

### **Cost of living**

**M<sup>me</sup> Lucille Collard:** One in four households in Ottawa is experiencing food insecurity. Since 2019, visits to the Ottawa Food Bank have surged by 90%. Food affordability is out of control, and families are struggling to meet their basic needs. Last week, I visited food banks in my riding and served meals at the Ottawa Mission.

The volunteers are extraordinary, but no amount of community generosity can replace the responsibility of government. Charities are doing their part; now government must do theirs. In a province as wealthy as Ontario, allowing people to go hungry is not just unacceptable; it's immoral. Hunger is not inevitable. It's the direct result of policy choices, and right now, those choices are failing people. We need immediate, stable funding for food banks. But even more importantly, we must fix the root causes. That means raising Ontario Works and ODSP to livable levels. Today, someone on OW might receive just \$733, and that doesn't cover rent, let alone food.

Speaker, no one should be pushed into poverty by the very programs designed to support them. This government has a moral and civic obligation to act. Fund food banks, raise income supports and ensure that no Ontarian is left behind.

### **Public health**

**Mr. Adil Shamji:** For the Premier, Madam Speaker: 10 years ago, the vaccination rate for measles in Ontario was 94%. Then, in 2018, that happened, and the Premier went on a rampage. He slashed hundreds of millions of dollars in public health funding, forced chaotic amalgamations of public health units, eviscerated vital public programs like waste water testing, and silenced public health officials.

Now, the vaccination rate for measles in Ontario is only 70%, and he has single-handedly managed to undo a century of public health progress. He's made us a leader, not of anything we want to be proud of, but in cases of measles across the continent. We now have more cases of measles in Ontario than all 50 US states combined.

Madam Speaker, why won't the Premier say anything about measles or take any action?

**The Speaker (Hon. Donna Skelly):** Response? I recognize the Minister of Health.

**Hon. Sylvia Jones:** Speaker, where do I start? First of all, they were absolutely amalgamations of public health units that were welcomed and asked for. We made it available. The public boards brought forward their recommendations. We accepted. We actually invested to ensure that they could do those amalgamations.

Specifically regarding measles, absolutely, it is disturbing to hear that a preventable illness is not being—

**The Speaker (Hon. Donna Skelly):** I apologize to the minister.

I don't want to start naming, especially ministers. Please, would the government side come to order? I apologize. The minister can continue.

**Hon. Sylvia Jones:** We have been very clear that there is a measles vaccination available—it's been available for over 50 years—that we need to ensure people have access to. We directed

public health units over a year ago to refocus their efforts to ensure that they were doing childhood vaccinations, getting that catch-up.

We have ensured that there are sufficient measles vaccinations available to all public health units, and we have assured local communities that have a higher rate of influxation that they are getting the support they need.

**The Speaker (Hon. Donna Skelly):** Supplementary.

**Mr. Adil Shamji:** Madam Speaker, the results speak for themselves. There are children in Ontario who are hospitalized with measles. There are parents with sick children searching online to figure out if their kids might have measles.

Last year, I revealed that the Premier has over 32,000 people in his riding without a family doctor. Amazingly, he has managed to outdo himself. He now has constituents in his own urban riding being notified that they were exposed to measles just recently at the Woodbine Mall and Fantasy Fair.

I actually have to give it to the Premier because he has done something that is really quite extraordinary. He has done to measles what he was supposed to do housing and done to housing what he was supposed to do to measles. Measles was supposed to go to zero and housing was supposed to spread like wildfire.

Madam Speaker, to the Premier: When will the Premier finally get serious and take meaningful action about our worst outbreak in three decades?

**Hon. Sylvia Jones:** You know, it's actually quite sad that the member opposite is trying to politicize what is a deeply concerning outbreak in the province of Ontario.

