which was a very positive and building experience for me, and I hope it was for her, as well.

I also won’t spend time quoting how many times the Wynne-Del Duca Liberals and the NDP voted no to investments in Brampton. But what I will say, Speaker: The reality is that we can build hundreds and hundreds of beds, but that will all amount to nothing if we don’t have the staff to staff these beds.

I know that at William Osler they are struggling. In fact, I got a phone call today from my ER manager, asking to

come in over the weekend and come in on Monday and Tuesday, because they are so short-staffed. I know they are struggling. That's why I am proud to stand with a government that is investing in training thousands upon thousands more PSWs into the system, more nurses into the system, more nurse practitioners into the system and, hopefully, one day, more medical doctors at a Ryerson medical school right in Brampton.

I'm proud of that, Mr. Speaker, and I'm proud of all the things that we have said yes to. We have said yes to the largest health care investment in Brampton's history, with a commitment of \$1 billion to ensure that the people of Brampton get the world-class standard of care that they deserve. We have said yes to hospital projects across Ontario, with an additional commitment of \$1.8 billion this year alone to create more than 3,100 additional hospital beds, the equivalent of six community hospitals, including 87 more beds at William Osler Health System.

We have said yes to long-term care in Brampton and the rest of Ontario by investing almost \$1 billion in 80 long-term-care projects, leading to thousands of additional new and upgraded long-term-care spaces across the province, on top of the \$1.75 billion already earmarked for the delivery of 30,000 new spaces over 10 years. Finally, Speaker, we have said yes to prioritizing the care experience in our long-term-care system by committing to an average of four hours of direct care per day to our loved ones in long-term care, accomplishing this by hiring more than 27,000 staff, at the cost of nearly \$5 billion.

Speaker, this is a government committed to health care, both in Brampton and beyond. This is a government ready to serve communities that have been neglected by past governments. This is a government willing to spend whatever it takes to ensure a better care experience for patients across Ontario, no matter where they live. Our actions speak for themselves, and our actions back up our promises. We are and continue to be the government of yes.

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

I recognize the leader of the official opposition.

**Ms. Andrea Horwath:** I'm pleased to get up to deliver my right of reply, but I would like to start by saying that the member for Brampton West accused this side, the official opposition, of spreading misinformation. I guess I would just have him refer to his own remarks and the remarks of his colleagues to give an example of exactly that, and I'll tell you why, Speaker.

We all know that back in January, the Premier made a promise to the people of Brampton, the good people of Brampton, that in fact Peel Memorial would be turned into a world-class hospital and meet the city's desperate needs for that second local hospital. Of course, we believe that they need a third hospital as well. But as has been discovered quite recently, just in November, a couple of weeks ago, that in fact is not what has happened.

What has happened is that, instead of the phase 2 that was contemplated for Peel Memorial that should have been implemented, a phase 2 that included a full-service

hospital with a 24-hour emergency room and 250 acute care beds, here's what the people of Brampton were told, just a couple of weeks ago, that they're actually getting: no in-patient beds, no ICU, no full-service medical units and no 24-hour emergency department—only minor day surgery capacity. That's the reality, Speaker.

I don't know who is drafting the notes over there and I don't know how much work these MPPs on the government side are doing to actually understand what their government has put forward, but that's it. It is not what the Premier promised some time ago. So, as the governing party accuses the official opposition of politicking, I think what we're doing is showing the people of Brampton—well, we don't need to; the people of Brampton already know. They already know that the government has reneged on a promise that they made, and they're hopping mad about it, Speaker. They're hopping mad about it.

One of the members—I think it was the member from Brampton South, in fact—said that this government is providing better health care in Brampton. Well, I've got to say, here's what other folks are saying. This is from the Ontario Health Coalition, Natalie Mehra: "The Ford government is blaming previous governments for the hospital crisis even though it set hospital funding in this current year's budget at a rate that does not even meet hospital inflation and population growth. In several cities and towns across Ontario over the last year we have seen significant hospital bed and staff cuts." That's what's happening in Ontario. "These are happening now, even after the election promise to end hallway medicine." Of course, this organization is calling for action, and I agree with them.

We need to get our health care system in order. There's no excuse for it not to happen except that this government doesn't seem to want to make the appropriate investments. The member for Eglinton–Lawrence, actually—speaking about the information and the quality thereof of the speeches that we heard from the government side—says that the government is giving Brampton their fair share. This has been raised a couple of times. The reality is that usually it's about 10% of capital costs that are expected to be raised by the local community, but for some reason this Ford government is expecting this municipality, the city of Brampton, to provide 25% of the capital costs. I don't think that's fair. I don't think that's fair at all, Speaker.

