

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

Official Report of Debates (Hansard)

EM-10

Journal des débats (Hansard)

EM-10

**Select Committee
on Emergency Management
Oversight**

Emergency orders review

**Comité spécial de la
surveillance de la gestion
des situations d'urgence**

Étude sur les décrets d'urgence

1st Session
42nd Parliament
Wednesday 7 April 2021

1^{re} session
42^e législature
Mercredi 7 avril 2021

Chair: Daryl Kramp
Clerk: Christopher Tyrell

Président : Daryl Kramp
Greffier : Christopher Tyrell

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House Publications and Language Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario



Service linguistique et des publications parlementaires
Salle 500, aile ouest, Édifice du Parlement
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Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

ISSN 2563-4402

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LEGISLATIVE ASSEMBLY OF ONTARIO

**SELECT COMMITTEE
ON EMERGENCY MANAGEMENT
OVERSIGHT**

Wednesday 7 April 2021

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**COMITÉ SPÉCIAL DE LA
SURVEILLANCE DE LA GESTION
DES SITUATIONS D'URGENCE**

Mercredi 7 avril 2021

The committee met at 1000 in room 151 and by video conference.

EMERGENCY ORDERS REVIEW

The Vice-Chair (Mr. Tom Rakocevic): I call this meeting of the Select Committee on Emergency Management Oversight to order. We have the following members in the room: MPP Hogarth, as well as myself, MPP Rakocevic, as Vice-Chair. We also have the following members participating remotely: MPP Bailey, MPP Martin, MPP Gélinas, MPP Bisson, MPP Fraser, MPP Oosterhoff, MPP Park and MPP Gurrratan Singh. We are also joined by staff from legislative research, broadcast and recording, and House Publications and Language Services.

To make sure that everyone can understand what is going on, it is important that all participants speak slowly and clearly. Please wait until I recognize you before starting to speak. Please also remember to unmute yourself before you begin speaking. As always, all comments by members should be directed through the Chair. Are there any questions?

Before we move to the next part, there was a motion requested in the pre-meeting to reconvene the Zoom and enable the recording function. Again, I was advised by the Clerk just after that that all of this is being put on television and is being recorded by recording services, and the transcript and video are available, in their entirety.

Are you still interested in proceeding with the motion to record? MPP Bisson.

Mr. Gilles Bisson: Am I unmuted?

The Vice-Chair (Mr. Tom Rakocevic): Yes.

Mr. Gilles Bisson: Oh, I didn't notice. No, I'm fine with that, but I don't know why we don't just do both. It would just be a hell of a lot easier. Every time that this committee meets, if you want a record from broadcast services or Zoom, it should just be automatic.

The Vice-Chair (Mr. Tom Rakocevic): So you withdraw, then, the motion? Okay.

Pursuant to the order of the House dated July 15, 2020, this select committee has been appointed to receive oral reports from the Premier or his designates on any extension of emergency orders by the Lieutenant Governor in Council related to the COVID-19 pandemic and the rationale for those extensions. The Solicitor General, the Honourable Sylvia Jones, who has been designated by the

Premier, is here with us today—welcome—to provide this committee with that report.

Per the motion, this committee is empowered to meet as follows: up to 30 minutes for the Premier or his designates to make an opening statement; up to 60 minutes for members of the recognized parties to pose questions to the Premier or his designate in three rounds of 10 minutes for each party; and up to 10 minutes for the independent member to pose questions to the Premier or his designates in two rounds of five minutes each.

Following the Solicitor General's opening remarks, we will proceed in a question rotation as follows: 10 minutes to the official opposition, 10 minutes to the government, and five minutes to the independent member. We will repeat that once, and finally there will be 10 minutes for the official opposition and 10 minutes to the government. Are there any questions before we begin?

Solicitor General, again, welcome today. Please proceed with your introductory comments when ready.

Hon. Sylvia Jones: Good morning, Vice-Chair and members. I'm pleased to join you for the 10th meeting of the select committee. In a one-on-one battle between COVID-19 and the vaccine, the vaccine will ultimately win out, but we're not there yet. The recent numbers of COVID cases are concerning, but much progress has been made since this committee last met.

When this committee met in December, the rollout of vaccines had just begun. When we met in January, over 150,000 doses have been administered. In February, that number rose to over 400,000. By March, it was nearly 950,000. And today, over 2.5 million vaccines have been administered here in Ontario. Each of those numbers represents a person offered the protection that the vaccine affords, and it is a demonstration that the only thing limiting Ontario's capacity to vaccine is supply.

We've made great strides in our vaccine distribution plan by steadily increasing the number of locations where Ontarians can get vaccinated. With approximately 700 pharmacies across the province as well as primary care providers and community mass vaccine centres, I am confident about Ontarians' ability to triumph over this pandemic, but it is confidence tempered with concern over the third wave, as Ontario COVID-19 case rate numbers per 100,000 remain too high, and over the impact of faster-spreading variants on our already strained health care system and overworked health care heroes.

That is why our government made the difficult but necessary decision, in consultation with the Chief Medical Officer of Health and other health experts, to implement the province-wide emergency brake that took effect on April 3. To do so, O. Reg. 363/20, which is stages of reopening, was amended to reclassify all 34 public health units or PHU regions in the shutdown zone of stage 1, effective April 3, 2021. The province-wide emergency brake puts in place time-limited public health and workplace safety measures to help stop the rapid transmission of COVID-19 variants in communities, protect hospital capacity and save lives.

We know that the additional measures are difficult on many Ontarians, but when seeing the drastic surge in case numbers and hospitalizations across Ontario, key indicators and the latest modelling, these measures are critical to contain the rapid spread of the virus, especially the new variants of concern. These measures include:

- prohibiting indoor organized public events and social gatherings and limiting the capacity for outdoor organized public events or social gathering to a five-person maximum, except for gatherings with members of the same household or gatherings with members of one household and one other person from another household who lives alone;

- restricting in-person shopping in all retail settings, including a 50% capacity limit for supermarkets, grocery stores, convenience stores, indoor farmers' markets and other stores that primarily sell food and pharmacies, and 25% for all other retail, including big box stores, along with other public health and workplace safety measures;

- prohibiting personal care services;

- prohibiting the use of facilities for indoor and outdoor sports and recreational fitness, with very limited exceptions;

- prohibiting indoor and outdoor dining—restaurants, bars and other food or drink establishments are permitted to operate by takeout, drive-through and delivery only;

- requiring day camps to close; and

- limiting capacity at weddings, funerals and religious services, rites or ceremonies to 15% occupancy per room indoors and to the number of individuals that can maintain two metres of physical distance outdoors. This does not include social gatherings associated with services like receptions, which are not permitted indoors and are limited to five people outdoors.

These measures are expected to be kept in place for a minimum of 28 days, until at least May 1, 2021.

As this committee is aware, the COVID-19 Response Framework ensures that public health measures, in response to COVID-19, are targeted, incremental and responsive to local needs. During the coming weeks, the Ministry of Health will review the key threshold indicators that are used to inform decisions about the classification of public health regions into the various colour-coded zones within the framework and incorporate additional indicators—for example, vaccination coverage and proportion of variants of concern—to inform future decisions regarding the framework.

All orders in effect under the Reopening Ontario Act are currently set to expire the first instance of April 20, 2021, unless extended further.

In addition to the amendment to O. Reg. 363/20, which is stages of reopening, to reclassify all 34 public health units or PHUs into the shutdown zone of stage 1, effective April 3, a number of other regulatory amendments have been made to orders under the ROA since this committee last met.

O. Reg. 82/20, rules for areas in stage 1, was amended to increase indoor and outdoor capacity for a wedding, funeral or religious service, rite or ceremony in the shutdown zone and the grey lockdown zone. The previous restrictions under O. Reg. 82/20 include limiting a gathering for a wedding, funeral or religious service, rite or ceremony to a maximum of 10 people indoors or 10 people outdoors, subject to compliance with public health guidance on physical distancing. For indoor gatherings for a wedding, funeral or religious service, rite or ceremony, this has been increased to 15% occupancy per room, subject to compliance with public health guidance on physical distancing. Furthermore, capacity for outdoor funerals, weddings or religious services, rites or ceremonies in all zones has been increased to the number of individuals that can maintain two metres of physical distance where no hard cap exists for the number of patrons.

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Faith communities have signalled the importance of these changes as they directly relate to the well-being of members whose mental health may be impacted by not being able to attend such gatherings in person. These increased limits apply to the wedding, funeral or religious service, rite or ceremony only and not to gatherings associated with the occasion: for example, a wedding reception.

To support the province's economic recovery, the government cautiously adjusted dining capacity limits and lifted or changed some restrictions that apply to restaurants, bars and other food and drink establishments for regions in the Grey-Lockdown, Red-Control, Orange-Restrict and Yellow-Protect zones, which would apply when the emergency brake period ends and there is a return to the framework.

Firstly, O. Reg. 364/20, which is rules for areas in stage 3, has been amended for the orange and yellow zones. Indoor dining capacity limits in the orange zone have been increased to 50% of an establishment's capacity, to a maximum of 100 patrons, whichever is the lesser, and subject to the number of patrons that can maintain a physical distance of at least two metres from every other person in the establishment. New seating restrictions have been added to the orange zone based on members of a household, with exemptions for caregivers and people living alone. Establishments are also required to post a sign, visible to the public, stating their capacity limit. An exception has been added to the yellow zone so that the limit of six people per table does not apply to members of the same household or where that household is joined by a member of one other household who lives alone or a caregiver of any member of either household.

Secondly, O. Reg. 363/20, rules for areas in stage 2, which will apply to public health regions in the red zone, also has been amended since the last committee meeting. Indoor dining capacity limits have been increased to 50% of an establishment's capacity or 50 patrons, whichever is the lesser, taking into account capacity restrictions that relate to maintaining a physical distance of at least two metres. As with the orange zone, new seating restrictions have been added based on members of a household, with exemptions for caregivers and people living alone. Establishments will also be required to post a sign visible to the public stating their capacity limit. Lastly, stand-alone restaurant patios in the grey zone, such as marinas, will also be permitted to open for outdoor dining, subject to certain restrictions.

Amendments have been made to O. Reg. 82/20 to permit outdoor fitness classes, organized programs and training activities as of March 29, 2021, and as of April 12, 2021, to allow personal care service establishments to open in the grey zone, which will apply to any public health unit region assigned to the zone once the emergency brake ends. Outdoor fitness classes, training sessions for team and individual sports, and personal training will be permitted in the grey zone for up to 10 patrons. These activities are subject to three-metre physical distancing rules. Team games or scrimmages will continue to be prohibited.

