

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**Official Report
of Debates
(Hansard)**

EM-14

**Journal
des débats
(Hansard)**

EM-14

**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
Thursday 22 July 2021

1^{re} session
42^e législature
Jeudi 22 juillet 2021

Chair: Daryl Kramp
Clerk: Christopher Tyrell

Président : Daryl Kramp
Greffier : Christopher Tyrell

Hansard on the Internet

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

<https://www.ola.org/>

Index inquiries

Reference to a cumulative index of previous issues may be obtained by calling the House Publications indexing staff at 416-325-7400.

Le Journal des débats sur Internet

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

Renseignements sur l'index

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7400.

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
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

ISSN 2563-4402

CONTENTS

Thursday 22 July 2021

Emergency orders review	EM-215
Hon. Sylvia Jones	

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**SELECT COMMITTEE
ON EMERGENCY MANAGEMENT
OVERSIGHT**

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

Thursday 22 July 2021

Jeudi 22 juillet 2021

The committee met at 1001 in room 151 and by video conference.

EMERGENCY ORDERS REVIEW

The Vice-Chair (Mr. Tom Rakocevic): Let's call the meeting to order. I hope you are all well and that everyone is staying safe and healthy.

We have the following members in the room—we mentioned them all in the pre-meeting. Do we have anyone else who joined, other than the Solicitor General? Okay. We now also have our Solicitor General. Are there any other members who have joined and not yet been verified? No.

I won't go over all the Zoom rules, because I think you've heard them a million times by now, but are there any questions? No? 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 extensions 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 designates 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, five minutes to the independent member; that's repeated again; and, finally, 10 minutes to the official opposition, and 10 minutes to the government.

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

Hon. Sylvia Jones: Thank you, Chair. I am pleased to join you for the 14th meeting of this select committee, which covers cabinet extensions and amendments up to July 21.

Ontario is seeing the results of a two-dose summer, which I'm sure all members will agree is fantastic news.

All public health unit regions are in step 3 of our government's three-step Roadmap to Reopen, including Waterloo region, which delayed its entry into step 2 because of the spread of the Delta variant. The vaccination rollout is proceeding ahead of schedule, with over 60% of Ontarians over 12 years old having received a second dose of the vaccine.

Our efforts are focused on the home stretch, or the final mile: the approximately 20% of eligible Ontarians who have yet to get vaccinated even once. To reach this group, we are moving vaccines even closer to home by expanding the number of family doctors who can administer vaccines and getting more supply into local pharmacies. We also see our municipal partners targeting areas right where they live, to make getting vaccinations easier and more accessible.

Chair, before I move on to the amendments of existing orders—I had committed to responding to a question from MPP France Gélinas regarding where the money comes from for Ontario's paid COVID-19 sick days and which ministry has the lead in deciding if an employer gets their claim accepted or not. Employer reimbursement claims for employee paid sick days are made to the Workplace Safety and Insurance Board, which is responsible for determining whether an employer should be reimbursed. No government ministries, including the Ministry of Labour, Training and Skills Development, are involved in reviewing or deciding a claim. The government, specifically the Ministry of Labour, is providing the WSIB with funds for reimbursement payments to employers. I wish to stress here that the reimbursement program is not a WSIB program and is not funded by the insurance fund. As members of this committee likely already know, the WSIB is prohibited under the Workplace Safety and Insurance Act, 1997, from using the insurance funds for the purposes of making reimbursement payments. I hope this answers MPP Gélinas's question.

Moving on, I will review the remaining amendments made to orders up to July 21, 2021:

O. Reg. 363/20, steps of reopening, was amended to enable all Ontario public health units to enter step 3 of the Roadmap to Reopen.

O. Reg. 364/20, rules for areas at step 3, was amended to establish health and workplace safety measures for step 3 of the Roadmap to Reopen. Step 3 focuses on the resumption of additional outdoor and indoor services, with

larger numbers of people and fewer restrictions in place. I will touch on the highlights of this amendment; however, as always, the full regulation, with the complete list of health and safety measures, is available online.

Capacity limits for business or facilities open to the public: The person responsible for a place of business or facility that is open to the public shall limit capacity numbers so that members of the public are able to maintain a physical distance of at least two metres from every other person. This means that the capacity of retail is limited to the number of people who can maintain a physical distance of two metres.

Meeting or event spaces, conference centres and convention centres: A place that is open, including conference centres and convention centres, may rent out indoor or outdoor meeting or event spaces with the following conditions: The total number of members of the public permitted to be in an indoor portion of the space must be limited to the number who can maintain physical distancing of at least two metres, and may not exceed 50% capacity or a total of 1,000 individuals, whichever is less. An outdoor portion of the space may not exceed 75% capacity or totalling 5,000 individuals, whichever is less. The establishment must post a sign in a conspicuous location visible to the public that clearly states capacity limits. They must record the name and contact information of every individual who attends the event and maintain a record for at least one month.

For restaurants, bars and other food and drink establishments, the total number of patrons, whether indoors or outdoors, must be limited to the number who can maintain a physical distance from every other person in the establishment. There is no limit to the number of patrons a table can seat. Each table must be separated by a distance of at least two metres or by Plexiglas or some other impenetrable barrier. No person shall be permitted to dance at establishments without dance facilities.

Personal care services such as barbershops and hair salons, including services requiring the removal of a face covering, are limited to the number of people who can maintain a physical distance of two metres.

Indoor sports arenas and gyms are subject to a maximum 50% capacity of the indoor space. Capacity for indoor spectators is 50% of the usual seating capacity or 1,000 people, whichever is less. Capacity for outdoor spectators is 75% of seating capacity or 15,000 people, whichever is less.

Museums, galleries, historic sites, aquariums, zoos, landmarks, botanical gardens, science centres, casinos and bingo halls, amusement parks, fairs, rural exhibitions and festivals cannot exceed 50% capacity indoors and 75% capacity outdoors.

1010

Concert venues, cinemas and live theatre must operate at up to 50% capacity indoors or a maximum limit of 1,000 people for seated events—whichever is less; up to 75% capacity outdoors or a maximum limit of 5,000 people for unseated events; and up to 75% capacity outdoors or a

maximum of 15,000 people for events with fixed seating, or whichever is less.

Real estate open houses are permitted with capacity limits to the number of people who can maintain a physical distance of two metres.

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 August 18, 2021, and have not been extended since the last committee meeting. These updates are being presented in numerical order.

O. Reg. 74/20: This order authorizes 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 care providers and to assist long-term-care homes and retirement homes.

O. Reg. 76/20: This order allows document service in legal matters against the crown to be done electronically instead of in person. This order is needed to continue access to justice while reducing unnecessary contact between individuals in order to stop the spread of COVID-19.