We know this has been a problem for a very, very long time: the lack of appropriate health care services, the horrifying situations that patients are being left in. In fact, I was looking at my backgrounder here and there's a headline that says, "Families Share Heartbreaking Stories of Loved Ones Dying at Overcrowded Brampton Hospital"—under this government's watch; that headline was from February 2022. Here's what the mayor—they like to quote the mayor—says about the fair share that this government claims they're providing to Brampton: "In regards to Brampton's health care capacity, the pandemic has only exacerbated the provincial underfunding"—exacerbated the provincial underfunding. It was being underfunded by this government. "Per person Brampton

receives \$1,000 less in health care funding than the provincial average. We have 55% fewer hospital beds per capita than Ontario average ... Brampton has less than one bed per 1,000 residents, compared to the Ontario average of just over two.

There's nothing fair about this, Speaker. It has been unfair for a very, very long time. But you know what? Today we can actually fix that. Today, what all of the members in this House can do is support the motion before us. The motion asks that the Legislative Assembly call on the Ford government to immediately provide the funding necessary to address the 850 beds needed in Brampton, build a new emergency room and beds at Peel Memorial, and build a third hospital to appropriately address the city's health care needs. We can all fix it. Let's fix it now. The people of Brampton deserve it.

**The Deputy Speaker (Mr. Bill Walker):** Ms. Horwath has moved opposition day number 5. Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour of the motion will please say "aye."

All those opposed to the motion will please say "nay."

In my opinion, the nays have it.

A recorded vote being required, the bells will ring for 30 minutes, during which time members may cast their votes.

Please prepare the lobbies.

*The division bells rang from 1702 to 1732.*

**The Deputy Speaker (Mr. Bill Walker):** The vote was held on opposition day number 5.

**The Clerk of the Assembly (Mr. Todd Decker):** The ayes are 23; the nays are 45.

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

*Motion negatived.*

**The Deputy Speaker (Mr. Bill Walker):** I recognize the government House leader.

**Hon. Paul Calandra:** Just to inform the House that there will be no night sitting this evening—and Speaker, I believe that, if you seek it, you will find unanimous consent to see the clock at 6.

**The Deputy Speaker (Mr. Bill Walker):** I'll just repeat that there will be no night sitting, as per the government House leader.

Is it the favour of the House that we see the clock at 6 p.m.? Agreed.

## PRIVATE MEMBERS' PUBLIC BUSINESS

### PROTECTING VULNERABLE ROAD USERS ACT, 2021

### LOI DE 2021 SUR LA PROTECTION DES USAGERS DE LA ROUTE VULNÉRABLES

Ms. Bell moved second reading of the following bill:

Bill 54, An Act to amend the Highway Traffic Act in respect of harm to vulnerable road users / *Projet de loi 54, Loi modifiant le Code de la route à l'égard des dommages causés aux usagers de la route vulnérables.*

**The Deputy Speaker (Mr. Bill Walker):** I now turn to the member from University–Rosedale for her 12-minute opening remarks.

**Ms. Jessica Bell:** Thank you, Speaker. I rise to speak to this extremely important bill, the vulnerable road users bill. The reason why it is so important is because road safety is so important. I want our roads to be safe so our children can walk and bike to school. I want our roads to be safe so seniors can go to the shops and back in one piece. I want people in Ontario to choose to walk and cycle and take public transit to their destination so that we can build a truly green and sustainable province, so that we can do everything that needs to be done to address climate change. For this reality to happen, we need to take legislative action at Queen's Park to make our roads safer for all.

Now I stand here today as one person, but I also want to recognize the many people who have organized and worked to bring this bill forward to second reading. That includes MPPs here today: the MPP for Scarborough Southwest, the MPP for Parkdale–High Park, the MPP for Waterloo, as well as former MPP for Parkdale–High Park Cheri DiNovo.

I also want to recognize the parents, the citizens, the road safety groups, the municipalities and the transportation groups, including Patrick Brown and Melissa Dowrie from Bike Law, Friends and Families for Safe Streets, ARC, Safe Parkside, the Avenue Road Safety Coalition, the United Senior Citizens of Ontario, Walk Toronto, the Ontario Safety League, the Ontario Good Roads Association, the trial lawyers of Ontario, Spinal Cord Injury Ontario, MADD, Ontario Brain Injury Association, RNAO and more. We have been working together for years to make our roads safe for everyone, and that includes pushing for the vulnerable road users law to become the law of this province.

I want to tell you about the bill. The vulnerable road users law will bring in tougher penalties for drivers who, while they are breaking the law, injure or kill a pedestrian, a cyclist or a worker on the road—a garbage truck worker, an emergency road worker, a police officer. If the driver is breaking the road rules—texting, speeding, running a red—and they injure or kill a pedestrian, a cyclist or a worker, then they will face tougher penalties. That is what this bill means. Those tougher penalties include licence suspension until the driver takes a driver re-education course, community service and a requirement to go to court and hear a victim impact statement.