Chair, let me list the modifications to the emergency brake that now apply, as there are noticeable differences between the shutdown zone and grey lockdown zone.

Additional restrictions under the shutdown zone include, but are not limited to, no indoor or outdoor dining. Restaurants, bars and other food and drink establishments are permitted to operate by takeout, drive-through and delivery only, with limited exceptions.

Outdoor social gatherings and organized public events are limited to five people, with certain exceptions and restrictions, such as those for religious ceremonies, as I have mentioned previously.

Domestic services are only permitted for children, seniors or vulnerable persons.

Establishments that provide personal care services are still not permitted to open in the shutdown zone, and amendments to the shutdown zone have not been made to allow outdoor fitness classes. The use of facilities for indoor or outdoor sports and recreation fitness—for example, gyms—is prohibited in the shutdown zone, with very limited exceptions.

As usual at this point, and in line with the legislative mandate of this committee, I will now walk through the remaining orders that are currently in effect until the first instance of April 20, 2021, and have not been amended since the last committee meeting. These updates are being presented in numerical order.

O. Reg. 74/20 is work deployment for health services providers. This order authorized specified health service providers, within the meaning of the Connecting Care Act, 2019, to take reasonably necessary measures with respect to work deployment and staffing to respond to, prevent

and alleviate the outbreak of COVID-19, including redeploying staff to other health service providers and to assist long-term-care homes and retirement homes. It is necessary to address surgical backlogs, as well as to alleviate health human resource shortages within hospitals and other health care service providers.

O. Reg. 76/20 relates to electronic service. This order allows document service in legal matters to be handled electronically instead of in person. The order is needed to continue access to justice while reducing unnecessary contact between individuals in order to slow the spread of COVID-19.

O. Reg. 77/20 relates to work deployment measures in long-term-care homes. This order gives long-term-care homes greater flexibility to identify staffing priorities, deal with staff shortages and address outbreaks. It remains necessary because flexibility to recruit and reassign staff remains crucial for preventing and managing outbreaks, and ensuring stability and quality in long-term-care homes.

O. Reg. 95/20 relates to streamlining requirements for long-term-care homes. This order provides flexibility and a reduced administrative requirement for long-term-care homes so that they can respond quickly to the care and safety needs of their residents.

O. Reg. 98/20 relates to prohibition on certain persons charging unconscionable prices for sales of necessary goods. This order is in place so that consumers can continue to file complaints with the Ministry of Government and Consumer Services about price-gouging with respect to the necessary goods set out in the order, some of which remain in short supply.

O. Reg. 114/20 relates to enforcement of orders. This order ensures a person is required to identify themselves by providing their name, date of birth and address to a police officer or other provincial offences officer if the officer has reasonable and probable grounds to believe that the individual has committed an offence under section 10, subsection 1 of the ROA. Without disclosure of this identifying information, provincial offence officers would be unable to effectively enforce orders under the Reopening Ontario Act.

O. Reg. 116/20 relates to work deployment measures for boards of health. This order allows boards of health, within the meaning of the Health Protection and Promotion Act, to take, with respect to work deployment and staffing, any reasonable, necessary measures to respond to, prevent and alleviate the COVID-19 pandemic, including redeploying staff within different locations in or between facilities at the boards of health.

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O. Reg. 118/20 relates to work deployment measures in retirement homes. This order allows flexibility for retirement home operators to recruit and reassign staff. It remains crucial for helping to prevent and manage outbreaks and to ensure stability and quality in resident care.

O. Reg. 121/20, staffing flexibility measures for service agencies providing services and supports to adults with developmental disabilities and service providers providing

intervenor services: This order allows developmental service agencies and intervenor service providers to continue to have the authority and flexibility they need to redeploy their staff to support critical services for vulnerable individuals.

O. Reg. 129/20, witnessing of wills and powers of attorney: This order allows the witnessing of wills and powers of attorney to be facilitated virtually through technology. Many are still relying on this order to ensure wills and powers of attorney can be safely executed, as there are no alternative processes available.

O. Reg. 132/20, use of force and firearms in policing services: This order allows chiefs of police to authorize certain members of a police service to perform duties involving use of force and to carry a firearm if the member has successfully completed the required training within the previous 24 months of this authorization, instead of the annual training required under the Police Services Act.

O. Reg. 141/20, temporary health or residential facilities: This order exempts the construction or conversion of a building from certain requirements of the Building Code Act, 1992; the Planning Act; and the City of Toronto Act, 2006, where the building will be used as a temporary health or residential facility for the purposes of responding to the emergency or for health care or sleeping accommodation by or on behalf of health services providers, governments and municipalities. There is a continued need for this provision to be in place to enable the province to respond to COVID-19 care and residential space needs.

O. Reg. 145/20, staffing flexibility measures for service agencies in the violence against women, anti-human-trafficking and crisis line service sectors: This order enables residential violence against women and anti-human-trafficking service providers as well as crisis lines under the violence against women support services program to continue to have the authority and flexibility they need to redeploy their staff to support critical services for survivors of violence against women and victims of human trafficking.

O. Reg. 146/20 relates to limiting work to a single long-term-care home. This order reduces the movement of employees between long-term-care homes to minimize the risk of COVID-19 transmission to other homes or health care settings. The order is still necessary because limiting the number of staff moving across multiple settings is an important component of infection prevention.

O. Reg. 154/20 relates to work deployment measures for district social services administration boards. This order provides district social services administration boards, or DSSABs, flexibility to address staffing shortages and ensure personnel are being deployed to critical areas of need to respond to COVID-19.

O. Reg. 156/20 relates to deployment of employees of service provider organizations. This order authorizes a local health integration network to request that a contracted service provider organization provide health care and related social services in a setting identified by the LHIN and authorizes the LHIN to fund those services. The need for the order is based on ongoing staffing issues at long-term-care homes and retirement homes.

O. Reg. 157/20 relates to work deployment measures for municipalities. In response to requests from municipalities, we issued this order to provide flexibility to redeploy staff, to ensure front-line service continues to be delivered in critical areas of need. The continuity of service delivery at the municipal level is critical to the health and safety of Ontario's communities and efforts to curb the spread of COVID-19.

O. Reg. 158/20, limiting work to a single retirement home: Similar to the order for long-term-care homes, this order remains necessary, because limiting retirement home staff from working in other retirement homes, long-term-care homes and health care settings is an important component of infection prevention and control practices in retirement homes.

O. Reg. 163/20 relates to staffing flexibility for mental health and addictions agencies. This order authorizes mental health and addictions agencies to take, with respect to work deployment and staffing, any reasonably necessary measures to respond to, prevent and alleviate the outbreak of COVID-19 to maintain health human resource flexibility.

O. Reg. 177/20 relates to congregate care settings. The order has been extended so that staff movement across multiple employers in developmental services, intervenor services, violence against women and anti-human trafficking sectors will continue to be limited. This infection prevention measure protects staff and vulnerable clients.

O. Reg. 192/20 relates to certain persons enabled to issue medical certificates of death. This order allows registered nurses appointed as coroner investigators to complete medical certificates of death instead of a physician or a nurse practitioner. This order continues to give physicians and nurse practitioners more time to focus on patient care during the pandemic.

O. Reg. 193/20 relates to hospital credentialing processes. This order authorizes the board of a hospital to take, with respect to any aspect of the hospital's credentialing process, any reasonably necessary measures to respond to, prevent and alleviate the outbreak of COVID-19. This includes identifying medical, dental, midwifery and Extended Class nursing staff needs and priorities to take action with respect to appointments and privileges, as permitted under the regulation.

O. Reg. 195/20 relates to the treatment of temporary COVID-19-related payments to employees. The order ensures that any temporary COVID-related payments received by employees in relation to work performed while the order is in effect are excluded from the maximum increase in compensation set out in the public sector for future generations act during a moderation period. This includes the temporary wage enhancements for personal support workers and direct support workers currently in place until June 30.

O. Reg. 210/20, management of long-term-care homes in outbreak: This order enables the director, under the Long-Term Care Homes Act, to order the placement of interim management to effectively protect residents from COVID-19. Maintaining the management order allows the

director to swiftly take appropriate action to reduce or alleviate harm to residents and staff in homes that are in outbreak.

O. Reg. 240/20 relates to management of retirement homes in outbreak. This order ensures measures are in place to allow the Retirement Homes Regulatory Authority to act quickly in case of outbreak should an operator be unable or unwilling to manage operations of the home.

O. Reg. 241/20 relates to special rules re temporary pandemic pay. The order is designed to help facilitate the implementation of temporary pandemic pay and to provide clarity to employers and employees regarding eligibility for pandemic pay.

O. Reg. 345/20 relates to patios. This order helps municipalities quickly pass or make changes to temporary use bylaws, allowing restaurants and bars to create or extend their patios to facilitate appropriate distancing and maintain public health measures.

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In conclusion, over the past year, people across Ontario have made a number of sacrifices to protect the health and safety of all Ontario citizens. We know it's been difficult, but it is only through our collective actions that we will be able to combat this virus. Vaccines, personal protection, such as mask wearing and physical distancing, as well as public health measures implemented through orders under the Reopening Ontario Act, remain our best defence to stem the rise of variants of concern and minimize the impact of the third wave.

Thank you, Chair, and I will turn it back over to you for questions.

The Vice-Chair (Mr. Tom Rakocevic): Thank you very much, Minister. We are going to begin our first 10-minute round of questioning, beginning with the official opposition. I see MPP Bisson with his hand up. Please proceed.

Mr. Gilles Bisson: Thank you, Chair, and thank you, Minister. I hope everybody is safe, as was said at the beginning. This is certainly starting to be concerning.

I have a couple of general statement-questions. If you can respond to those, and after that, I will get to some specifics.

What's clear from my vantage point in our constituency, returning phone calls and emails—and I'm sure it's the same for all MPPs across Ontario. This is not a phenomenon just here in the city of Timmins, but I've got to say that the one complaint I'm getting from most constituents is the confusion that has been caused in the way that it's been handled.

One of the things that I want to bring back to you as one of the decision-makers around the cabinet table and to this committee, which is doing oversight of the decisions that cabinet is making, is that a lot of work needs to be done in order to simplify your message and not have inconsistencies in what it is you're putting in place. This weekend, Easter weekend, you got a lot of calls and emails from people in regard to why we went from 25 allowed in a church to 15. There may be reasons for that, but it wasn't very well communicated and it leaves people frustrated.