O. Reg. 77/20 allows for work deployment measures in long-term-care homes to be developed and modified based on staffing priorities and abilities. It allows homes to implement redeployment plans as required. Long-term-care homes have been impacted by the pandemic and continue to rely on this regulation to help support staffing stability, which is crucial to prevent and manage outbreaks.

O. Reg. 95/20: This order provides long-term-care homes with increased flexibility through a temporary suspension of several requirements, enabling homes to better focus resources on providing high-quality resident care and safety needs of residents.

O. Reg. 98/20: 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 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 officers if the officer has reasonable and probable grounds to believe the individual has committed an offence under subsection 10(1) of the reopening Ontario act. Without disclosure of this identifying information, provincial offences officers would be unable to effectively issue tickets under the reopening Ontario act.

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

O. Reg. 118/20: This order allows flexibility for retirement home operators to recruit and reassign staff. It remains critical for helping to prevent and manage outbreaks to keep residents safe. Additionally, it ensures residents continue to receive stable services and care.

O. Reg. 121/20 allows developmental service agencies and intervenor service providers to continue with the authority and flexibility they need to redeploy their staff to support critical services for vulnerable individuals. Measures to alleviate staffing pressures continue to be needed as developmental service agencies respond to challenges posed by COVID-19.

O. Reg. 132/20: 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 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 purpose of responding to the emergency or for health care or sleeping accommodation by or on behalf of health service 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, surgical backlog and residential space needs.

O. Reg. 145/20: 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, limiting particular partially and unvaccinated staff moving across multiple settings, continues to be an important component of infection prevention and control practices in long-term-care homes. This order addresses ongoing staffing challenges in the long-term-care sector and allows employees who have been fully immunized against COVID-19 to work in another long-term-care home, retirement home or other health service provider location.

O. Reg. 154/20 provides district social services administration boards 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 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. The need for the order is to address staffing issues at long-term-care homes and retirement homes in an expedited way, leveraging existing LHIN relationships with service providers.

O. Reg. 157/20: In response to requests from municipalities, we issued this order to provide flexibility to re-deploy staff to ensure front-line services continue 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 stop the spread of COVID-19.

O. Reg. 158/20: This order requires retirement home employees to work in only one retirement home, long-term-care home or other health care setting, and allows fully immunized employees to work in more than one location, to safely increase staffing capacity. Limiting work to a single retirement home remains crucial for unimmunized staff to help prevent and contain infection spread.

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

O. Reg. 177/20: This order has been extended so that staff movement across multiple employers in developmental 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: 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.

1020

O. Reg. 193/20 authorizes the board of a hospital to take any reasonably necessary measures with respect to any aspect of the hospital's credentialing process 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.

O. Reg. 195/20: This order ensures that any temporary COVID-19-related payments received by employees in relation to work performed while the order is in effect are excluded from the maximum increases in compensation set out in the Protecting a Sustainable Public Sector for Future Generations Act during a moderation period. This includes the temporary wage enhancements for personal support workers and direct support workers.

O. Reg. 210/20: This order provides the ministry director, under the act, expanded authority to issue a mandatory management order to long-term-care homes. The director, under the Long-Term Care Homes Act, is able to place interim management to effectively protect residents from COVID-19. Maintaining the management order allows the director to swiftly take appropriate actions to reduce or alleviate harm to residents and staff in homes that are in outbreak.

O. Reg. 240/20 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 at a home where there is a COVID-19-related risk of harm to residents. It remains crucial to ensure retirement homes are following appropriate COVID-19 measures to ensure resident and staff safety.

O. Reg. 345/20: 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 as the province continues to reopen.

Chair, Ontarians are returning to restaurants, spectators are returning to professional and amateur sports, and concertgoers and moviegoers are filling seats at cinemas and music venues. Because of the will and determination of the people of Ontario, the province is closer to normal than it has been since this pandemic began.

Ontario will remain in step 3 of the road map until 80% of the eligible population age 12 and over have received one dose of a COVID-19 vaccine and 75% have received their second dose and are therefore fully vaccinated. In addition, each public health unit must have at least 70% of their eligible population age 12 and over fully vaccinated. Other key public health and health indicators must also continue to remain stable or trend downward. When we reach those thresholds, the vast majority of public health and workplace safety measures, including capacity limits for indoor and outdoor settings and limits for social gatherings, can be lifted.

The overall reduction of COVID-19 cases in Ontario is proof that vaccines are our best defence against this virus. To maintain this positive momentum and these benefits to our communities, the message to Ontario is to remain vigilant, get vaccinated, encourage others to get vaccinated, and follow these public health and workplace safety measures.

The government will also continue to do our part by remaining vigilant for new variants and responding, where needed, for the continued safety of Ontarians. Thank you. Merci. Meegwetch.

The Vice-Chair (Mr. Tom Rakocevic): Thank you very much. We'll now be moving to the official opposition. MPP Singh.

Ms. Sara Singh: Thank you so much, Minister Jones, for being here today, and for sharing these updates with us.

I know that we are all excited that folks are getting vaccinated, that perhaps that final mile is going to be something that we're going to achieve. But I think at the same time, there are still a number of concerns in terms of the vaccine strategy here in the province of Ontario and people who have been left out and left behind. We saw a very slow and sloppy rollout to begin with. Perhaps had we as a province been better organized, we would have been able to more effectively distribute our vaccines, but that wasn't the case here in Ontario. And now we know

that many vulnerable populations still haven't received their first dose, such as homebound seniors.

I'm curious, Minister, why it continues to be the case here in Ontario that vulnerable seniors and populations still haven't received their first dose. What is this government doing to help those public health units actually have the resources to reach those vulnerable populations?

Hon. Sylvia Jones: Thank you for the question.

When the vaccine task force was tasked with the rolling out of the vaccine, we very strategically asked that it, first, prevent mortality, which is exactly why we targeted congregate care living like long-term care, retirement homes, our corrections facilities, because we understood that the individuals who are living in congregate care settings are more likely to be at risk—the second was to prevent serious illness and, third, finally, to prevent transmission. Respectfully, that plan has worked very effectively. As soon as we had sufficient vaccines, we were able to expand and roll out.

I have to give a shout-out to Toronto Public Health and Peel Public Health. When we offered additional vaccines—actually, 25% over their per-population allocation—those public health units and others were able to target and very much reach out and connect with the more vulnerable citizens. In the case of Peel Public Health, for first-dose vaccination, we're now at 79% and second-dose is at 61%. Those are amazing numbers, when you look at other jurisdictions, including of course our neighbours to the south. So we'll continue with that path.