In my view, this is a non-partisan issue. Road safety is a non-partisan issue, especially for this bill because it is an effective bill. And I want to explain why it's effective: The vulnerable road users law will reduce the chances of a driver becoming a repeat offender because they will be required to relearn the rules of the road with a driver re-education course. They will better understand the devastating consequences of speeding or texting or illegally

turning on a red light because there is a requirement to complete community service for a road safety group and to go to court to hear a victim impact statement.

The reason why this is so important is because the rules today are not an effective deterrent. I'm going to explain to you the rules today.

Today, if a driver kills or injures a person while they were breaking the rules of the road, they usually face little more than a slap on the wrist and a few hundred dollars fine. They never have to go to court and face the consequences of their action on an individual who could be in permanent chronic pain or hear the victim impact statement from a family who has lost a loved one on the road: a sister, a mother, a father.

Like Ryan Carriere: Ryan was biking home when a large truck made an illegal right-hand turn and he was sucked under the undercarriage of the truck and he was killed. Do you know what the driver got as a fine? Eighty-five dollars. Then there was Edouard Le Blanc. He was going across a green light when a driver ran a red light. That driver killed Edouard, and the fine he got: \$700.

Now these aren't one-off anomalies. They aren't some freak accident. This is normal. It is routine. Seven people a day end up in a hospital emergency room because they have been hit by a car, and that's seven people too many. By and large, very little happens—very little happens in terms of consequences.

I think about this year and the people who have died this year. I think about Rayyan Ali. He was crossing an intersection at Hurontario and Elm in Mississauga with his father. He was five years old. He was on his bike when he was killed by a driver making a right-hand turn while he was crossing the road on his bike at the sidewalk, as he was supposed to do. The reason why this really struck home for me is because I have a five-year-old son. He is learning how to ride a bike. Many of us have children too, and when we send our kids off to school, we want to know that they're going to get there in one piece. That's why this bill is important.

1740

I also think of Christine, another lady who died this year—very recently, in fact. She was living in Toronto Centre, and she was killed by a truck when she was crossing a sidewalk. She was in a wheelchair. I think about Alex Amaro, who died on Dufferin Street. I think about Miguel Escanan, 18 years old. He just died a few months ago. He was hit by a cement truck just 300 metres from here. The reason why I bring up this example is because cement trucks, big trucks, actually account for 30% of road deaths in Ontario today. Will there be justice for these deaths that have happened recently? Will there be consequences for the driver? Will the families have justice?

The reason why I think of Miguel is because this week we recognized him at the international day to remember victims of road violence. It took place just a few days ago. There were about 100 people, many of them people who live in my riding of University–Rosedale. We trudged out in the dark and the rain—I was very underdressed; I did not bring an umbrella, which was a big mistake—and we

got a tour of Avenue Road. Avenue Road is an example of the dangers inherent in some of the roads in Ontario and Toronto today. It is a four-lane highway through established neighbourhoods, past child cares, high schools and retirement homes. Recently, there have been 12 major fatalities and injuries in a 300-metre stretch of road just a few hundred metres from here.

I think of Dalia Chako. She died just a few hundred metres from here as well. She was a grandmother. She was killed by a truck. I think of an unnamed individual who, on November 7, was pinned against a church wall and crushed, with major injuries, by a driver who failed to yield. These were some of the people who were recognized on our remembrance walk along Avenue Road just a few days ago. The reason why I bring that up is because 10% of pedestrians who are struck and killed are actually on the sidewalk when that happens. They're not jaywalking; they're on the sidewalk.

I think about the cyclist just recently, on Avenue Road again, who, to avoid being doored, veered out onto the road and was hit by a TTC bus. We don't know what happened to him, but we do know the police report says that he has major injuries. These are tragedies, and they are preventable, and that's what makes these tragedies worse.

As we did our tour through Avenue Road, the process, the parade, was led by an individual called Jess Spieker. She is one of the key organizers with Friends and Families for Safe Streets. Why I found her presentation at each of the spots where we recognized these victims of road violence—it's because she didn't just talk about enforcement and why we need better laws like the vulnerable road users law, but she also talked about how we can redesign and re-engineer the laws of our roads so that they're safer for everyone.

There are benefits to expanding sidewalks and bringing in protective bike lanes, which is what the Avenue Road Safety Coalition is calling for right now. There are benefits to lowering speed limits, especially in areas where there is a long-term-care home nearby, or a child care centre, or a school. There are benefits to making sure that drivers know all the rules of the road and how they can be safe.

I think about the Dutch reach, which my colleague the MPP for Davenport raised. It's a simple measure: When you take your driver education course, you learn to open your driver door with your right hand so that when you turn around, you look behind you before you open the door. It reduces the chances of you getting injured, and also of a cyclist or a pedestrian getting injured if they're behind you. It's a simple thing, and I say these examples because I want to put the vulnerable road users law in context. Tougher penalties for drivers, fair penalties for drivers, which are outlined in this law: They're important.