And the on-again, off-again lockdown, or whatever you're going to call it now is—most people, I have to say, are pretty fair in the sense that they understand we're in a pandemic and something needs to be done. There is a population out there in all of our ridings where they don't believe in vaccines, they don't believe in COVID, they think this can all go away and we can just go back to doing what we did. The rest of the world has learned that is not the way to do things, that in fact you have to take measures in order to curb the spread of this disease and, at the same time, try to vaccinate people. But there's a high degree of frustration for the on-again, off-again kind of approach the government has taken.

A lot of people were saying, when the government started lifting restrictions mere weeks ago—everybody, including your own health expert at your own command table, was saying, "Oh, this is too early. Look at these variants. Things are getting bad." All we had to do was look around us in other provinces, states and countries in order to see that, in fact, it was getting away in those areas when those restrictions were lifted and not done properly.

My one plea to your cabinet and to your Premier is—it's one thing to go out and do snappy little press conferences every day; it's quite another thing to be able to actually communicate in a consistent way what it is the government has to do and the rationale for why it's doing it. That is just my first general comment, and if you want to speak to that for a few seconds, that's fine, but I've got a few more questions.

Hon. Sylvia Jones: Just very briefly, MPP Bisson: I think what we've learned is people absolutely have a right to be frustrated, but the numbers don't lie. Today, as an example, 3,215 positivities; 510 individuals using and in an ICU bed. We need to be able to pivot and act quickly, and while I appreciate that that can be frustrating for some people when they perhaps don't have someone with COVID-19 or are not impacted directly, it really speaks to how quickly we do need to act when we see those numbers rising.

Mr. Gilles Bisson: Yes, I think we all agree something needs to be done. The point that I'm trying to make is what my constituents are telling me—and I'm sure you're getting the same phone calls as I am in your riding, and that is, there seems to be inconsistency in how some of this is dealt with.

I'm just going to move on to something else, because unfortunately, this particular format only allows the opposition a total of—less than an hour for all opposition members, so I want to make sure my other colleagues get on. We just put out a survey to our small business community in regard to the various programs that the province has put in place in order to assist with the closure that has happened as a result of these lockdowns.

Now, to say that nobody has benefited—of course some people have benefited, and we're hearing some of that. But about 65% of those people—and we're getting a fairly significant return on the survey that we sent out, which was very simple. It was an idea that was put forward by our small business critic, Mr. Arthur. A number of us have

put it out. But it's like over 65% of people are frustrated with your process. They're not getting their money; they're not being communicated back with or they're being refused for reasons that the business next door got approved on. So we've got quite a bit of work following up on all of these.

But I just want to feed back to you that yes, something had to be done. More should have been done, and of course, Andrea Horwath and the New Democrats have pointed that out. But there is a high level of frustration for those out there who are trying to apply for these grants and this assistance. More needs to be done. If you can communicate that back to cabinet in order to try to fix that process, that would help with a lot of the frustration.

Chair, before the minister responds, how much time do I have left?

The Vice-Chair (Mr. Tom Rakocevic): You have four and a half minutes.

Mr. Gilles Bisson: Okay. All right.

The Vice-Chair (Mr. Tom Rakocevic): I'll also give you a two-minute warning.

Mr. Gilles Bisson: I have one more question after.

Minister, if you want to say something? You're muted. There, you're back.

Hon. Sylvia Jones: Sorry about that. I'm glad to hear that you are assisting those businesses that are either having trouble accessing the grants or that have questions. We, of course, are all doing that as MPPs.

A couple of very important pieces: With the budget, we did extend the deadline and we have made sure that people who have difficulties or challenges with the online portal also have access to resolution through phone operators. We're making sure that that's happening. There were some substantial increases with the announcement of the budget by Minister Bethlenfalvy, so we're getting there. It's not perfect, but name a government program that is.

Mr. Gilles Bisson: Like you and all of the MPPs at this meeting, we will follow up with our individual small business people. Maybe a second survey later may tell a different story. We'll find out.

My last question is one that's been raised by a lot of people who have talked to me over the last little while, and that is, schools are normally where a lot of infections start because young ones are congregated in very large classrooms. We never reduced class sizes, as proposed by the NDP. Students are getting infected at a fairly high rate; so are the staff, teachers, custodians and everybody else. They're asking themselves the question—normally, schools are where a lot of the infections start every year, the flus, etc. etc. What does the government have as far as studies that warrant not taking a similar approach when it comes to making sure that our schools are made safer or something is done in order to reduce those infections?

It's almost as if the government is saying, "This COVID pandemic is different than a regular flu cycle," and what the public is saying is, "Flu cycles, pandemic: same thing. You need to take precautions in schools, such as reducing class sizes, etc. etc." Has the government got some kind of study that proves otherwise?

Hon. Sylvia Jones: Well, yes, frankly, we do. And that is that 98% of the schools have had no outbreaks and have no positivity rate. When you actually look at the numbers, you see that the vast majority of schools, because of the protocols that have been put in place, are staying safe. The decision made by two or three public health units to issue section 22 speaks to the positivity rates that they are seeing in their community. Even the medical officers of health for Peel, Wellington-Dufferin-Guelph and Toronto acknowledge that the outbreaks are not originating or happening within the schools; it is because there is a high positivity rate in the community that they're concerned.

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Mr. Gilles Bisson: But Minister—

The Vice-Chair (Mr. Tom Rakocevic): One minute left.

Mr. Gilles Bisson: How much time, Chair?

The Vice-Chair (Mr. Tom Rakocevic): One minute.

Mr. Gilles Bisson: Well, I guess my statement at the end—it's fairly clear. You say the same numbers as I do. The number of infections per student in Ontario is averaging 200 to 300 per day, plus staff. We're getting some as high as 500 per day that we've seen in the last week. So clearly, those kids are going to school in crowded classrooms and they're infecting each other, the staff, the teachers and others. Then they're returning to the home, and those parents are then going to work, helping to cause the spread.

More needs to be done in order to make our classrooms safe. You need to vaccinate teachers and those people working in schools now. Otherwise, we're just going to have a bigger problem as this thing moves along.

I'm just saying there is a high degree of frustration in regard to information around all of this. This is but one example, what we're seeing in schools, and a lot of parents now are questioning the wisdom of sending their children into these schools because of what they see with infections in their classes. We're seeing it in Timmins, my God. More needs to be done. We need to reduce class sizes, vaccinate teachers and do all those other things. Thank you, Chair.

The Vice-Chair (Mr. Tom Rakocevic): Thank you. We're at time.

Also, just before we move to the government side, I'd like to acknowledge that we are joined by MPP Triantafilopoulos. Could you confirm where you are?

You're unmuted. We hear you.

Ms. Effie J. Triantafilopoulos: Yes, this is MPP Effie Triantafilopoulos, and I'm in Ontario.

The Vice-Chair (Mr. Tom Rakocevic): Thank you. We now move to 10 minutes for the government side. We're beginning with MPP Hogarth.

Ms. Christine Hogarth: Thank you, Minister, for your statement this morning. Actually, just following along on the lines of MPP Bisson, we certainly want to encourage all those who are in the category to go out and get their vaccine. We do have certain age groups, and there are people who are available and there are appointments available. So we want to encourage as many people as possible

to get their vaccines, get online and book those appointments.

Minister, some questions I receive in my office are about essential workers and the vaccination process. I know yesterday there was an announcement made about how we are opening up phase 2, so congratulations on that. That is great news. But essential workers, where do they fall in the framework to get their vaccines?

Hon. Sylvia Jones: Thank you for that question. It's an important one, because, as you mentioned, Premier Ford did announce that we are moving into phase 2 of the framework.

Similar to phase 1, where our initial focus was on long-term-care residents and high-risk retirement residents and then we moved to long-term-care and retirement home staff and health care staff, we have a graduated process in our framework for phase 2. Yes, individuals who cannot work from home are included, but in addition to that, we have some higher-risk populations. I will give you a couple of examples: Hemodialysis patients as well as organ donor recipient patients would both be at an earlier level in the phase 2 vaccination process. I want to reinforce this, because this has been done through clinical guidance of ethicists, clinicians, physicians. These are not political decisions; these are decisions made around a table that understands how higher-risk populations, like organ transplant recipients, need to and should get vaccinated sooner.

Overlaid with this is the other piece, which includes what the job is that you are doing, whether you can work from home, work remotely or must work in a place of business, as well as if you are living in a high-risk neighbourhood. We've overlaid all of those pieces. The doctors and clinicians have overlaid that and put together the provincial ethical framework. We are adhering to that advice. That's why it was such a pleasure yesterday to be able to announce publicly that we are officially in phase 2.

Ms. Christine Hogarth: Thank you very much, Minister, for that.

My second question has to do with what I've heard in the news, in some emails I've received: vaccines sitting in freezers. Are there vaccines sitting in freezers? Can you just please share with this committee and the people watching? Can you confirm or can you refute the claim? Are there vaccines just sitting around?

Hon. Sylvia Jones: I'm really, really happy that you've raised this question. As you can imagine, there was a lot of social media talk about this on the weekend.

I will give you some very specific numbers. Our AstraZeneca vaccines arrived on Saturday: 583,000 AstraZeneca arrived in the province. Those have been distributed to, primarily, primary care practitioners as well as 700 different pharmacies located all throughout Ontario—a minimum of three pharmacies per public health unit. On Monday, we received a supply of Pfizer vaccines of 396,000. So, yes, we've received very recently—and I am forever grateful that we have them in Ontario. They have been distributed to pharmacies, primary care practitioners and public health units.

It is also important for people to understand that we have a booking system that allows individuals to book four weeks into the future. We have, through that booking system, allotted, if you may—1.2 million vaccines are already called for, spoken for. So between the two of those, yes, you are going to have ebbs and flows where the vaccine inventory increases while we just get it from the federal government, but I can assure this committee that as soon as it hits Ontario soil, it is being repackaged and redistributed through the 34 public health units and the 700 pharmacies across Ontario to make sure that people have access to it as quickly as we can.

Ms. Christine Hogarth: Thank you very much, Minister, for that clarification. I think it's very important that people understand. Once again, I want to encourage those who are eligible to book their appointments and get their vaccines.

I'll turn it over to my colleague MPP Bailey.

The Vice-Chair (Mr. Tom Rakocevic): You have four and a half minutes.