The final mile or that last 15% to 20% will be more strategic—those will have to be conversations that individuals who are concerned or have multiple questions will have with their primary care practitioners. That work will continue and, frankly, it will take longer.

The fact that we have such wonderful numbers and high percentages is allowing us to safely move forward on our road map to reopening. The statistics and the numbers show that when we target those high-risk communities, whether it's because of where they live or the jobs that they have, it works.

A really quick example: In Peel region, Dr. Lawrence Loh did a 24-hour clinic, and he said it was a very effective method to get people who don't work in traditional, normal nine-to-five hours.

So the creativity and the best practices that are happening between public health units are really serving us very well.

Ms. Sara Singh: I think we can all agree that Peel Public Health has done an exceptional job, especially with Dr. Loh's leadership, in making sure that our communities are finding innovative ways to get vaccinated and in meeting the needs of our diverse population. But there's still a role for the province to play to ensure that public health units have the resources they need to do this, and I think that's part of the question.

Perhaps you can elaborate for us in terms of what resources were provided to public health units to actually help host these types of vaccine clinics, outside of just the vaccine supply. Many of them are utilizing their own

resources without much support from the province, and I think that's why we see such a variant in the rollout and how different health units have chosen to vaccinate their population.

The Vice-Chair (Mr. Tom Rakocevic): We're at the halfway point.

Hon. Sylvia Jones: Respectfully, the region of Peel has had a lot of assistance from the government of Ontario as a whole. Minister Elliott and I meet twice a week with all of the public health units and the hospitals that are providing the vaccine rollouts. Of course, in Peel region specifically, we, as a province, have organized and put together faith-based vaccination clinics, which have been very effective in reaching some of the targeted communities that you're referencing.

1030

The business-based vaccine clinics are a combination of the province, through the Solicitor General's office, and the local businesses putting those together. Specifically, the food terminal in the city of Toronto was an example of the province working together, but we have many examples in Peel region, as you know. Amazon, Canadian Tire, Maple Lodge Farms and many of the larger businesses located in Peel region have all had Ontario-supported and Ontario-organized business-based clinics that have really made a difference and allowed individuals and neighbourhoods to more easily and quickly get their vaccines.

So there has been a lot of support for Peel, in particular, and all public health units. Sharing those best practices is one of the really valuable tools that we have found with those weekly meetings with public health units.

Ms. Sara Singh: Also in that vein, I think another reason why a public inquiry into COVID-19 would be so helpful for us is to garner what did work well, Minister. So I think echoing that call from New Democrats in terms of understanding what didn't work but also learning from those best practices would be really helpful.

I want to switch gears with respect to the vaccine strategy and some concerns that have come up with respect to contracts that were provided to, perhaps, members of General Rick Hillier's inner circle. Minister, I think you may have seen the recent Globe and Mail article regarding this. I think there are also a number of other instances throughout this pandemic where we've seen government insiders and PC lobbyists being rewarded.

Can you share with us a little bit more about some of the folks who were a part of General Hillier's team and the contracts that they were awarded?

Hon. Sylvia Jones: I think it's really important for us to remember where we were in December. The very first Health Canada-approved vaccine, AstraZeneca, was coming to approval in Canada. We were preparing for what we knew was going to be, unfortunately, a limited supply. So the vaccine task force, with members including retired general Rick Hillier as well as epidemiologists, clinicians, primary care practitioners, pharmacists—we worked as a

task force together on what could we do to prevent mortality, prevent serious illness, prevent transmission, knowing that we did not have—

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

Hon. Sylvia Jones:—an unlimited amount of vaccine supply coming in. The limitation on inventory meant that we had to be very strategic in terms of how we were going to use the vaccine, where we were going to use it, and how quickly we could get it to the most vulnerable. Respectfully, I would say that that has proven very, very well.

Long-term-care homes, congregate care living and retirement homes were at higher risk, and they were receiving and being offered the vaccine first and foremost. We did that with the assistance of public health units and a number of hospital partners.

Ms. Sara Singh: Thank you, Minister, but I don't think that answers the question with respect to the rich contracts that were provided to PC insiders and people well connected to General Hillier. I understand that there was a need for expertise on the vaccine strategy round table, but at the same time, who were these folks who were being awarded contracts well above the \$100,000 mark for less than six months' worth of work? Your answer doesn't really help provide some context in terms of how those folks were chosen, and that was really the question. Perhaps, in the second round, we can elaborate on that.

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

I would like to acknowledge the presence of MPP Natalia Kusendova, who is in the room today, as well as MPP Lindsey Park, who's joining us on Zoom.

Can you confirm that it is in fact you?

Ms. Lindsey Park: Yes, I'm in Oshawa, Ontario.

The Vice-Chair (Mr. Tom Rakocevic): Thank you.

Let's move to the government side for 10 minutes. MPP Hogarth, please.

Ms. Christine Hogarth: Thank you, Minister, for being here at our 14th meeting. A lot has happened since our last meeting.

You talked about vaccines. I know MPP Singh was talking about a slow rollout, but the vaccines came from the federal government, and we all know that story of how the vaccines didn't arrive in Ontario for us to give out.

I do want to congratulate you on the rollout, because once we did receive those vaccines, they were sent to our pharmacies and to our mass vaccination clinics. I can attest to Toronto and what a great job our public health units have done, getting those vaccines out to people.

For anybody in Toronto watching, there are thousands of appointments available. All nine vaccination clinics are all walk-ins from 9 a.m. to 7 p.m. If we can all encourage as many people to get vaccinated as possible, I think we can have—if we have a healthy community, we can have a healthy economy, so we want to get moving on that.

The other day I was walking down Bloor Street in my riding, in the Kingsway area, doing some shopping. It was really nice to go into these stores. I have to give a shout-out to all the proprietors. They have signs on the doors to make sure that people—the limit of four, hand sanitizers.

They're being very careful, following the public health rules.

People are going out to patios. They're dining inside in groups. They're going to gyms.

So my question to you, Minister, is, have we seen an increase in cases of COVID-19, and is there a concern?

Hon. Sylvia Jones: It's a great question.

Trust me, there are many, many public health units—all 34, of course, as well as the Ministry of Health—that are closely monitoring that. Thus far, because our Roadmap to Reopen was very strategically made to be safe and to gradually reopen, we can monitor, and we are doing that work now. Of course, I mentioned in my opening remarks that we're in step 3. During step 1 and step 2, we did not see higher numbers happen.