I hope we can pass this bill tonight, but I also want to emphasize that this is just one piece in a comprehensive approach that we need to move forward on to make our roads safe for everyone. We need to do what BC has done and what Alberta has done and apply a Vision Zero approach to road safety, where engineering, education and

enforcement are all integral pieces to making our roads safe for people, especially our most vulnerable: our seniors, our children, people who have disabilities and accessibility issues, people who are in wheelchairs, people who have difficulty seeing.

What that means, the Vision Zero approach, is that the government, when it is making transportation decisions, makes these decisions from the perspective of, “How can we reduce the injuries and deaths that are happening on our roads to zero?” It’s very important, and it is going to require a comprehensive approach, a holistic approach.

But tonight I want us to do one practical, useful and effective thing, and that is to pass the vulnerable road users law; to give families the justice and recognition that they are wanting; to listen to the legal experts who are calling for these measures; to listen to the municipalities who know it’s safer for emergency road workers and it actually saves money, because it reduces insurance costs; and also to make our roads safe for everyone. That is the purpose of this bill, and I urge you to pass it tonight.

**The Deputy Speaker (Mr. Bill Walker):** Just before proceeding to the next speaker on the government side: I beg to inform the House that, pursuant to standing order 101(c), changes have been made to the order of precedence on the ballot list for private members’ public business such that Mr. Mantha assumes ballot item number 33 and Mr. Bisson assumes ballot item number 42.

I recognize the member from Scarborough–Rouge Park.

**Mr. Vijay Thanigasalam:** It is a pleasure to rise this afternoon and speak to Bill 54, introduced by the members for University–Rosedale, Scarborough Southwest and Parkdale–High Park. Improving road safety is a goal that I know all members of this House share, and I appreciate the opportunity to highlight to this House our government’s record on improving road safety in just three short years. Ontario has some of the safest roads in North America, and we want to keep it that way. Since the beginning of our mandate, we have done a lot to curb reckless driving behaviour and protect road users and pedestrians.

On September 1, 2018, through regulation, our government implemented a new offence, called careless driving causing death or bodily harm, into the Highway Traffic Act. This offence includes strong penalties that include fines, licence suspensions and the longest imprisonment term for any penalty found in the Highway Traffic Act. This offence also contains a provision which requires the court to take into consideration during sentencing if the person injured or killed was a pedestrian, cyclist or person working on the highway.

Also through this regulation that went through in September 2018, our government increased penalties for drivers who fail to yield for pedestrians at crosswalks, crossovers and school crossings, and escalating fines for drivers who are convicted of multiple pedestrian-related offences in a five-year window.

Additionally, through the Getting Ontario Moving Act, 2018, our government implemented further measures to

improve road safety, which include an increased maximum fine penalty for offences under the Highway Traffic Act and requiring driving instructors to have a blood alcohol concentration of zero and to have no drugs in their body while providing driving instruction.

Earlier this year, the Minister of Transportation introduced the Moving Ontarians More Safely Act, also known as the MOMS Act, to crack down on bad actors and further protect our road users now. This included new measures such as longer driver’s licence suspensions and longer vehicle impoundment periods for drivers who engage in stunt driving, street racing and aggressive driving. Since the MOMS Act received royal assent, our government has taken bold steps to ensure that irresponsible drivers are held accountable.

One pillar of the MOMS Act is measures targeted at those who engage in illegal acts of street racing and stunt driving, which includes increasing the roadside driver’s licence suspension period for drivers caught street racing and stunt driving from seven days to 30 days, and increasing the vehicle impoundment period for the same offence from seven days to 14 days. Furthermore, the MOMS Act introduced escalating post-conviction driver’s licence suspensions for those convicted of street racing and stunt driving, which includes a maximum penalty of a lifetime non-reducible driver’s licence suspension for those convicted of street racing and stunt driving.

#### 1750

Another pillar of the MOMS Act is targeted measures that will improve safety for vulnerable road users. These measures include:

- introducing an automated camera enforcement framework to allow photo evidence of vehicles that illegally pass streetcars on the left or streetcars with their doors open to pick up or drop off passengers;

- changing how Ontario collects collision data to better track collisions involving car doors hitting bicycles or hitting e-scooters;

- permitting the use of automatic traffic control devices, also known as automated flagger assistant devices, as an additional traffic control tool in construction zones to reduce the need for construction workers to physically stop traffic by themselves; and

- the creation of the Towing and Storage Safety and Enforcement Act, 2021, so that tow operators and tow truck drivers and vehicle storage operators are to be certified under the statute and meet its prescribed standards and requirements so that roadside protections for users of tow truck services are in place.

As we continue to work towards implementing stricter road safety measures under the MOMS Act, we are also exploring other requirements for offenders, including an education course if they are convicted of careless driving causing a fatality or bodily harm.