Mr. Robert Bailey: Thank you, Minister, for being here today. That's the best explanation I've heard of the vaccine accommodation that's arrived here and been distributed to both pharmacies and primary care providers. I hope the people of Ontario who are watching today, and maybe some people on this committee, heard you loud and clear.

But anyway, my first question is about—as of yesterday, Ontario formally moved into phase 2 of the vaccination plan, which of course is great news. But what does that mean for our phase 1 populations, who perhaps are still in the waiting line?

Hon. Sylvia Jones: It's a really good question. Thank you, MPP Bailey. I think it's important for people to understand, even as we move down through the age cohorts or go into phase 2 and vaccinate additional people, that it does not stop us from vaccinating the older adults. People will continue to move into long-term-care-home residences, and we will vaccinate them before they move into their new home. People will continue to become nurses and PSWs, and we will vaccinate them when they become health care professionals.

We are able, through our partners with the public health unit, to be very strategic about which parts of the population we want to get vaccinated that are not accessing our mass immunization clinics and therefore pivot to make sure that we are going to them. We are reaching out. The city of Toronto, I have to say, has been doing a good job of this, where they are taking mobile vaccination clinics, if you will, vans to high-risk neighbourhoods and taking the vaccine directly to those individuals. That kind of work will continue. As we move down through the age cohorts, as we move down through the phasing, we are not stopping vaccinating the older adults and the health care workers. I hope that helps.

Mr. Robert Bailey: Thank you. The second part—I think I have a couple of minutes, maybe—is about one of the new vaccines called the Janssen/Johnson and Johnson vaccine, which everyone says will be a game-changer

because it would be well-suited to mobile and pop-up clinics. But since it has been approved by Health Canada, I don't know about anyone else, but I haven't heard a lot of details about when it will actually come to Ontario. Could you, Minister, maybe give us an update on what we don't know or what you know?

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Hon. Sylvia Jones: Absolutely. It's a good question. The only thing I will say is that every time we get additional quantities of vaccines, whether that's Moderna, Pfizer or AstraZeneca, it's a game-changer, because it means that more people are getting protected and more people are having access to the vaccination.

The Vice-Chair (Mr. Tom Rakocevic): One minute.

Hon. Sylvia Jones: Specifically related to your question regarding the Johnson and Johnson/Janssen vaccine, while it has been approved by Health Canada, we have received no indication from the federal government when it will be coming and how much will be coming to Canada and subsequently Ontario. But it is a single-dose vaccine, so we are looking forward to being able to use that Janssen vaccine as part of our vaccine process, if you may, and adding to the inventory that we currently have with Pfizer, Moderna and AstraZeneca.

Mr. Robert Bailey: Thank you.

The Vice-Chair (Mr. Tom Rakocevic): Okay. I guess that concludes the government side.

We now move on to our independent member, who has five minutes. I will give you a two-minute warning.

Mr. John Fraser: Minister, thank you very much again for being here for the 10th time. I do appreciate that you are here carrying the can on behalf of the government. I have some very serious concerns about public health measures and the time that it takes us to do the things that a lot of people are telling us we need to do.

But I'd first like to talk about vaccines. I will say that with vaccines, there has been a repeated request to have someone from the vaccine task force give us a briefing. I know we've had one briefing of half an hour; we've asked them to come before this committee. Also, in the technical briefings that occur, there's no access for members to be able to be part of that or to ask any questions, and I think that's a pretty serious oversight given the role and responsibility that all members have in this Legislature. I don't know if government members are privy to information that we don't get—I wouldn't think so—so I would hope they would support our request to have the vaccine task force come before committee.

I would have to respectfully disagree with your assessment of the vaccine rollout. It started with not doing vaccinations over Christmas in long-term-care homes while other provinces were. It was waiting a couple of weeks to bring Pfizer into long-term-care homes. As a result, we finished about two weeks behind other provinces, and we can see how effective the vaccines were in long-term care right now. Can you imagine how effective if they had been two weeks earlier? We're not looking at it in that way.

We've struggled to get vaccines into the right arms in the right places, and now, as we're heading into this third

wave, the Premier says—and he's right—that you've got to go where the fire is burning the brightest. You've got to put the water where the fire is the hottest. We've known the areas in the province, the postal codes, the places: Peel, Scarborough, northwest Toronto. There are more in other cities. We know where it happens, and it's very clear where the vaccines are going if you actually look at the distributions by postal code, even in those areas like Peel.

We know what workplaces are causing outbreaks. We know which workers are most at risk, especially in those areas, and we know that the variants are changing the game. We didn't find that out last week; we've known that for months. So when I look at how we're targeting the vaccine rollout—I'll give you two examples. The first example is the pharmacy rollout. That's a good thing, but the pharmacies weren't in the places where they were needed the most. They weren't in Peel. They weren't in northwest Toronto. They weren't in Scarborough. They weren't in other places in other cities where they needed to be, so there was no plan to do that. It's not just about getting vaccines into arms; it's getting them into the right arms in the right places. If that fire burns there, it's just going to spread.

The Vice-Chair (Mr. Tom Rakocevic): Just under two minutes.

Mr. John Fraser: I think it would be good if the government, as we did in the motion we all agreed on before Christmas, did what we all agreed upon, which is regular reporting of what's happening with vaccines, clear communications. We haven't followed that motion. We all agreed on that motion. I think it's really important for all of us as members to be able to ask tough questions. That's what our job is. That's what your job is. I know that you do that as the minister.

I'm going to ask for two things: Number one, can the minister commit to having someone from the vaccine task force brief this committee before our next scheduled committee meeting, if necessary, but at our next scheduled committee meeting? And can the opposition get some regular briefings on the vaccine rollout? We've had one that was half an hour back in January, and that's not enough. We need you to make those two commitments so that we can do our job as members and ask the tough questions. I'd ask if you could commit to doing both of those things. Thank you, Minister.

The Vice-Chair (Mr. Tom Rakocevic): We have 20 seconds left.

Hon. Sylvia Jones: All right. I'll be very quick. First of all, I am a member of the vaccine task force. Minister Elliott and I lead the vaccine task force, so I'm here to brief committee and answer any of the tough questions you want.

Specifically related to the pharmacy rollout, I'm glad that you acknowledge and appreciate that it is a positive step. We have now got over 50 pharmacies across Peel region offering vaccines in that area. The pharmacy rollout will continue. We began with 300—

The Vice-Chair (Mr. Tom Rakocevic): Minister, we're out of time. I guess you could continue that on your

next part with the independent member. I apologize; we're just out of time.

We're now moving back to 10 minutes for the official opposition. Who will be taking that? Okay, MPP Singh.

Mr. Gurratan Singh: Thank you, and if you could keep me unmuted so I can ensure that I get all my questions in.

To the minister: I will be asking pretty short questions, and hopefully I can get short answers. Because we have a limited 10 minutes, forgive me in advance if I ask you to move on to the next question.

My first question is as follows: Peel has been one of the worst-hit areas by COVID-19, yet we are consistently not receiving our fair share in vaccinations. Why is Peel being left behind in the Conservative government's vaccine rollout?

Hon. Sylvia Jones: Chair, I trust that if the honourable member is going to remain unmuted, I will as well.

Peel has not been left out in the rollout of the vaccination inventory. We have been working very closely with Peel region, including all weekend, to make sure that they have an appropriate plan to get the vaccines into the high-risk neighbourhoods.

Mr. Gurratan Singh: Communities like Jane and Finch—the member who's currently chairing, the member from Humber River–Black Creek—have also been consistently left out. They're per capita having less vaccinations and receiving less vaccines. When will the government commit to ensuring that communities that are hardest hit by COVID-19 are getting not just an equal access to vaccines, but an equitable access to vaccines that takes into account how badly these communities are being impacted by COVID-19 and ensures that they're getting something that allows them to fight this fire as strongly as possible?

Hon. Sylvia Jones: One of the things we did right at the very beginning, working with our public health unit partners, was making sure that the high-risk neighbourhoods were included in that priority framework. We have done that, and many of the public health units have been very creative in how they want to communicate and get into communities that are more at risk, to make sure that we get the protection. They've been given—the FSAs, they're called—the postal codes, to ensure that they know where those high-risk neighbourhoods are. But frankly, they are the professionals and they know a lot of that information, because we've been doing testing for a year.

Mr. Gurratan Singh: The government has made this position that they are focusing on high-risk areas, but we do know that earlier—when the initial 325-pharmacy vaccine rollout was being done through pharmacies, at that point not a single pharmacy in the Peel region was a part of this project initially. I know there have been developments from that, but we understand that at its roots, at the beginning, we see that there has been a trend here of areas that are at high risk, like Peel region, being left behind. Why is the government continually not focusing on high-risk areas, which is clearly evident in the fact that areas like Peel region initially didn't have one pharmacy

providing vaccines during this 325-pharmacy vaccine rollout plan?

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Hon. Sylvia Jones: When the pharmacy rollout first began, the member is right, we had three public health units that were part of that original rollout. In fact, there were a number of pharmacies in south Peel that were also part of that initial rollout. But I can assure you that as we receive our second batch inventory of AstraZeneca, Peel region has well over 50 pharmacies now providing that vaccination portal, in addition to the mass immunization clinics that have been ongoing for many months, as you know.

Mr. Gurratan Singh: Throughout the GTA over the past few days, be it in Peel region or Toronto, we've seen a closure of school boards, and there's been a really strong call from the NDP to immediately commit to vaccinating teachers. Will the government commit to immediately acting to vaccinate teachers or front-line workers who are being exposed to COVID-19? They're putting their lives at risk.

Also, we understand that schools are a huge area of spread for COVID-19. Will the government make this step immediately to save lives and to save our students and teachers?

Hon. Sylvia Jones: I must reinforce again that, in fact, schools are not a source of outbreak. What schools are is an indication of what is happening within the communities, as was often cited by Dr. Loh, by other public health leads. They acknowledge that schools are safe. What they are concerned about is that as community spread increases, they then have concerns that that will duplicate itself within the schools.

Schools are and continue to be safe. Dr. Loh in Peel region has said that many times. The decision made by the three public health unit doctors to issue section 22s to close schools in their regions was not a provincially initiated project, because we see the data and we see the numbers. Schools continue to be safe in the province of Ontario.

Mr. Gurratan Singh: So are you not committing right now to immediately vaccinating teachers who are front-line workers, who are putting their lives at risk every day? Is that not a commitment from this government?