To your point: I want to go back to best practices. The walk-in model, as you would know well, serving your community, was not something that we did a lot of at the beginning of the vaccine rollout. What we discovered through our meetings with the public health units was, in fact, that there are certain age groups and certain individuals who, for any number of reasons, found going on and booking an appointment to be an added cumbersome step, so they liked the walk-in model. When we discovered that, we encouraged public health units across Ontario to adopt that city of Toronto model because it has proven to be a very successful way to get some people who, for any number of reasons, weren't making the step to book their vaccine appointments. That's why you see now almost all public health units are welcoming and encouraging walk-ins, because they know it works.

Again, I have to say, when you see numbers of 79.2% of Ontario citizens over the age of 12 have received their first dose and, as of yesterday, 63.4% are fully vaccinated with two doses, 12 and over—those are incredible numbers when you compare to other jurisdictions and, frankly, other jurisdictions that have had access to the vaccines for longer than Canada and Ontario have.

Ms. Christine Hogarth: I have one more question before I pass it off to MPP Bailey.

Once again, we have to thank our front-line heroes who are actually giving these vaccinations out every day. It's such an important thing to get people vaccinated. And right now it's tough to find these people who want to be vaccinated. We have some ambassadors in the community who are going out, door to door, trying to pull out people and saying, "Hey, it's time to get vaccinated," as we want a healthy community.

We all want people to shop local. Certainly, we want to encourage everybody to shop in their local areas. But we do have an itch to maybe get out of our own community and go to a small town or someplace different to see something different for a change. With the easing of restrictions, some Ontarians are planning on travelling. We certainly encourage them to staycation or to continue to travel within Ontario. Are there any precautions that they should keep in mind? Because we are still dealing with COVID-19, we have to be cautious. We know that they're

going into other communities. Are there some precautions that they should keep in mind when travelling?

1040

The Vice-Chair (Mr. Tom Rakocevic): We're at the halfway mark.

Hon. Sylvia Jones: Absolutely. As you know, the federal government does have responsibility for international dealings, international relations with other countries. As of today, the federal government is still discouraging non-essential travel. That's an important consideration for people who are looking at travelling outside of Canada. In addition, the ArriveCAN app—those apps and programs that the federal government has put in place are there to keep us safe.

We know that the Delta variant that is now over 80% of what we're dealing with in the province of Ontario is a real concern. It does transmit easier than the original, or Alpha, variant that was discovered in the UK, so we do have to continue with those health restrictions.

Having said that, in the province of Ontario—and I think this speaks to your comment about encouraging people to rediscover Ontario—every public health unit, every region, every community is in step 3. So what you can safely do in the city of Toronto you can safely do in Sudbury and North Bay.

I encourage people to first and foremost rediscover all the beautiful communities that we have in the province of Ontario, closely monitor what the federal government is doing in terms of continuing to discourage non-essential travel, and know before you travel what the restrictions are in other jurisdictions, whether that is other provinces or other parts of Canada and the world.

The Vice-Chair (Mr. Tom Rakocevic): We're moving on to MPP Bailey.

Mr. Robert Bailey: Thank you, Minister, for being here again today and taking our questions and, of course, bringing us up to date on some of the situations.

Living in a border riding, Sarnia-Lambton—and I think you might have touched on it. I'd like to ask you for a little more clarification. I know the border city mayors met recently with federal minister Bill Blair about border restrictions. We're all looking forward to a return to tourism and the ability for others to vacation. If you haven't touched on it yet, can you give us an update on what vaccination requirements Ontarians will need before they travel internationally, like from province to state?

Hon. Sylvia Jones: Excellent question. The short answer is, it will depend on where you are travelling.

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

Hon. Sylvia Jones: There are some American states that have put in parameters in terms of, you must be fully vaccinated. Those will, of course, be conversations that continue with the federal government.

I've had multiple conversations, as has Premier Ford and Minister Elliott, with the Prime Minister and Minister Blair: "As we loosen the restrictions at our borders, please make sure that you continue to monitor and test for the variants." To date, that reassurance has been given to us. I think it's really important that that ongoing monitoring

happen, because we saw in the Porcupine public health unit and in Waterloo that when a variant is discovered, it can rapidly change the dynamics within that community and spread very quickly.

Again, to reinforce: The federal government continues to discourage non-essential travel. And depending on which state or country you intend to visit or would like to visit, you must continue to monitor what restrictions, if any, they have in terms of quarantine, testing and whether you have to show proof of vaccine, all of which the federal government, through their international relations, has to continue those conversations about.

Mr. Robert Bailey: I'd like you to, if I've got a minute, to expand upon—that's probably all that we have, a minute.

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

Mr. Robert Bailey: Okay. About the Delta variant—maybe you can answer that a little later on.

Hon. Sylvia Jones: The majority of the positive cases in Ontario is the Delta variant, which is unusual, because other provinces, like BC, have not seen that.

I hope that helps.

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

We're now moving on to our independent member, MPP Fraser.

Mr. John Fraser: Thank you, Minister, for being here again for this 14th meeting.

I do want to reiterate a request that I made at several meetings, including last month's: that we get a technical briefing for members. I think it's important that we get a briefing from other than the political leadership of the vaccine task force—the people who are the boots on the ground. It would be very helpful, and I'm looking forward to a response on that. I think if you sat on this side of the table, you would be asking for the same thing. I hope we can make that happen.

To follow up on Ms. Singh's question, which was a very good question: I listened to your response, and there are a couple of points I'd like to make on your response that I think are important. You said we have to think about where we were in December. Well, the question I have is—we have to think about where we were last September. We knew the vaccines were coming. We knew that we'd have mass vaccination efforts. How is it that we are actually appointing the leadership of a task force two or three weeks before our vaccines arrive? That's incredible, considering it's the biggest effort probably in Ontario's history to vaccinate people. I think Ms. Singh's question in regard to why you weren't open and transparent about that—I don't know why it was hidden. We called for openness and transparency with the vaccine rollout. I think this is important information. We need to know who is in there, who is providing that advice, where they come from, not just the money they get paid but who they are—not after the fact, and here's why.

To the second point: Your comment was, "We moved quickly to reach the vulnerable." Well, here's what happened last Christmas: Ontario took a vaccine holiday. The

head of the task force, basically apologizing for it, said, "We got spanked." What happened in long-term care is, we were two weeks behind every province. It took us half a million doses to get the 70,000 vulnerable people in long-term care. More people got sick, and more people died. Then we had a portal that was two weeks too late. Then we had a vaccine scavenger hunt, because our portal wasn't ready and our portal didn't actually do what the portal, for instance, in Nova Scotia did, which was connect everybody who was giving vaccines and have a one-stop shop for appointments.

Right now, Ontarians, public health units—we're doing well. We're on the hardest part, and I'll talk a bit more about that later.