To be clear, Mr. Speaker, the Moving Ontarians More Safely Act is not a one-and-done deal for road safety. Our government will not take any shortcuts to get this right. Road safety will always be an ongoing priority on this side of the House, and I’m proud to be part of a government

that has swiftly implemented strong and decisive measures against those who threaten the safety of all road users.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member for Parkdale–High Park.

**Ms. Bhutla Karpoche:** It was 10:45 a.m. on a seemingly ordinary Wednesday morning. Jess Spieker was a visible cyclist wearing a bright purple jacket, cycling her way to work. A driver in an SUV made a left turn, slamming into Jess, throwing her off of her bike and onto the road. Their nearly fatal crash broke the base of her spine, caused a mild traumatic brain injury, tore ligaments and muscles in her left leg, and damaged her left shoulder. On top of physical injuries, Jess suffered mentally. She struggled deeply with anxiety, depression, short-term memory loss and more. These are just some of the injuries and symptoms Jess lives with each day.

On top of her physical and mental health struggles, Jess is dealing with Ontario's road laws that allowed the driver to get away with minimal consequences for their actions. The driver was charged with "turn not in safety," which, under the current law, meant that the driver received zero demerit points on their driver's licence and was fined \$300. A mere \$300 is the value the current law assigned for Jess's loss of physical and mental health.

While Jess's story is equally as heartbreaking as it is infuriating, the sad reality is that her story is barely unique. Ryan Carriere was biking home when a large truck made an illegal right turn. He was sucked under the truck and killed. The driver received an \$85 fine. Eighty-five bucks is the dollar value the current law assigned to Ryan's life.

Edouard Le Blanc was going across on a green light when a driver ran a red light. That driver killed Edouard and was fined \$700.

Bruce Tushingam was killed by a driver that went on the opposite side of the roadway, hit Bruce and catapulted him into a field. That driver was given a \$500 fine.

These aren't anomalies; this is what happens in most cases in the province today. In Ontario, every day, an average of seven people are killed or injured on our roads.

People want to see meaningful action. People want to see consequences that ensure responsibility and accountability for careless drivers. This bill, the vulnerable road users law, provides that accountability. Let me explain what exactly this bill proposes:

(1) The driver who caused the offence will be subjected to a driver re-education course so that they learn how to share the road and drive responsibly.

(2) The driver's licence will be suspended until the re-education course is finished.

(3) The driver will face increased fines, a maximum of \$50,000.

(4) The driver must attend court to hear victim impact statements to understand how their actions have impacted people's lives and hopefully lead to them being more careful while driving in the future.

Speaker, this bill says that careless drivers who kill or seriously injure vulnerable road users and are charged under Ontario's Highway Traffic Act will no longer be simply able to walk away with a small fine. No longer can

the law assert that upon payment of a tiny sum, a slap on the wrist, their slate is wiped clean.

Speaker, this is a non-partisan issue, and I urge all of the MPPs, especially on the government side, to support this bill. It has the support of Cycle Toronto, Bike Law, Friends and Families for Safe Streets, ARC, Safe Parkside, Avenue Road Safety Coalition, United Senior Citizens of Ontario, Walk Toronto, Ontario Safety League, Ontario Good Roads Association, the Trial Lawyers of Ontario, Spinal Cord Injury Ontario, Mothers Against Drunk Driving, Ontario Brain Injury Association, Registered Nurses' Association of Ontario, and more.

Speaker, the people of this province support this bill. They want to see action.

Finally, I want to take this opportunity to thank all road safety advocates. I have so many wonderful people in my riding of Parkdale–High Park, far too many to name, who are doing so much to ensure our streets are safe for all.

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

**Mr. Stephen Blais:** Mr. Speaker, it's an honour to stand in support of the Protecting Vulnerable Road Users Act, 2021, tonight.

Consistently, police report that road safety, speeding and other traffic incidents rank amongst the highest areas of concern and complaints from members of the community. Too many of our neighbours have stopped paying as close attention to the road as they should while they're driving. They speed in front of parks and schools, they roll stop signs, and they drift too closely to bike lanes. These dangerous driving behaviours put the health and safety of our families, our friends, our neighbours and our children at risk.

According to Ministry of Transportation reporting, there were 505 fatal collisions in Ontario last year and 535 Ontarians lost their lives, including 116 pedestrians; that's 535 too many.

Today's bill would increase penalties for drivers who cause serious injury or death to vulnerable road users, and who can disagree with that?

But Mr. Speaker, as has already been mentioned, I'd much rather live in a community that has the measures in place to stop speeding, to keep traffic and cyclists segregated, to ensure pedestrians of their safety while they're walking to school or to work or to the shop. I prefer to live in a province that recognizes that when traffic incidents occur, our goal should be that people aren't killed or injured.

I was a little surprised to learn that Ontario doesn't have a Vision Zero plan for our province. In the absence of that leadership, some cities have taken it upon themselves, with limited financial resources, to do what should be led by the Ministry of Transportation.