Hon. Sylvia Jones: We will continue to follow the provincial guidance, and that provincial guidance is that in phase 2, part of phase 2 will be that we vaccinate employees who cannot work from home, which of course, in the vast majority of cases, includes teachers.

Mr. Gurratan Singh: We've also known, based on experts like Dr. Loh in Peel region and experts across the board, that paid sick days are incredibly important to fighting the spread of COVID-19. Backed by clear science around COVID-19, backed by health care experts and public health care experts, they've described that paid sick days are essential in fighting COVID-19, but we've seen the Conservative government continually vote down paid sick days. Will the Conservative government now acknowledge the need for paid sick days, given the

incredible devastation that we are facing right now with COVID-19, and immediately implement that support for workers across the province?

Hon. Sylvia Jones: And again, an important reminder that, in fact, Canada has paid sick days—up to 20—provided by the federal government. Working with our federal partners, we have ensured that instead of the unfortunate four-week delay, we're now looking at individuals getting access to that money within three or four days. I would encourage members to make sure that their constituents understand that there are paid sick days, 20 in total, provided by the federal government programs.

Mr. Gurratan Singh: But does the Conservative government acknowledge that local health boards are calling for provincial paid sick days, that mayors, locally, are calling for provincially paid sick days, and that this ask from community is being ignored by the Conservative government? Do you at least acknowledge this is an ask that is being made for provincial paid sick days from local community organizations and public health boards?

Hon. Sylvia Jones: I think it's important that all of us, as elected officials, make sure our constituents understand that, in fact, there are paid sick days provided through the federal government. That program is not being accessed to the full extent that it should be. I would encourage you to work through those hurdles with your constituents to make sure they know that paid sick days are available, because frankly, it's not fair, when they can access them, if they're not.

Mr. Gurratan Singh: Earlier this week during press conferences, Premier Ford described his shock at big box stores and malls being open, despite the fact that this government allowed them to be opened and the fact that there were huge crowds attending these big box stores and these malls. Why is the Conservative government continually siding with big business over small businesses, in response to regulations and acts towards controlling COVID-19?

The Vice-Chair (Mr. Tom Rakocevic): A minute and 45.

Hon. Sylvia Jones: I think this is where we have a difference in opinion. Individuals have personal responsibilities. We have heard since the beginning of this pandemic how important it is to socially distance, to wear a mask, to be careful about gathering inside and indoors. We share that information, the health experts share that information, and allow people to make important personal health decisions.

Yes, it is unfortunate when we have large gatherings where people ignore that health care advice, but at the end of the day, we all have a personal responsibility to not only protect ourselves, but to protect our loved ones and our neighbours.

Mr. Gurratan Singh: Earlier during this session, I asked a question describing how Ontario was seventh amongst provinces in Canada with respect to per capita vaccinations, and 10th when you include territories. This clearly demonstrates that the Conservative government is doing a bad job in the rollout. When will the Conservative

government act immediately to address the weakness in this rollout and ensure that Ontarians get access to vaccines immediately?

The Vice-Chair (Mr. Tom Rakocevic): Thirty seconds.

Hon. Sylvia Jones: As we receive more vaccines, we are able to vaccinate more people. Yesterday alone, over 100,000 people in the province of Ontario were given a COVID-19 vaccine. If the supplies remain consistent across April, by the end of April some 40% of Ontario adults will have been given a COVID vaccine. That is incredibly exciting and positive news. I think that we need to give credit where credit is due, which is to the public health units that are stepping up and getting this job done very effectively.

Mr. Gurratan Singh: Thank you.

The Vice-Chair (Mr. Tom Rakocevic): That's our time. We now move, for 10 minutes, to the government. Who will begin? I thought I saw MPP Triantafilopoulos put her hand up.

Interjection.

The Vice-Chair (Mr. Tom Rakocevic): Okay. Please proceed.

Ms. Effie J. Triantafilopoulos: Thank you very much, Minister, for joining us once again at this committee. It's very important to hear directly from you on these important issues going forward.

I'd like us to talk a little bit more about long-term-care and retirement homes. In phase 1 of the rollout, the decision to vaccinate long-term-care residents and retirement home residents, as well as staff and essential caregivers, has clearly been a success, with COVID case rates in those settings a fraction of what they were during the winter. So given the protection offered to our most vulnerable citizens, what basis was there to further lock down the remainder of the population?

Hon. Sylvia Jones: I'm glad that you've raised the long-term-care and the retirement homes. We have seen the numbers dramatically drop in terms of positivity rates and, fortunately, deaths. It speaks to when we follow the provincial ethical guidelines, when we follow the framework, we're doing the right thing, because it is based on science and it is based on input from ethicists, clinicians and doctors working in the field.

I am still concerned that we need to encourage more of the staff working in the long-term-care and the retirement homes to get their vaccine. But having said that, when you see 99%, 100% of the residents having their vaccines and the subsequent decrease in the positivity rates, it is very gratifying to see that our vaccine rollout is working.

The ability for us to put the emergency brake on last week was, unfortunately, again an indication of the numbers that we were seeing in the community. Yesterday alone, or today alone, the ICU rates are 510, which is essentially the highest we've ever seen during this pandemic, and, very disturbingly, the age of those individuals within ICUs has also decreased. So we need to keep vaccinating our most vulnerable, and we need to be able to, as quickly

as we can, get the vaccines to go down through the ages and the vulnerabilities.

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Science has shown us that high-risk neighbourhoods have historically had higher positivity rates, so it makes sense to go into those communities and offer the vaccine. Individuals who have immunocompromised systems, whether that is an organ transplant patient, whether that is hemodialysis or an active cancer treatment, all have a higher risk, and therefore need to be prioritized sooner along the pathway of vaccines. I hope that answers your question.

Ms. Effie J. Triantafilopoulos: Thank you very much. It does. Further to that, now that the COVID cases in long-term-care homes are on the decline, is there any consideration being given to revoking any of the Reopening Ontario Act orders related to that sector specifically?

Hon. Sylvia Jones: This is something that Minister Fullerton is actively working on, because you can imagine that once you get the vaccine and you've had the three to four weeks to allow it to work within you and build up your immunity, you're excited, right? You want to see your loved ones. You want to be able to start interacting with your friends and colleagues more often.

And so, working with the science table, we're looking at that, to make sure that when we do that, we do it in a safe way because, truly, the older you are, the more at risk you are. Unfortunately, our data from death rates has shown that upwards of 95% of the deaths have occurred in individuals over the age of 60. So that work is ongoing. I know that there is a strong desire to do it, but we must do it in a measured way, to make sure that we can continue to protect those individuals.

Ms. Effie J. Triantafilopoulos: Thank you, Minister. Those are all my questions. I think MPP Martin is up next.

Mrs. Robin Martin: Minister, I just wanted to say how happy I am that we're making it clear that vaccines are available to people, that people should get out and book those vaccine shots, especially people in those high-priority neighbourhoods or essential workers—it's so important that we get them vaccinated—and also making it clear, I think in what you said earlier, that paid sick days are available for people who need them, and it's really important that they avail themselves of those opportunities.

I have some concerns brought forward by constituents. One of them is about businesses. The public health measures can have a very dramatic impact on businesses in my riding and everywhere else in Ontario. It has been a very difficult year for all of them. Some of them made adaptations thinking we were going into a spring and going to have less onerous restrictions, so I'm just wondering if there's any additional support that we can point to that our government is offering to help businesses who are struggling at this time.

Hon. Sylvia Jones: Yes, it's a really good point, and thank you for raising it. As you would know, with the announcement of our provincial budget by Minister Bethlenfalvy a number of weeks ago, there was an extension in the deadline to ensure that people who weren't sure

whether they qualified or not had an additional couple of days to apply.

The other piece, of course, is that within that budget, there were additional supports offered for businesses and, in fact, these were businesses who did not have to reapply. If you had been a successful recipient of some of the business supports that we had put in place many months ago, you were receiving an additional support, because there was an acknowledgement that unfortunately we did not get the vaccine supply as quickly as we had hoped. I'm sure many of you will remember that in February there was basically a two-week stop in all supplies coming through, which really put a slowdown on our ability to vaccinate people.

But again, always wanting to finish on a positive note, yesterday over 100,000 people were given a vaccine, and as I said previously, given the vaccine supply that we currently understand we are going to be receiving in the month of April, by the end of April we will have been able to vaccinate 40% of the Ontario population.

Mrs. Robin Martin: That's certainly encouraging, Minister. I do hope that will make a difference, then, for these businesses that really need to get back to carrying on their business, and earning their livelihoods as well.

The other big concern that is raised in my community: There are a lot of people who are members of faith communities. They were happy to see some changes to allow places of worship, even in the grey zone, which we've been in in Toronto for some time, to have a percentage of capacity—I think it's 15%. I'm not quite sure what MPP Bisson was referring to when he mentioned some characterization of that, but my community was happy to hear that. They were just wondering what consultations happened with faith leaders with respect to those changes. Maybe you could just give us a little information about that.

The Vice-Chair (Mr. Tom Rakocevic): Forty seconds.

Hon. Sylvia Jones: Most of the decisions related to capacity are science-based. We do consult, and we say, "Can you make this work? Is this reasonable within your faith community?" But at the end of the day, it is driven by science.

Unfortunately, COVID-19 does not differentiate whether you are in a high-risk neighbourhood, whether you are practising your faith or whether you are out with a large group of friends. The vaccine doesn't differentiate. So we need to make sure that all of the changes that we make are based on—we believe using this 15% or 25% capacity is a way for you to continue practising your faith and keeping your mental health and your community strong without putting you at a high risk of transmitting COVID-19. I hope that helps.

Mrs. Robin Martin: It does. Thank you very much.

When we say 15% or 25%—or maybe it's 30% in other areas—as I understand it, that's based on the building fire rating or something and what the capacity numbers are. Is that correct?

Hon. Sylvia Jones: Yes. It's basically a square footage calculation. Of course, when we announced the emergency

brake, then, in the case of MPP Bisson, his public health region would have been in a different area in the framework and therefore his number would have changed, depending on which public health unit you were in when we were using the colour-coded framework. Of course, that has been set aside right now because of the emergency brake.

The Vice-Chair (Mr. Tom Rakocevic): Thank you, Minister. We're out of time.

Mrs. Robin Martin: Thank you.

The Vice-Chair (Mr. Tom Rakocevic): Okay. We're going to go to the final round of questioning for—oh, the independent member is up next. We're going to do five minutes for the independent member.

Interjection.