But in retrospect, I would like to understand how we got the portal that we got. I think in order to do that, we need disclosure of the procurement, all the documents relating to that, all the meetings related to that so that we can understand why we chose this portal, when we chose this portal and why, for instance, we have some solutions that are homemade, like CANImmune, that are working very effectively in other provinces, that we didn't use here. So I would like to simply ask the minister: Will you commit to doing that?

The Vice-Chair (Mr. Tom Rakocevic): A minute and 20 seconds.

Hon. Sylvia Jones: First of all, Dr. Williams has appeared before this select committee, as you know, with Minister Elliott, and most public health units are meeting regularly with their elected officials to update them on what is happening locally on the ground.

Specifically, to the city of Ottawa, for example: I'm sure you know 83% have received first doses; for second doses, 67%.

So in terms of hearing directly from the boots on the ground, that has happened both here, at the select committee, as well as locally with public health units.

1050

Respectfully, I must say that, in December, when we received our very first, limited doses from the federal government, in fact, that was unexpected. We had been told regularly, through our federal partnerships and discussions through the NOC, that we were not going to be receiving any vaccines until January. So December was a pleasant surprise, and we dealt with it by feeding it through the long-term-care homes and the congregate care settings.

The Vice-Chair (Mr. Tom Rakocevic): We're at time. We're moving back to the NDP side. MPP Singh.

Ms. Sara Singh: I'll be starting us off, and then I'll be sharing my time with MPP Vanthof as well.

I want to pick up on my last question and questions that MPP Fraser was also raising, with respect to transparency and accountability around procurement and the folks who were actually making the decisions for this province.

I think it's so important to highlight that there were delays in the vaccine rollout here in the province that weren't related to supply issues. I think there were also concerns around equity with respect to where those vaccines were being distributed in the province of Ontario.

I think it's also important to acknowledge, as MPP Fraser did, that many other groups and organizations stepped up to the plate to fill voids here in the province of Ontario, to ensure that people could get access to a vaccine and get that information and book their appointments; for example, VaxHunters.

Many in the province of Ontario felt as though our vaccine distribution strategy was a bit of a Hunger Games in terms of who would get access and who wouldn't.

Going back to my question around who was making these decisions: Minister, could you elaborate for us in terms of the process to determine who was a part of the vaccine task force, how those decisions were made, and, also, will that information be made public?

Hon. Sylvia Jones: As you know, the vaccine task force were orders-in-council—we had a combination, as I said previously, of primary care practitioners, public health doctors, pharmacies, ethicists, clinical advice. And then you have the added piece of the logistics of providing vaccines and offering vaccines to 14 million Canadians.

Respectfully, I must say, as excellent as Nova Scotia's rollout has been, and other jurisdictions in Canada—comparing Ontario's 14-million population to a population in Nova Scotia of approximately one million, there is going to be a difference in scale and how we provide it.

If we had had sufficient vaccines, we would not have had to make decisions on: Who needs it soonest? Who's going to benefit the most by receiving it first? How can we expand the number of individuals by extending the doses between first and second? All of those determinations were made with advice from the science table, from clinicians, underpinned by the National Advisory Committee on Immunization, NACI, and, of course, Health Canada.

We already knew who was most at risk, because we'd seen, unfortunately, those serious illnesses and those deaths. What we needed to do is match that with what was going to be the most effective way to reach the highest-risk population, and we've done that.

When you see today, or as of yesterday, 79.2% of the population of Ontario receiving their first vaccine—we're now able to expand that to allow everyone who qualifies to get that vaccine.

I am confident that that pathway of preventing mortality, preventing serious illness, preventing transmission saved lives in the province of Ontario.

Ms. Sara Singh: Respectfully, Minister, that still doesn't answer the question about how the decisions were made about who was sitting around the table.

Clearly, I don't think we're going to get a straight answer with respect to those contracts that were awarded to folks who were part of General Hillier's team, so perhaps I can ask some questions related to testing.

I know that there are contracts with Spartan Bioscience, for example, and I think many are questioning how those contracts were awarded and who directed Public Health Ontario to issue sole-source contracts to Spartan Bioscience in March 2020. Currently, \$10 million of an \$80-million contract has been paid out.

Could you share with the committee how much to date had been paid out to Spartan Bioscience for tests that really were not effective?

Hon. Sylvia Jones: Chair, I might need some guidance from the Clerk. I'm not sure how this is in the scope of the select committee. Can anybody help me with that?

The Vice-Chair (Mr. Tom Rakocevic): You can choose to answer the question or not.

Hon. Sylvia Jones: Any contracts that have been given out as part of the pandemic response, including the purchasing of personal protective equipment and testing, are disclosed, of course, through annual public accounts, through the various ministries, and you will see that when the estimates and the public accounts are received.

The Vice-Chair (Mr. Tom Rakocevic): Four and a half minutes.

Ms. Sara Singh: Thank you. Minister, I'm going to ask one final question before I pass it over to Mr. Vanthof, who may have further questions on this as well.

I guess, directly under the purview of your responsibilities, you would know who directed Public Health Ontario to issue these contracts to Spartan Bioscience. Are you aware of who that person would be or which ministry would have been responsible for this?

Hon. Sylvia Jones: That would be a question better directed to Public Health Ontario.

Ms. Sara Singh: Perhaps the Minister of Health, who has already told the Auditor General that steps are being taken?

It should be very clear to Ontarians who directed Public Health Ontario to make these decisions.

I'll pass it over to John, who may have some questions on this—

The Vice-Chair (Mr. Tom Rakocevic): MPP Vanthof, three minutes, 30 seconds.

Mr. John Vanthof: Thank you for being here, Minister.

I'm going to continue in the same vein as MPP Singh. Obviously, someone would direct an agency to obtain a sole-source contract; at this point, we don't know who did. But there must be some accountability within government—if an agency is directed to take a contract, who was responsible for ensuring that agency or that company is actually capable of delivering on the contract? Using this company as an example—it's now in bankruptcy protection and bankruptcy proceedings. There has been money given out and no usable product delivered. I realize we are in a pandemic and we're acting quickly, we're in new territory. But ensuring that especially sole-source contracts go to companies with some sort of financial stability is paramount at all times, including in a pandemic.

Would you be aware of how the government ensures that companies that get sole-source contracts, often through very intensive lobbying, actually are able to deliver on what they're promising?

Hon. Sylvia Jones: Again, I will repeat my answer to MPP Singh, and that is—

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

Hon. Sylvia Jones:—Public Health Ontario would be better placed to be answering these questions.