We've heard this evening about the measures the government has taken to address road safety over the last number of years, and almost exclusively, Mr. Speaker, those measures have included tougher penalties, tougher fines, tougher consequences—and that's fine. No one can disagree with tougher consequences for putting people at

risk. But at some point, the tough talk has to be matched by tough and strong actions, and that means putting your money where your mouth is. I mentioned this during the last debate on the last traffic safety law that increased penalties for speeding etc. I checked after that debate, and since this debate is coming after the fall economic statement, I checked the fall economic statement. In the fall economic statement, roads are mentioned 84 times; road safety isn't mentioned once.

So if road safety really is a priority for the government, it will get some investment in real dollars, for the engineering, for the design, to support municipalities to make alterations to aging infrastructure that was designed for cars and not for vulnerable road users, Mr. Speaker. We need to take aggressive action to help these cities to adapt this infrastructure for vulnerable road users, for alternative modes of transportation. We need a plan that isn't satisfied with 535 fatalities on our roads, Mr. Speaker, that's driving to hit zero. We've lost too many people on our roadways already. It's time for the provincial government to take some action on this.

1800

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

**Ms. Donna Skelly:** It is an absolute pleasure to rise in the Legislature today to support the opposition's Bill 54.

Mr. Speaker, nothing is more important than the safety of Ontarians, which is why our government, under the leadership of Premier Ford, has worked to enact changes that reflect our commitment to building healthier and safer communities while supporting measures to hold offenders accountable and stand up for victims of crime.

Ontarians have spoken, and we have listened. Justice accelerated is justice delivered, and we're committed to ensuring we speed up access to justice. We have delivered some notable results to Ontario's justice system in recent months, moving our system forward by decades in a very short period of time. Working together, we are building a stronger justice system that will better serve and protect our communities.

That being said, Speaker, our government understands the critical importance of the provincial offences system in Ontario as a means of ensuring that justice continues to be done. And that is why we have enacted several much-needed reforms to simplify what has long remained a complex and outdated justice system—a system that will stand up for victims of crime and law-abiding citizens, and provide better, more affordable justice for all.

Let me refresh the members opposite on some of the steps that we have taken to support Ontarians' access to justice. Throughout the COVID-19 pandemic, we have worked closely with our justice and municipal partners who administer Provincial Offences Act courts to keep Ontarians safe and to improve access to justice. These measures have included amendments allowing municipally administered courts to make greater use of technology in order to deliver justice services remotely and reduce in-person court appearances. Most recently, we appointed 41 new justices of the peace to the Ontario Court of Justice to

hear POA matters so that people spend less time waiting for their case to be heard in court.

Additionally, our government introduced changes that permit provincial offences officers to serve part III summonses on individuals within the province by registered mail, courier or email—yes, or email; you heard that correctly—email, which, despite being 2021, was not possible prior to the enactment of these changes. We have also introduced changes that allow defendants to meet with a prosecutor virtually to discuss their charge and possible resolutions in lieu of requiring unnecessary in-person attendance at courthouses during these unprecedented times. These changes have not only allowed the provincial offences courts to continue moving cases safely through the system during the pandemic, but also to make the system more accessible for all parties.

Speaker, I'm pleased to say that these amendments are just the tip of the iceberg in terms of what we have accomplished. Effective December 14, 2020, certified evidence reforms were proclaimed into force, expanding the types of offences for which certified evidence may be relied upon by the prosecutor for part I and II offences. In these cases, a prosecutor may decide that the oral testimony of the ticket-issuing officer would not be required at trial, thereby allowing front-line staff to spend more time on the streets preventing crime and less time on paperwork. These amendments have already proven effective in reducing pressures on judicial resources, enabling greater efficiency in dealing with the backlog of cases.

At the Ministry of the Attorney General, we are continuing our collaboration with the Bill 177 municipal working group to implement the remaining Bill 177 reforms to further streamline and modernize POA processes. These upcoming changes include requiring defendants with multiple fines to pay their fines in chronological order, and to keep the late-payment fee payable where an extension of time to pay the fine is granted.

To support our municipal partners during these pressing times, our government has provided \$1.3 billion of emergency funding under the Safe Restart Agreement to address operational pressures related to the COVID-19 pandemic. An additional \$500 million was allocated to Ontario's 444 municipalities to address ongoing operating costs, to deliver critical services and to keep capital projects on track. And we are continuing to work with and support our ministry partners who are leading innovative proposals to modernize the provincial court system.

Speaker, these are just some of the real actions our government has taken to improve and modernize the Provincial Offences Act system in the province of Ontario to strengthen the administration of justice. I encourage the opposition to support these changes and to work with us as we work with partners to build a more accessible, connected and resilient justice system.