The Vice-Chair (Mr. Tom Rakocevic): Unless you have a point of order. Was that a point of order? Okay. Sorry. I apologize.

Mr. John Fraser: It's all right. Thank you very much, Chair, and again, thank you, Minister, for being here. I want to talk a bit about public health measures, but I'm going to say one thing: I do realize you're a part of the vaccine task force, but we did have Dr. Huyer brief us. We want the people who are providing you advice to brief us, just like the media is getting. Members of Parliament are not getting that briefing; they're excluded from those briefings. I think it's reasonable to ask for that, and I hope that you'll advocate for that for us.

Specifically, I want to talk about the public health measures. Now, last week, the government instituted what they called a shutdown or emergency brake. We've also had lockdowns and stay-at-home orders. We're now on the verge of a stay-at-home order, which is reported; I think that decision has been made, but it hasn't been communicated yet, but it's communicated through the media.

Yesterday, in the news conference, the Premier was talking about Yorkdale mall and how full the parking lot was and how surprised he was. I'm like, what did you expect? What did you expect when you left non-essential things open? What did you expect people to do? What's the message you were sending people? And now we're on the verge of another lockdown.

Here's the thing: The real concern that I have and that many of us have is how long it takes to execute the things that we know we have to do. For weeks now, the government's own experts, the COVID science table, said, "Strict measures. You need to take strict measures, the strictest measures." But we end up with a shutdown, which is not a lockdown, but then sometimes it's called a lockdown but non-essential businesses are open. And then it takes the Ontario Hospital Association, the Ontario Medical Association, critical care doctors, emergency room doctors and nurses all to say, "Stop. You need to do this." And six days later, we're going to go to the strictest measures.

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COVID-19 survives by time and contact. The longer you take, the more time you give to the virus, the more fuel it has. What happens is it doesn't just get ahead of you; it

accelerates. The slower you go, the faster it goes, the faster it spreads. We saw the same thing happen before Christmas, which was people calling for strict measures to lock down, and then a week—literally saying on Thursday, "We'll tell you something on Monday that's going to happen on Saturday." There seems to be a lack of urgency. It's not like we haven't gone through two waves already. It's not like we haven't seen what has happened around the world and what people need to do.

The Vice-Chair (Mr. Tom Rakocevic): Two minutes.

Mr. John Fraser: It's not like we didn't know that these variants were dangerous. It's not just external sources from government, but Steini Brown is saying, "You need to do this." That was a month ago. My question is, why is it taking us so long to do the things that we know we need to do because our own experts are telling us this and everybody else is saying it? I don't understand, and it's frustrating. I don't know. If you can shed some light on that, I'd really appreciate it.

Hon. Sylvia Jones: I would like to talk about the emergency brake. It has been an effective tool. The city of Sudbury public health unit and the Thunder Bay public health unit both requested an emergency brake. We did it within 24 hours, and frankly, we've now been able to see some of those numbers in those particular PHUs going down. So the ability to react and respond quickly to public health unit requests is an important one and a tool that we have used often.

I understand that people get frustrated when they initially are told they can go somewhere and then there is a change in the direction, but it is driven by our positivity rates and what we're seeing in the ICUs. Today, 3,200 people are COVID-19-positive in the province of Ontario and 510 individuals are in intensive care units in our hospitals. We have to be able to react and respond to that. Conversely, as we see numbers go down, we also have to give people some hope and say that there is an ability for you to do more things when, within your public health unit, within the province of Ontario, we are seeing the numbers decrease. It's not a light switch where you want to turn everything off or turn everything on. You have to do these things gradually.

And this is the important piece that I think Premier Ford was sharing yesterday: Yes, we had given strict limitations on retail. Unfortunately, people took that, some individuals took that—

The Vice-Chair (Mr. Tom Rakocevic): We're out of time, Minister.

We move now to the final session for the official opposition. We begin with MPP Gélinas.

M^{me} France Gélinas: I would appreciate if you could keep me unmuted the same.

Minister, I have a series of questions and I would appreciate a quick answer, if possible. You started the pilot project in pharmacies to see how this would go. Pharmacies were able to give out the vaccine. Why, in the pilot, you sent vaccines to a green zone when there were grey zones that got none is still a question that I don't understand. Why was Kingston chosen when they've done so

well keeping their numbers low and yet their pharmacies got the vaccines in the first rollout?

Hon. Sylvia Jones: The pharmacies were—it was never a pilot. It was based strictly on the limited amount of AstraZeneca that we were originally given. In terms of why those three particular public health units were chosen, it was a consultation and a willingness for those public health units to want to be part of the initial pharmacy rollout.

Mme France Gélinas: All right. So you've now announced a minimum of three per health unit. There are three in my health unit area: one in Lively, one in Val Caron and one in Sudbury. I called all three and, as of this morning, not one of them has received a single vaccine, not one of them knows when they will receive a single vaccine. We are seven days after the announcement was made. The phone in my office has not stopped with frustrated people.

Hon. Sylvia Jones: The AstraZeneca arrived on Ontario soil on the weekend. There were, depending on which part of the province, abilities to get it out within 24 hours, and depending on which communities, it was taking longer. I can assure you that those three pharmacies will be receiving their AstraZeneca. It is strictly a matter of over the holiday weekend some were able to get very quickly to GTA pharmacies and some took longer because of the transportation challenge.

Mme France Gélinas: But we are now at Wednesday. When I talk to them, they say, "We don't even know, France, when we're going to be getting the vaccines."

How could it be? Who's handling the distribution? What distribution channel do we have for pharmacies?

Hon. Sylvia Jones: The AstraZeneca vaccine directly to pharmacies comes through their distribution centre. It doesn't first go to a public health unit; it goes direct from the distribution centre to the pharmacies in question.

Mme France Gélinas: Yet they can tell me exactly when we're going to receive all sorts of drugs, but they cannot tell me when they're going to receive the vaccine—which is the question everybody asks.

Hon. Sylvia Jones: I'm happy to follow up with those three specific ones in the Sudbury PHU, but I can tell you it arrived this weekend. We knew that within 24 hours of it arriving on Ontario shores, it was going to be distributed to the GTA, the closest ones to the distribution centre. We did know and acknowledge that in some of the northern Ontario communities it was going to take longer to get to those individual pharmacies.

Mme France Gélinas: This is one of the times where I wish the Premier would hop in his truck and drive them up to Sudbury, you know? If there's an opportunity for him to get in his truck, that would have been this weekend to bring the vaccine to Sudbury. But I'm digressing.

Hon. Sylvia Jones: And as a health care worker, you know, of course, that the vaccines have some challenges—

Mme France Gélinas: Yes, I do. I'm being facetious.

We are clear on the 700 pharmacies. We're clear on the 34 PHUs. We're not clear at all as to which primary care has access to the vaccine.

Hon. Sylvia Jones: Again, we have, I believe, eight public health units in total that were part of the initial rollout for primary care practitioners. Again, based on a willingness of the public health units to want to work with their PCP, primary care practitioners, that will continue, as will the rollout for the pharmacies.

We talk about 700 as of last week, but the on-boarding, the continuation of adding new pharmacies, is happening on a daily and weekly basis.

Mme France Gélinas: How can people find out if their primary care provider will be getting the vaccine? Is any primary care provider in the Sudbury and district public health area part of this?

Hon. Sylvia Jones: Specifically for the Sudbury public health unit, I would have to follow up with you and get that information. I know that there are eight—

Mme France Gélinas: You're giving people hope—and that's great—by saying, "The vaccine is coming. You'll get it in pharmacies; you'll get it at your primary care provider." But then all it does is a whole lot of people get on the phone and try to find information, and they just can't.

Hon. Sylvia Jones: Well, the challenge is that there's an awful lot of people who want their vaccine and we don't have supplies for that. That's why we have the priority framework. That's why we have a gradual rollout where we started with three public health units with pharmacies. Now, of course, we have it across all of Ontario. We started with eight public health units that are offering it through their primary care practitioners. That rollout will continue. But it literally is dependent on the amount of supplies that we continue to receive.

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Mme France Gélinas: But some of this doesn't add up. Some of it doesn't add up. I mean, we have over 88,000 people over the age of 80 who have not received their vaccines; they were in priority one. Some of those people are waiting for their primary care providers to give them the vaccine, yet I'm the health critic and I cannot find out if there is a single primary care provider in all of northern Ontario who will take them and give them the vaccine. That information is being put out to the media all the time, that we have 700 pharmacies. You name the pharmacies in my riding, but they don't have the vaccine.

Why is communication so, so confusing and unclear?

Hon. Sylvia Jones: I think it speaks to people's desire to get the vaccination, and that's a good thing. We will continue to roll out primary care practitioners, additional pharmacies, but we cannot do it without supplies. There is no value, frankly, in—what is helpful at this point is for those three pharmacies that know they are receiving the AstraZeneca to start booking those individuals and saying, "We will call you when it arrives."

Mme France Gélinas: Well, they are; they are. They are super nice to the people.

Hon. Sylvia Jones: That's excellent customer service.

Mme France Gélinas: Yes. They take the phone calls; they put them on the list. I'm not blaming them. I'm saying, how could the Premier say—and their names are

out there, the Walden Guardian pharmacy, the [*inaudible*]. Everybody knows they're there, and they know nothing.

Another thing that we don't know is that they are—whenever the camera goes and shows us a mass vaccination, they all look like me. Yet we know that racialized people are the ones who are filling up our ICUs and our hospital beds right now. What happened to the promise to collect race-based data? How is it that we cannot find out who got the vaccine? Did the racialized populations who are filling up our beds in our ICUs because they are getting sick—are they getting access to the vaccine? Why aren't you collecting race-based data?

The Vice-Chair (Mr. Tom Rakocevic): One minute, 30 seconds.

Hon. Sylvia Jones: Thank you. To be clear, the option of asking—and it is an optional ask. When the vaccine is given, there is a question that relates to collecting race-based data. It is optional. So if people say—

M^{me} France Gélinas: But it is not happening, Minister. It is not happening. I've asked hundreds of people who got their vaccine, "Were you asked about race-based data?" And some of them are racialized and really pushing hard for race-based data. None of them were asked. That's—

Hon. Sylvia Jones: Are they going—as I said, it is optional. They can choose to give it or disclose it or not. But there are already public health units that have the FSAs—or postal codes, if you may—of their high-risk neighbourhoods, and they are using that data to make sure that they nuance how they provide those vaccines. In the city of Toronto—I will use Toronto as an example—they are using mobile on-site vaccination sites, and they are using the data that they collected, and we as a province have collected, on high-risk neighbourhoods through postal codes. So that is ongoing. That work is happening.