Any money that is spent by all of the ministries, whether it is pandemic-related or not, will of course be reported through their annual estimates and through public accounts. So there is a public disclosure of money that was spent, and much of that will continue as we continue to support public health units, as we continue to secure PPE, personal protective equipment. The spending on certain issues—testing kits as an example—are all continuing as we move through the Roadmap to Reopen. That work will continue.

Specifically related to individual contracts—the estimates process and public accounts would be where you will see where those contracts are and what they involved in terms of purchasing.

1100

Mr. John Vanthof: Thank you for that answer, Minister, but I would respectfully disagree with the point that—the estimates process and public accounts do not specifically answer who directs an agency to accept a sole-source contract. This was not a bidding process; this was sole-sourced. At that point, what are the protections to ensure that those contracts can actually be delivered? From a public point of view, it does look suspect—and not just with this contract, but other contracts that seem that they were delivered based on the strength and the connections of the lobbying organization as opposed to the ability to actually deliver on these contracts. That is not something that comes through—

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

Hon. Sylvia Jones: One of the things that we discovered—

The Vice-Chair (Mr. Tom Rakocevic): Sorry; we're at time.

We're moving on to the government side. MPP Martin.

Mrs. Robin Martin: Thank you, Minister, for being here today and for filling us in on some of the details about what has been changing. I think a lot of people are very excited to be getting back some of those freedoms that we sometimes have taken for granted. We have had to have restricted lives for a while.

One of the things that I'm very excited about is dancing because, to me, dancing is an expression of joy and freedom. You mentioned it in your comments. I'm going to date myself by saying I really enjoyed the movie *Footloose* at the time, because it encapsulates how I feel about dance, which I think is a wonderful thing. I never imagined in my life that we would have restrictions on dancing and singing and things like that, which are really expressions of joy for people and important to people, for their well-being and mental health and stuff like that.

I want to ask, first of all, because you mentioned dancing in your opening remarks: When can Ontarians really look forward to the return of dancing, singing, general carrying on and free lives, as it were, through those kinds of things?

Hon. Sylvia Jones: It's a good question.

We sometimes think that arts and performing arts are not important, and I couldn't disagree more. We need to have the ability to celebrate, whether it's through dance, song or watching live theatre.

In step 3, of course, we are now loosening the restrictions. The more we learn about COVID-19 and how it transmits is driving the decisions on what is in the Roadmap to Reopen. So yes, MPP Martin, dance away, but there are some limitations in terms of—we understand that loud cheering and singing do put you at a higher risk of transmitting COVID-19. So there are still some limited restrictions or health recommendations. As we continue to have the vaccine rollout expand and increase, then you will see a gradual lifting of those restrictions as well.

I, for one, can't wait to sit in a live theatre and hear a performance with actors who are doing what they love. As someone who appreciates live music and live theatre, I think it's really important that we gradually loosen the restrictions, all under the guidance of the health advice that we are receiving.

I have to remind people of where we were in March 2020: We didn't know, frankly, how COVID-19 was being transmitted. We were talking about touch surfaces. Now, of course, we know it is primarily through air particles, and so we have to be more vigilant when we are inside in close proximity to people—and yes, singing. It is all part of the drive that I think we all have as leaders to encourage and get people vaccinated as quickly as they can—because the higher the percentage that we have, the less likely that you are able to either transmit or actually become a victim of COVID-19.

I hope that helps.

Mrs. Robin Martin: It does.

You did mention in your opening remarks that we need a dance floor to dance—and I've never restricted myself that way, with my own dancing, because I have happy feet and they tend to dance wherever they are.

You also mentioned in your comments about outdoor plays, or theatres, generally. What restrictions exist on outdoor plays and concert venues and stuff like that? Outdoors—I guess we're indoors, but even outdoors would be great. My husband and a number of constituents I've talked to have mentioned how they really miss those events. Of course, artists and purveyors of entertainment for us have had an incredibly difficult pandemic and would like to get back to being able to entertain and do what they do best. I certainly would like to go to some of those concerts and plays as well—so if there's anything else you can add on that score, about when people will be able to do all of those things.

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

Hon. Sylvia Jones: Yes. A lot of the restrictions for outdoor venues have been very much loosened under step 3, and I made reference to a number of them in the opening remarks, so please refer to that.

I think that this is an opportunity to talk about one of the initiatives that we did because we understood how challenging this was for a lot of sectors, including many in the heritage, culture and sport area. Through the Trillium

grant program, we initiated a community resilience fund. That was very specifically for not-for-profit and charitable organizations who, for reasons because we had the pandemic, were not able to operate in their traditional methods or even fundraise in some cases. Minister MacLeod gave additional money to Trillium, and they have been releasing community resilience funds to allow venues to modify their set-ups to protect their customers and their employees, and also to safely reopen.

The Roadmap to Reopen really is a pathway back to a normal world where we can participate in many of these things.

MPP Martin, on a lighter note, you can dance in your kitchen all you want.

Mrs. Robin Martin: I appreciate that. Thank you, Minister.

My colleague MPP Anand has a question.

The Vice-Chair (Mr. Tom Rakocevic): You have three minutes and 20 seconds.

Mr. Deepak Anand: Minister, it's good to see you, as always.

One thing I have to say about this pandemic, one thing we learned during the pandemic: The only thing certain is the uncertainty.

I want to thank you, the front-line heroes and each and every Ontarian. In this uncertain time, we have certainly come together. We are probably one of the best role models during the pandemic—how we handled it. So I just want to say thank you to you for that.

Minister, at the start of 2021, it was estimated that approximately 32% of Canadians in the labour force between the ages of 15 and 69 worked most of their hours at home.

You can see in today's meeting, as well, that most of us are working virtually, if not at home.

According to a May 2021 Statistics Canada report, up to 80% of workers want to continue working from home.

With the easing of restrictions, do you know when we might be expected to return to the workplace? What is your advice to employees and employers?

Hon. Sylvia Jones: Thank you for the question.

As you know, in step 2, the advice was, "If you can work from home, then please do so."

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

Hon. Sylvia Jones: Under step 3, that restriction has been lifted, so many employees and business owners are making determinations now on how they want that return to work, safely.

I have to say, though, in my own Ministry of the Solicitor General—we are a 24/7 operational ministry. Police, fire, corrections, probation and parole—all of these individuals have safely continued to work to serve our community. So while there are a number of businesses that are making determinations and decisions now about how they want a return to work, I really have to give a shout-out to so many employees across municipalities. We've had so many employees who, because of the work that they do, had to continue to work on site, and the fact that they were able to do that safely with proper PPE, personal

protective equipment, really speaks to their commitment. We don't think about corrections officers, probation and parole, the police, of course, who have continued to work out in the community to ensure our protection and safety, and I want to specifically thank them for the work that they have been doing all throughout the pandemic.