**The Deputy Speaker (Mr. Bill Walker):** I recognize the member for Scarborough Southwest.

**Ms. Doly Begum:** Speaker, in October our community mourned the loss of a young 17-year-old girl who was crossing the street at a green light near her school at the intersection of Birchmount and Danforth. That same



day—October 19—an 81-year-old man was struck by two vehicles, and then there were two other fatalities just within 12 hours of that. In fact, just in October, Speaker, a 65-year-old man died after being hit by a vehicle; another man in his forties was fatally struck by a vehicle; a senior couple in Parkdale was killed; a toddler—Speaker, a toddler, 20 months old—and two women were critically injured by a car collision. There are many more I can list, but I have a limited amount of time for such a large problem.

This is the result of a culmination of negligence from drivers, lack of accountability and the lack of preventive measures to make our roads safer. In fact, seven people are taken to the ER on average, per day, because they have been hit by a car on Ontario's roads, and many of them often end up losing their lives.

Of the 22 pedestrian fatalities in Toronto in 2021, 10 have occurred in Scarborough alone, and four of those were in my riding of Scarborough Southwest. Each one of those incidents, Speaker, is a life sentence for those vulnerable people and for their families: the years of trauma, rehabilitation and the loss, the unimaginable loss—unless you have experienced it.

However, Speaker, drivers who kill or seriously injure pedestrians are often charged with careless driving and get to walk away with a small fine. This is what is currently mandated under the Highway Traffic Act. This is an insult for families who have lost their loved ones to these accidents or end up with a lifelong injury—to those that the death of their loved ones is not considered a serious enough issue by our government to warrant anything beyond a few-hundred-dollars charge is unacceptable.

Not only are we allowing these drivers to get away without real consequences, Speaker, but also without the necessary re-education. Families and friends of victims want to see meaningful consequences that ensure responsibility and accountability for drivers who share the road with vulnerable road users.

Our bill will enshrine into law consequences for driving recklessly and endangering the lives of pedestrians, cyclists and so many others, so that another person does not have to lose their life simply because our current rules make it easy to do so. This bill will also reduce the chances of drivers becoming repeat offenders, by requiring drivers to take re-education courses to help them to be more responsible on the road they share with vulnerable road users.

Speaker, it's not just us calling on this bill. Many organizations that my colleagues have already listed, including the Toronto East Cyclists, a Scarborough grassroots organization, have long joined many other advocates for vulnerable road users and are calling for legislation to make our roads safer for all.

We urge the government to adopt the Protecting Vulnerable Road Users Act as one part of making our roads safer. We know that this is a part of the solution. It's a shared responsibility. We also need our government to provide better standards and more investments in making safe roads designed to prevent and reduce the number of collisions on our roads. Let's work together so that there

isn't one more preventable injury or death. Let's pass this bill to create some meaningful change and make roads safer for Scarborough and Ontario.

**1810**

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

**Mr. Ian Arthur:** It's an honour today to rise and add my voice in support of this bill.

I come from a small town, and I cycle a lot—or I used to cycle a lot; less so these days. The only bike lane I knew for most of my life was the road shoulder, and I really did feel like I was taking my life in my own hands. I remember biking to and from the kitchen late at night, trying to go home, and I would deck myself out in lights on my bike because of how often I almost got clipped by cars going by me that didn't really care that I was on the road and that I was sharing it. So the problems that they talked about are on a smaller scale, but they still happen.

In the last several months alone, I've had one staff person and one friend who were involved in collisions. My staff member was cycling, and there was an illegal right-hand turn, and she was knocked off her bike, and she has been in physio ever since. The other was my good friend, who happened to be motorcycling, and the woman who hit him went through a red light at full speed. It's amazing that he is still alive. He has many pins in his legs, and his walking is probably never going to be the same. There was a licence suspension for the motorcycle accident but absolutely nothing for the bicycle accident. Because he was on a motorized vehicle, there actually is opportunity for, I think, a fairer and more adequate response to what the person did when they ran that red light and T-boned, broadsided, my friend. So it happens, and this is in a small town that this happened—two instances in a very short period of time.

I want to spend the last little bit of time to try to reiterate that this bill is, I think, not even asking that much of the government. A driver re-education course if you're involved in something—I think that's extremely appropriate and not actually asking that much of a person involved in that. Frankly, I would say that I suspect most drivers who spend any time on the road would like many of the other drivers to go through a driver re-education course on the best of days. And a victim impact statement: For people who have lost someone in their lives through negligence or carelessness of another person, I don't think asking that person who performed that act to have to listen to what that did to the families—right now, those victims, the ones who survive, are not even allowed to speak. Their story about what happened is not even factored into the process at all. So I don't think that asking them to be allowed to tell their story and talk about the impact that it had is asking that much.

I would urge the government to support this bill. It is an extremely strong bill, and it is timely and appropriate. We would love to have your support.