M^{me} France Gélinas: Could you go back and check about the collection of race-based data? Because I can tell you that it doesn't matter who I talk to, it is not being done. It is not being asked. Whatever you have put in place is not working.

Hon. Sylvia Jones: Happy to.

The Vice-Chair (Mr. Tom Rakocevic): Minister, we're out of time.

Okay. We're moving to the final 10 minutes for the government members. I see MPP Oosterhoff indicated—

Interjection.

The Vice-Chair (Mr. Tom Rakocevic): Sorry, is this a point of order?

Ms. Christine Hogarth: No, just a statement. I just wanted to let the minister and the MPP know that my in-laws, who are 80, both living in Sudbury, both received their vaccines at their public health unit.

The Vice-Chair (Mr. Tom Rakocevic): Okay. Thank you, MPP Hogarth. We're going to now move to MPP Oosterhoff.

Mr. Sam Oosterhoff: My thanks to the minister for coming back before this committee and during what I know has been a long year of actions, none of which any of us want to take—of course, recognizing that it's necessary. None of this has been easy for anyone in the

province, and we recognize just how truly unprecedented these times are. As we've seen, when we think we've got this virus figured out, something can change. Things have to be done quickly. We have to be nimble. We have to be able to respond.

Of course, I want to just thank your team as well for the work that they have done in supporting MPPs and communities across this province. I know that behind every good politician is a good team that's able to be responsive to the needs of constituents and people in the province, and I know that you have that in your team.

I want to ask about the federal government's changes to the supplies that we had seen, especially over the past six weeks. I know we're finally coming to a place where we're seeing more of those, but in real terms, what does the impact to supply mean for our ability to distribute vaccines, and how does that end up impacting someone on the ground?

Hon. Sylvia Jones: That's a really good question. The short answer is, yes, it's incredibly disruptive. I've mentioned previously how, on our online portal, we book appointments and public health districts book appointments four weeks out. They do that not because they have four weeks worth of inventory; they do it because they have been assured, and we have been assured, that they are going to get X amount of the vaccine, so they map out how many appointments they can do and how long the clinics can be open. When there is a break—and I will point to February, when literally we had most of the month where the promised supply did not occur. As a result, clinics had to cancel. I'm sure, as an MPP, you heard some of those constituents who were frustrated because they had an appointment booked for the coming week or two, and it was cancelled. Telling individuals that it's because our supply has stopped coming in from the federal government—frankly, when you want the vaccine, it doesn't make you feel any better.

So it is disruptive for the individuals who have had to have their appointments cancelled and rebooked, and it is incredibly time-intensive for the public health units who have to take large number of staff—and we do it at the provincial portal, as well, where we are literally calling individuals and saying, "I'm sorry. That appointment that you had booked, we're going to have to reschedule, because we do not have sufficient supply." So it is very disruptive.

Mr. Sam Oosterhoff: Yes, absolutely. I think that's important for people to recognize. There are so many pieces that have to line up along that journey of a vaccine. It doesn't just appear out of nowhere. There are a lot of pieces that have to be lined up in order to make sure that that jab gets in the arm at the appropriate time.

One other piece: My riding has a large population of foreign workers who come here, hard workers. I worked for many years in—I shouldn't say "many." I worked for years in greenhouses in Niagara, and I know it has unfortunately been a source of large outbreaks in the past waves. I think we're getting that under control because of the vaccine rollout.

Could you speak a little bit about the importance of ensuring that farm workers and temporary farm workers are being vaccinated and what you're doing in that regard?

Hon. Sylvia Jones: I want to just reinforce—I know you know this because you've worked in the industry—that the outbreaks are as a result of the congregate living settings. Whether you are talking about agricultural workers in congregate living; group homes; of course, seniors homes; jails; or institutions, that congregate living does put you at a higher risk of transmission and ultimately getting COVID-19.

We've done a number of things on the temporary foreign workers. In Niagara, specifically, I want to give a shout-out: Your public health unit was very proactive. Because you host a lot of temporary foreign workers sooner than a lot of Ontario, they have proactively put clinics specifically for temporary foreign workers.

Moving forward, we will be vaccinating temporary foreign workers as they come into the province at Pearson. That will at least allow us to offer that first vaccination shot, and then when they go to the community in which they are going to be working, the local public health unit will offer that second shot. But that work is ongoing, and I do want to give a specific shout-out to Niagara, because they were very proactive on this file.

Mr. Sam Oosterhoff: Thank you very much, Minister. I know my colleague MPP Park has questions as well.

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Ms. Lindsey Park: Thank you, Minister. One of the things I think every MPP in the Legislature has probably heard over the last year is that the public health measures really are restricting businesses, particularly small businesses. I think there can be a perception sometimes that small businesses feel like they aren't being treated fairly in comparison to maybe other types of businesses in the community. I wanted to get a sense from you what steps you've taken, and fellow ministers have taken, to try and even that playing field and make sure businesses of all types are treated fairly through what is really an unfair pandemic that none of us wish to be dealing with.

Hon. Sylvia Jones: It's a really good point and something that a lot of us have to grapple with. As I said previously to an answer, the pandemic and COVID-19 don't care whether you're working, whether you're socializing, whether you're involved in your faith community. The transmission is the problem. So when we start looking at what do particular activities drive in terms of transmission rates, that's really what the science table and Dr. Williams ultimately give us as information for us to drive our decisions.

There was an acknowledgement very early on that the last thing we wanted to do was to cause other unintended consequences. Yes, we could have, I suppose, restricted all retail operations, but we understood and acknowledged that doing that had unintended consequences of potential shortages and longer lineups. So focusing very much on the essential goods—i.e. the groceries, the pharmacy access—was one way to make sure that while the pandemic is not fair, we are not discriminating based on size. It

really is how this COVID-19 is spreading from individual to individual.

I hope that helps answer your question. Not easy decisions to make, I can assure you.

The Vice-Chair (Mr. Tom Rakocevic): You have a minute and a half left.

Ms. Lindsey Park: One of the changes I think we've seen, at least a modified approach, is moving towards more of a percentage system of capacity with various sectors to try and grapple with businesses of different sizes and with different square footage. I just wondered if you could share some of the thinking there, and then if I can say, there's speculation in the media, which you don't have to confirm or deny yet, Minister, on what the treatment of small business and big box stores will be going forward. But certainly what we've seen over the last month, if you could just share some of the thinking behind the percentage capacities.

Hon. Sylvia Jones: The percentage capacities were really an acknowledgement of: Is there a way for some of these smaller community businesses, some of these faith buildings and leaders to be able to continue to offer in-person services? It was a conversation had with the science table and Dr. Williams saying, "I understand that 100% capacity is going to put people at risk. Where can we get back to this comfortable two metres apart, social distancing and wearing of masks? What activities should we discourage or say no to because you have to take your mask off? What kinds of percentages could we do to allow a limited number of people to practise their faith safely and still keep people safe?"

It's probably an overused phrase, but it's this beautiful balance of how you keep as many people as possible safe and yet still have some normalcy in their lives.

The Vice-Chair (Mr. Tom Rakocevic): Thank you, Minister. That concludes our time for questions. Thank you very much again for appearing here and answering questions. We appreciate your work and time. You are now excused.

I see MPP Bisson.

Mr. Gilles Bisson: I'm going to move a motion, and hopefully the members of the committee, especially on the government side, will see this as a friendly motion. We said at the beginning when this committee was set up that there's far too little time to be able to deal with the complexities of how to manage all of these emergency orders. Nobody on the opposition side is saying that the government doesn't have a challenge, but there is a real lack of oversight when it comes to being able to ask the questions that need to be asked to clarify the information that's needed by our constituents and to be able to deal with this in a way that helps us get to where we are.

We heard this morning from all members of the committee—it didn't matter if it was government or opposition—that our constituents are calling us and they're confused. There is a lot of stuff they don't understand. Some of the answers we can provide as local MPPs, but a lot of that has to be better communicated by the government. One of the things that would help us do that would

be to be able to have this committee meet more frequently, for longer, to be able to ask the questions not just to the minister but to specific people who are responsible for the information that is being provided to the government when it comes to these decisions that are being made.

So I would like to move the following motion: That the committee reschedule other meetings as needed by the request of the committee, to be able to meet, to be able to try to get answers to some of the questions that need to be done.

The Vice-Chair (Mr. Tom Rakocevic): I'd like to confer with the Clerk for a moment.

Interjections.

Mr. Gilles Bisson: I understand what you're now about to say, but I'm going to make a point here to your ruling—which I see coming.

The Vice-Chair (Mr. Tom Rakocevic): Based on my conversation with the Clerk, the committee has to meet within a month, within 30 days, after each successive meeting, and it's based on the availability of the Premier or their designates. I guess you're calling for the committee to be able to request meetings, in some format?

Mr. Gilles Bisson: Yes. Listen, a committee has the right to request witnesses and demand papers; it's within the right of the committee. I recognize that the government purposely tried to restrict that right by way of a motion in the House, and I'm trying to find a way to allow committee members to be able to, when needed, call whomever before this committee so that we can get answers to questions.

The Vice-Chair (Mr. Tom Rakocevic): It appears, in conversation with the Clerk, that the motion can be tabled and voted on by members as they see fit.

Mr. Gilles Bisson: I so move. And I would start with a request in order to be able to have somebody from the command table so that we can ask questions in regard to the vaccination system.

The Vice-Chair (Mr. Tom Rakocevic): The Clerk has said that we do not have the mandate to determine who appears. However, the motion to hear on the fact that the committee itself can ask for these meetings to be convened could be heard or debated at this point. MPP Bisson is tabling a motion; I guess we move to debate.

Can you read out your motion, or say it so that we could—

Mr. Gilles Bisson: Yes. I move that the committee request further meetings in order to have the minister come before us to answer questions, and that the committee, further, is able to call witnesses from the command table and others to inform us on those decisions.

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The Vice-Chair (Mr. Tom Rakocevic): As read, the second part of that motion is out of order. Do you want to modify it, or do you accept it to be out of order?

Mr. Gilles Bisson: I moved the first motion, but I made the second part of the motion for a reason, because it points out the degree that the government restricted the right of this committee to do its job.