1110

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

Mr. Deepak Anand: My next question is about weddings.

I want to disclose that one of my good friends is getting married, and we are all excited. Secretly, I'm telling you—she's also here.

It is one of the few moments in our lives you always remember clearly for the rest of your life. When you talk to people about this, all these people who backed up their wedding days—I truly feel this is one moment we all need to cherish.

My question is, with the step 3 restrictions for weddings, what exact rules should these constituents keep in mind, so that my colleague can—

The Vice-Chair (Mr. Tom Rakocevic): We're out of time. Sorry about that.

We're moving on to the independent for his last round of questions.

Mr. John Fraser: I would like to say there is a lot of dancing going on, not around the kitchen, but it seems to be around the questions today.

I want to make a point with regard to the minister's comments about the surprise we got in December. My point was, we knew in September that we were going to have vaccines. Whether it was in December or March or May or February, we knew that we were going to have vaccines, so we needed to start planning then. We needed to appoint leadership then. We needed to appoint a secretariat then. The best plan is the one you make far in advance. Every year, we make a budget. So what I fail to understand is why we didn't do that and why there's no openness and transparency around it.

The issue with the secretariat is one where now we're in a situation where the thing that links all those people is that they knew one person, they worked with one person. Being open and transparent about that would have given people confidence, would have said, "This person is here because of this."

If we look at the results of what happened—we were late getting vaccines to the most vulnerable residents, the portal was two weeks late, it was a scavenger hunt for vaccines, and we had to rely on an organic Twitter account to help us get vaccines to people. I don't see that as being a success.

Right now, we're in a different situation. We have a lot of vaccines, and we are in the hardest part of this vaccination campaign—the final 20%, 10%, 15% of people who we need to get vaccinated. And it's more than just being in the right place—there are other things that we need to do. What I saw yesterday is that the government is

just starting to consider that maybe there are some incentives we can give people. Other jurisdictions have done that. What it feels like we're doing is relying on the goodwill of Ontarians, when we have people who are hesitant on vaccines. So I just want to say, I think there needs to be more of an effort, more of a plan for us to get there.

Right now, we don't know who's vaccinated in the education system. No one is tracking that. In long-term care, that's all provided by operators.

I've got two grandkids, and my mom is 89; she's in home care.

Do you think I deserve to know what's happening at the school that my grandkids go to—or my daughter does, my son does?

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

Mr. John Fraser: Or do you think that I should know if the home care worker who is coming to my home has been vaccinated? I think that's a reasonable thing.

I want to know what the government is doing to help people with those questions.

Hon. Sylvia Jones: There is a lot to unpack there, but let's start with the hardest part.

Do you know what the hardest part was, MPP Fraser? The hardest part was when we had such limited vaccines that we had clinicians and ethicists saying, "You must vaccinate these people first and let the others wait." That was very challenging.

Mr. John Fraser: But you didn't do it. You didn't get to them.

Hon. Sylvia Jones: We absolutely did it.

The other hardest part, MPP Fraser, was in February, when we were promised, from the federal government, vaccine supply that literally dried up for weeks. You want to talk about the challenges and the hardest part of the vaccine rollout? The hardest part was knowing that individuals who needed and wanted a vaccine didn't get it because there was insufficient supply.

I am thrilled that we are now at a place where, literally, public health units across Ontario are receiving whatever they ask for in terms of quantity.

The hardest part? The hardest part was when the city of Ottawa asked for more vaccine than we literally had to give them.

Please do not lecture me on how we did things not ideally. We did what we started out to do: prevent mortality, prevent serious illness, prevent transmission.

We're in a good place, because when you look at our jurisdiction, 79.2% of Ontario residents over the age of 12—name me countries in the world that have those kinds of percentages. We should be proud of the success that we've had with the vaccine rollout—and it is not because of one or two individuals; it was because Ontario residents pulled together and understood how valuable and important it was. Organizations like Vaccine Hunters—

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

We're going to our final round of questions for the official opposition. MPP Singh.

Ms. Sara Singh: I'm going to pick up on the questions from MPP Vanthof with respect to contracts that were awarded to companies like Spartan Bioscience and others that are well connected to Tory insiders and lobbyists.

Minister, I don't think that you've really fully answered the questions. To MPP Fraser's quip earlier—I think there's a lot of dancing going on, but it's certainly around the questions.

We need to truly understand the process. I think Ontarians deserve transparency and accountability when it comes to how their tax dollars are being spent and allocated and who they're being allocated to.

We're uncovering, I think, what is a disturbing trend for many that indicates that many PC insiders and those who were able to lobby the government for these contracts were the ones who were actually awarded those contracts.

I think the question, again, still is unanswered, and I think that it is something that is under your purview to respond to, to provide this transparency.

Do you agree that sole-sourced contracts in a global pandemic that came about only after a well-connected Tory lobbyist asked for them is a suspicious use of taxpayers' money, or is this a common practice of the current government?

Hon. Sylvia Jones: I'm going to start with where I began with this line of questioning, and that is that public accounts and estimates, of course, will have that transparency that MPP Singh and all of us expect and deserve from our provincial government.

We have oversight with the Financial Accountability Officer; we have oversight with the Auditor General—both of whom have already started to weigh in and release some reports related to pandemic spending.

I will say, there is value in sole-sourced contracts—and I will very specifically highlight personal protective equipment. At the beginning of the pandemic, when we understood that without vaccines, people needed to be protected through the use of PPE, we were literally in bidding wars with countries around the world for PPE. What we discovered is that when we do not have Ontario-based and Canada-based companies making this equipment, we as a country and a province are at risk. As a result, we now have, in the province of Ontario, 3M making personal protective equipment. We have taken this opportunity to say, what do we need in the province of Ontario to protect our citizens? One of them is to ensure that we are not unduly relying on one or two countries to provide very critical equipment. We're going to continue to do that. Minister Fedeli in economic development is actively and daily engaged with companies and manufacturers that will be based in Ontario to provide this equipment and other supplies.

1120

If we're looking at lessons learned, one of the lessons that we should learn and that we have learned is that we do not want to be relying upon one or two countries to provide personal protective equipment. What happened was literally bidding wars on the tarmac for equipment. In some cases, there were situations where we could have

done a better job. That's why I am so pleased that we now have, as an example, 3M opening up a manufacturing facility and actually manufacturing personal protective equipment here in the province. That is as a result of the Premier's commitment to make sure that we never have to deal with these types of bidding wars again.