**The Deputy Speaker (Mr. Bill Walker):** There was time remaining for the independent members and the government. Further debate? Further debate?

I now return to the member from University–Rosedale for her final reply.

**Ms. Jessica Bell:** Thank you very much to the members who spoke today on this bill.

As I've made very clear and as my colleagues from all parties present have made very clear, the vulnerable road users law is an important measure. It will make our roads safer, especially for our most vulnerable members—our children, our seniors, people who have disabilities or accessibility challenges. This is important.

I think about the people who have been injured or who have died in my riding—from Dalia to John to Miguel, and many unnamed people—and I think it's important that we recognize them and remember them by taking concrete and practical action to ensure that this stops happening and that their deaths are not in vain.

Passing the vulnerable road users law is one practical and effective and useful thing that we can do as legislators, as lawmakers, to make our roads safe for all, and I hope tonight is the night that we move this law one step closer to becoming a reality.

**The Deputy Speaker (Mr. Bill Walker):** Thank you. The time provided for private members' public business has expired.

Ms. Bell has moved second reading of Bill 54, An Act to amend the Highway Traffic Act in respect of harm to vulnerable road users. Is it the pleasure of the House that the motion carry? Carried.

*Second reading agreed to.*

**The Deputy Speaker (Mr. Bill Walker):** Pursuant to standing order 101(h), the bill is referred to the Committee of the Whole House. I look to the member to see if there's a committee of preference.

**Ms. Jessica Bell:** I'd like the bill to be sent to justice policy.

**The Deputy Speaker (Mr. Bill Walker):** The member has asked that the bill go to justice policy. Is it the favour of the House that it goes to the committee? Agreed? Agreed.

All matters relating to private members' public business having been completed, this House stands adjourned until 9 a.m. tomorrow.

*The House adjourned at 1816.*



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Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
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Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
<b>MacLeod, Hon. / L'hon. Lisa (PC)</b>	Nepean	Minister of Heritage, Sport, Tourism and Culture Industries / ministre des Industries du patrimoine, du sport, du tourisme et de la culture
Mamakwa, Sol (NDP)	Kiiwetinoong	
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
Martow, Gila (PC)	Thornhill	
McDonell, Jim (PC)	Stormont—Dundas—South Glengarry	
<b>McKenna, Hon. / L'hon. Jane (PC)</b>	Burlington	Associate Minister of Children and Women's Issues / Ministre associée déléguée au dossier de l'Enfance et à la Condition féminine
<b>McNaughton, Hon. / L'hon. Monte (PC)</b>	Lambton—Kent—Middlesex	Minister of Labour, Training and Skills Development / Ministre du Travail, de la Formation et du Développement des compétences
Miller, Norman (PC)	Parry Sound—Muskoka	
Miller, Paul (NDP)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	
Mitas, Christina Maria (PC)	Scarborough Centre / Scarborough- Centre	
Monteith-Farrell, Judith (NDP)	Thunder Bay—Atikokan	
Morrison, Suze (NDP)	Toronto Centre / Toronto-Centre	

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

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

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

**Standing Committee on Estimates / Comité permanent des budgets des dépenses**

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

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

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

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

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

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

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

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

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

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

Chair / Présidente: Laurie Scott  
Vice-Chair / Vice-présidente: France Gélinas  
Rima Berns-McGown, France Gélinas  
Goldie Ghamari, Faisal Hassan  
Jim McDonell, Sam Oosterhoff  
Laurie Scott, Vijay Thanigasalam  
Jeff Yurek  
Committee Clerk / Greffière: Valerie Quioc Lim

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

Chair / Président: Taras Natyshak  
Vice-Chair / Vice-présidente: Christine Hogarth  
Deepak Anand, Toby Barrett  
Jessica Bell, Stephen Blais  
Stephen Crawford, Rudy Cuzzetto  
Christine Hogarth, Michael Mantha  
Taras Natyshak, Michael Parsa  
Amarjot Sandhu  
Committee Clerk / Greffier: Christopher Tyrell

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

Chair / Président: Aris Babikian  
Vice-Chair / Vice-président: John Fraser  
Aris Babikian, Lorne Coe  
John Fraser, Vincent Ke  
Laura Mae Lindo, Paul Miller  
Billy Pang, Jeremy Roberts  
Dave Smith, Daisy Wai  
Jamie West  
Committee Clerk / Greffier: Isaiah Thorning

**Standing Committee on Social Policy / Comité permanent de  
la politique sociale**

Chair / Présidente: Natalia Kusendova  
Vice-Chair / Vice-présidente: Bhutila Karpoche  
Aris Babikian, Jeff Burch  
Amy Fee, Michael Gravelle  
Joel Harden, Mike Harris  
Bhutila Karpoche, Natalia Kusendova  
Robin Martin, Effie J. Triantafilopoulos  
Jeff Yurek  
Committee Clerk / Greffière: Tanzima Khan

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

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