We have a measles outbreak in communities that is spreading, and we have ensured, through public awareness campaigns—almost a 20% increase in public health unit budget spending to ensure that people understand the value and the importance of getting their children vaccinated. We will continue to do that because, unlike the member opposite, I do not want to politicize this; I want to make sure people have the support they need and get the vaccine when it's appropriate.

**The Speaker (Hon. Donna Skelly):** Supplementary.

**Mr. Adil Shamji:** Madam Speaker, if this government purports to take health care so seriously, why are the results so poor? It is because this government is more concerned with politicking and grandstanding with goons, rather than addressing the health of children.

Example: Last week, the Minister of Education wrote a letter to all parents at daycare, warning them about possible changes to federal child care funding that might happen in March 2026. The Minister of Education had two options: write a letter to fearmonger about hypothetical child care changes one year from now or write a letter to inform parents about measles and educate them about immunization. Of course, he ignored measles.

This government always chooses its own interests over Ontario's interests, and its half-hearted measures to address measles have failed. When will the Premier take real action?

**Hon. Sylvia Jones:** Perhaps it's an appropriate time to recap what we've already discussed: first of all, almost a 20% increase in budgets for public health units because we know the important work that they do in our communities; a medical officer of health that, over a year ago, reinforced and directed to public health units that they must refocus their efforts on childhood vaccinations; a public awareness campaign to ensure that every parent and caregiver understands that measles is, with two doses, almost 100% preventable.

I will do the action; our government will do the action. You can politicize this all you want, but what I want is to ensure that parents and caregivers understand the value and importance of a vaccine that has been in the province of Ontario for almost 50 years.

### **Indigenous mental health and addiction services**

**Mr. Sol Mamakwa:** Meegwetch. This government talks about accessing our resources and our homelands. At the same time, the First Nations and the north continue to deal with a mental health and addiction crisis.

I ask the Premier: Your government's mental health plan isn't working. Children as young as 10 years old continue to die by suicide. When will Ontario—this government—step up and improve access to better mental health and addiction services in the north?

**The Speaker (Hon. Donna Skelly):** I recognize the Associate Minister of Mental Health and Addictions.

**Hon. Vijay Thanigasalam:** Indigenous mental health has been ignored by the previous government for far too long, but this government, under the leadership of this Premier, is taking action. We have increased the annual funding for Indigenous care organizations by over \$40 million through the Roadmap to Wellness program. Additionally, we are investing over \$60 million in annual funding to support Indigenous-led mental health, addictions and well-being supports. This helps individuals, families and communities to heal from the impacts of intergenerational trauma, through a culturally safe and responsive program. Our government is making historic investments, and we are already seeing results.

**The Speaker (Hon. Donna Skelly):** Back to the member.

**Mr. Sol Mamakwa:** The millions this government member talks about, we do not see it in the First Nations that I come from. But the first step is to make sure everyone can access mental health services.

Every day, the Sioux Lookout Meno Ya Win Health Centre has multiple patients with mental health emergencies who wait up to a week to access form 1 beds in Kenora and in Thunder Bay. To the Premier: Will this government commit to a 20-bed schedule 1 facility in Sioux Lookout?

**Hon. Vijay Thanigasalam:** Our government is open to working with the member opposite. As I mentioned in my previous answer, Indigenous communities from across the province have told us time and time again that reconnecting with the land and engaging with it as a partner in the recovery processes is crucial for healing.

In addition, on the mental health and addiction portion, over 50% of Addictions Recovery Fund treatment beds are going to northern and Indigenous communities. I just want to break down a few things. The investment of \$7 million to support the land- and water-based healing projects in

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(Public Health - Measles, Indigenous mental health and addiction services)

the Indigenous communities, such as Batchewana Nation, Kettle and Stony Point Nations—  
Madam Speaker, I can go on. For the time being, I want to make sure that I'm open to—

**The Speaker (Hon. Donna Skelly):** Before we move on to the next question, just a reminder to remove your phones from the desk if you're going to be responding or asking a question.