My point is this, and I am in order: Any standing committee or select committee of the Legislature has the ability to be able to request papers or witnesses to appear before it. That, in fact, was the whole basis of the gas plants scandal, when the government refused to be able to provide documentation. So the government restricted that by a motion in the House, and I just want to point out that that was their attempt in order to lessen it, but we do have the right to request the minister or the Premier to return. I am asking that we do so and that a meeting be set up sometime early next week.

The Vice-Chair (Mr. Tom Rakocevic): Okay. Based on the structure of this committee and the way in which this motion is being worded, I must rule it out of order.

Mr. Gilles Bisson: Hang on. Chair, can I understand that? The committee has the right to request further meetings of the minister or the Premier. What part of that is out of order?

The Vice-Chair (Mr. Tom Rakocevic): We can debate a motion that asks for the committee to request meetings, as per how this is outlined, with the Premier or their designates, but not to choose who would appear at the meeting.

Mr. Gilles Bisson: All right. Well, change the wording accordingly, making the request.

The Vice-Chair (Mr. Tom Rakocevic): Okay. The Clerk is working on it, and we'll be screen-sharing shortly.

Interjections.

The Vice-Chair (Mr. Tom Rakocevic): Mr. Fraser has his hand up and MPP Martin has her hand up. Go ahead, MPP Martin.

Mrs. Robin Martin: Thank you, Chair. It's unclear to me what's going on. I thought you had made a ruling on the motion brought forward. If Mr. Bisson is bringing forward another motion, he should present it; otherwise, we should move on.

I'm also a little perplexed, because MPP Bisson, in his original statement, imputed motive to the government, which is out of order.

The Vice-Chair (Mr. Tom Rakocevic): MPP Bisson began with a motion. He added something to it that made it out of order, but he has gone back to what it is. The Clerk is typing up what the motion is that he had initially stated. It will be put up on the screen, and then members will have the ability to debate and vote on it.

In conferring with the Clerk, the committee asking when this committee can convene is apparently not out of order; it's just that to specify who appears is what is out of order. As such, I ruled that a motion could at least be heard and voted on by this committee, based on my conversation with the Clerk.

MPP Fraser?

Mr. John Fraser: I'll be supporting this motion, even though it's not going to get us what we need. I just want to make this clear and put this on the record: This is the third emergency that has been declared in Ontario—the third. The genesis of this committee was to get out of the state of emergency and have a very restricted ability to be able to question the government. The reality is that right now,

on something as important as the vaccine rollout, all members of this House are not being regularly briefed. They're not, literally, being briefed at all. We're not being briefed, and there are members of the media being briefed and asking questions. That is totally ridiculous. I don't know how the government members feel about that, but maybe you're getting some information that we're not.

This motion won't get us that, but I think we have to send a clear message to the government: You need to be open and transparent about this vaccine rollout, just like we said was going to happen before Christmas. We all unanimously agreed to that, and it hasn't happened. It's exceptionally frustrating. It makes it very hard for all members to do the job, not just members of the opposition. I don't imagine you're getting more information than us; if you are, let us know.

Ms. Christine Hogarth: Point of order.

The Vice-Chair (Mr. Tom Rakocevic): Point of order: MPP Hogarth.

Ms. Christine Hogarth: Point of order: This is not discussing the motion; it's another rant. I would like to—

The Vice-Chair (Mr. Tom Rakocevic): We have the motion on the screen, as understood by the Clerk. So if you're okay with that—I see a thumbs-up—I guess we can move to debate, or I guess vote on it?

The Clerk of the Committee (Mr. Christopher Tyrell): Debate on this motion.

The Vice-Chair (Mr. Tom Rakocevic): Okay. So we can debate on this motion quickly and then move to vote on it. I guess we begin with the government, since it was tabled by the—

The Clerk of the Committee (Mr. Christopher Tyrell): Whoever wants to.

The Vice-Chair (Mr. Tom Rakocevic): Okay, whoever wants to. MPP Hogarth.

Ms. Christine Hogarth: This committee has a mandate. It was debated in the Legislature. We are here and we have a set mandate that we meet every—is it 28 or 30 days?

The Clerk of the Committee (Mr. Christopher Tyrell): Once every 30 days.

Ms. Christine Hogarth: Once every 30 days, which we have done. We've had our opportunity to discuss items. I think this committee runs very fairly and it moves forward. Everyone has the right amount of time to speak and to ask questions. I would actually vote against this motion.

The Vice-Chair (Mr. Tom Rakocevic): MPP Singh.

Mr. Gurrratan Singh: I really want to reiterate the importance of this motion. Folks in Peel, folks across the board are incredibly confused and frustrated with the lack of guidance given by this Conservative government. There is genuine confusion in the public and there's a lack of transparency that is being communicated to members in the opposition. This motion will allow this committee to do its job properly, to hold the government to account, to ensure that information is being properly delivered to the opposition and to folks across the board. So I really strongly urge that we support this motion and just work

against the confusion that is being put forward by this Conservative government on this issue.

The Vice-Chair (Mr. Tom Rakocevic): MPP Martin.

Mrs. Robin Martin: I wanted to say that I agree with MPP Hogarth. I will not be supporting this motion. I think the government has been open and transparent all the way along about the pandemic and the vaccine rollout, in every possible way.

Members of the opposition and the independent members, when given time to ask questions, even during this committee today, have used all of their time in speeches, not for clarification or asking questions, which is of absolutely no use to the public except to confuse them. So I think, actually, that having additional meetings will only further confuse the public, because that is the intention, it appears, of the members opposite.

The Vice-Chair (Mr. Tom Rakocevic): MPP Bisson, you had your hand up.

Mr. Gilles Bisson: Oh, my God, we're in trouble. If the best defence that the government can make is that having one one-hour meeting for questions every 30 days in the middle of a pandemic, where things are changing on a daily basis—it goes to show you to what degree this pandemic has gotten away on them, number one.

Number two, the assertions made by the member on how the opposition used its time: I've got to shake my head, because I listened intently to the questions of my colleagues, because I needed some of those questions answered—as you do, because you're getting the same calls we are—and they were to-the-point questions. To all of a sudden insinuate that because we asked questions to clarify the confusion the government created is an attempt by the opposition to further confuse the public—I've just got to say, it's a bit of a stretch.

I think the government should rethink its position and understand that the public is looking for answers. This committee, as imperfect as it is, is the only mechanism this Legislature has to be able to get answers to some of those questions.

The Vice-Chair (Mr. Tom Rakocevic): If there's no further—MPP Fraser. I think we'll go to our last comment and then we'll—and MPP Gélinas wanted to speak as well. MPP Fraser.

Mr. John Fraser: I just want to say that I will be supporting this motion, as imperfect as it is. This is the third time we've declared a state of emergency in Ontario. This committee is an oversight committee. We have a right to ask questions.

And I really take great umbrage with the comments from MPP Martin. I asked some very serious questions to which I expect answers, either here or after this meeting. I don't think it's fair to characterize any opposition member's or any member's questions as being superfluous or speeches. There are contexts.

I'll be supporting this motion. Thank you very much, Chair.

The Vice-Chair (Mr. Tom Rakocevic): MPP Gélinas.

Mme France Gélinas: I, too, will be supporting the motion. You have to realize that the pandemic has been

going on for a long time. People are more aware of what the public health measures are that government can take and what it means and all of this, which means that they have more and more questions. Yet, as MPPs, we have very few avenues to get answers to those questions. That's all we're asking.

The light could be at the end of the tunnel this summer, when the vaccine rollout has reached more people, but, in between, the questions keep coming. If all of us cannot answer them—we have a role to play as MPPs to calm things down, to de-escalate the tension, the frustration, the anxiety that so many of our constituents are feeling, and that's through information. That's all we're asking for.

The Vice-Chair (Mr. Tom Rakocevic): MPP Hogarth.

Ms. Christine Hogarth: Just as a reminder, this is a select committee, not a standing committee, and I'd like to call the question.

Interjection.

The Vice-Chair (Mr. Tom Rakocevic): Okay. The Clerk is advising I'd have to go to further debate, but I can—MPP Bisson?

Mr. Gilles Bisson: Sorry, Chair. I didn't hear you, but I want to make sure that you understand this is a request for a recorded vote when we do get to vote. As far as I know, and I've been around for a few years in this Legislature, to say that a select committee doesn't have the

same rights as a regular committee—unless ordered by the House otherwise, it's a committee like any other.

The Vice-Chair (Mr. Tom Rakocevic): So just before we go, once again I want to restate that we are hearing this motion because, upon conferring with the Clerk, the committee does have the ability to request for the committee to meet. They cannot compel anyone in particular to attend, or anyone at all to actually attend, but to simply ask for this committee to meet is something that would have been within order of what we're able to debate here, which we have.

If everybody has said what they would like, I think we should proceed to a recorded vote.

Ayes

Bisson, Fraser, Gélinas, Gurratan Singh.

Nays

Bailey, Hogarth, Martin, Oosterhoff, Park, Triantafilopoulos.

The Vice-Chair (Mr. Tom Rakocevic): The motion does not pass.

We will now be going into closed session for report writing.

The committee continued in closed session at 1203.

SELECT COMMITTEE ON EMERGENCY MANAGEMENT OVERSIGHT

Chair / Président

Mr. Daryl Kramp (Hastings–Lennox and Addington PC)

Vice-Chair / Vice-Président

Mr. Tom Rakocevic (Humber River–Black Creek ND)

Mr. Robert Bailey (Sarnia–Lambton PC)

Mr. Gilles Bisson (Timmins ND)

Mr. John Fraser (Ottawa South / Ottawa-Sud L)

Ms. Christine Hogarth (Etobicoke–Lakeshore PC)

Mr. Daryl Kramp (Hastings–Lennox and Addington PC)

Mrs. Robin Martin (Eglinton–Lawrence PC)

Mr. Sam Oosterhoff (Niagara West / Niagara-Ouest PC)

Ms. Lindsey Park (Durham PC)

Mr. Tom Rakocevic (Humber River–Black Creek ND)

Ms. Sara Singh (Brampton Centre / Brampton-Centre ND)

Ms. Effie J. Triantafilopoulos (Oakville North–Burlington / Oakville-Nord–Burlington PC)

Also taking part / Autres participants et participantes

M^{me} France Gélinas (Nickel Belt ND)

Mr. Gurratan Singh (Brampton East / Brampton-Est ND)

Clerk / Greffier

Mr. Christopher Tyrell

Staff / Personnel

Ms. Heather Conklin, research officer,
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Mr. Andrew McNaught, research officer,
Research Services