Ms. Sara Singh: Minister, just before I pass it over to my colleague John Vanthof—I think that there are so many unanswered questions here with respect to the decision-making process in terms of how these sole-source contracts were awarded to, especially, PC insiders and lobbyists and folks who are connected to the Conservatives. This should not be happening in the province of Ontario, and I think that the public deserves accountability and transparency, especially when it comes to your procurement policies.

Are there not procurement policies in place that prevent political influence from selecting companies, as we find here? And what measures are going to be put in place to ensure that, going forward, Ontarians get fair contracts for the services, instead of just rewarding a well-connected Tory lobbyist and insider?

The Vice-Chair (Mr. Tom Rakocevic): We're just past the halfway mark.

Hon. Sylvia Jones: I have to categorically deny your suggestion that the reason contracts were let was in any way due to political influence. They were let because the need was there and we were preparing and in the middle of a pandemic. The trail and the pathway that you are suggesting is, frankly, not correct, and as the estimates and as the reports come through the various ministries, you will in fact find that to be the case.

It is important that people have transparency and understand where their tax dollars are being spent, which is exactly why we have estimates and have the annual reporting that happens from every ministry, which I'm sure you know.

Ms. Sara Singh: Minister, obviously, public accounts and estimates will look into this. But I think that the questions that I'm asking and Mr. Fraser and Mr. Vanthof are asking are around the decision-making process.

It's not just myself here today who has uncovered the trend of rewarding PC insiders and lobbyists; it's also reporters and others in the public who are seeing this disturbing trend play out with how the pandemic was managed.

I'll throw it over to Mr. Vanthof. I'm sure he has some additional questions for you as well.

The Vice-Chair (Mr. Tom Rakocevic): MPP Vanthof, you have three minutes and 15 seconds.

Mr. John Vanthof: Minister, you spoke of lessons learned, and you categorically denied political intervention.

So let's look at Spartan—a sole-source contract of \$80 million. They're now in bankruptcy protection; \$10 million is in the wind. I don't disagree with you that it's important to have local manufacturing, but it is also incredibly important to make sure, before you sole-source a contract, that the company is actually solvent. The

Premier's former press secretary is connected to a lobby organization which is connected to that company.

Do you agree that one of the lessons learned is that before a government gives sole-source contracts, companies should actually be solvent? Is that one of the lessons that we should all learn?

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

Hon. Sylvia Jones: Again, I will reiterate: There is a process, both through the estimates committee and through questions placed to Public Health Ontario that—it would be very appropriate to have them answer those questions. We have a process in place. We're here to talk about the COVID-19 pandemic and the rollout of the vaccine. If you would like—and it sounds like you are energized with this issue—I would strongly recommend that those questions be placed to Public Health Ontario.

I will again say that when we use sole-source contracts, it is because we need to acquire things quickly in order to protect the people of Ontario. I'll use my own example. In the corrections facilities, we did not use, as a general course of business, personal protective equipment; of course, for the last 18 months, we have been. Securing and acquiring those pieces of equipment went up exponentially during the pandemic, to protect the people of Ontario. That is what we needed to do quickly in order to protect people and make sure that individuals who could not work from home had the opportunity to continue to work safely in settings like long-term-care homes, like retirement homes, like corrections facilities. I'll leave it at that, Chair.

Mr. John Vanthof: I fully agree on some of those points, but the proper allocation of funds during the pandemic—I'm sure that the people who lost loved ones in long-term care also care that when you hire people, you hire the best companies, the most—

Ms. Natalia Kusendova: Point of order, Chair?

Mr. John Vanthof: —and not the best-connected people. I think that hasn't been proven, and you need to have systems in place before those companies are hired.

The Vice-Chair (Mr. Tom Rakocevic): We have a point of order.

Ms. Natalia Kusendova: I'm just wondering, how do these questions fall within the mandate of the committee, which I believe is to review the rationale for the extension of emergency orders?

The Vice-Chair (Mr. Tom Rakocevic): We're out of time anyway—but throughout this committee and since its inception, and even with the other Chair, we've allowed questions relating to COVID-19.

The minister is—basically, it's to her discretion whether or not she wants to answer the question.

The official opposition side is wrapped up, and now we're moving on to the government side, beginning with MPP Kusendova.

Ms. Natalia Kusendova: Good morning, colleagues and Minister.

I think we have a lot to celebrate here today. I was looking at our numbers. Today we have only 185 cases in Ontario and only 13 in Peel. When I think back, even to back in May when I was on the front lines with my nursing

colleagues at Etobicoke General Hospital, we had over 2,000 cases. So going from 2,000 to less than 200 is quite phenomenal. In Peel particularly, we had a positivity rate of 20%, and today I believe it's less than 1%. So we have done a phenomenal job, and I want to congratulate the Solicitor General and the entire team for this vaccine campaign, because we're seeing that it's working. People are getting vaccinated. In my community, at Canadian Coptic Centre, we've held a vaccination clinic—very well received by the community. So there are a lot of reasons to celebrate.

Speaking of celebration, as my colleague Deepak Anand mentioned, I am getting married very soon. I'm wondering whether the Solicitor General could give me any tips and pointers on what I should keep in mind to ensure the safety of my guests. Of course, as a leader in my community, I need to make sure that I'm following all the public health measures. I was wondering whether the Solicitor General could expand on and give me some good advice. We will miss her; she will be unable to attend. But I would really appreciate some advice.

Hon. Sylvia Jones: Absolutely, and congratulations. It is a very exciting new direction, when you get married.

The regulation that I point to most often is O. Reg. 263/20. It lays out very specifically what the medical advice is on both inside celebrations and outside celebrations.

MPP Kusendova, you know very well, working as a nurse and very much on the front lines, how important it is to limit the spread. We do have amazing numbers in the province of Ontario. Having said that, the transmission rates, as we saw in the Waterloo and Porcupine public health units, which, historically, have been very low, really went through the roof because of the Delta variant and how quickly it can spread.

1130

I want to speak specifically to Peel region, because MPP Kusendova is absolutely right; it was a bit of an epicentre right from the very beginning. It was a challenge for a number of reasons, one of which, of course, is that Pearson airport is located in the municipality, as well as the uniqueness of the workforce—not traditional Monday to Friday, 9 to 5; cannot work remotely—so all of those factors made it a higher risk and higher positivity. When we had sufficient vaccines, the ability to increase—not just providing a per-population dose, but actually an additional 25% really turned the page in order to allow Peel region and Peel Public Health, with the assistance of the province—because, as was mentioned, there were many community-based and faith-based vaccine clinics that were organized by the local community, as well as contracts that were provided through the province of Ontario. So using all of those pieces together really has allowed Peel region to be in a very safe place now.

We just need to get that last mile done. Again, as a health care professional, you know that those conversations will take longer, will be significant, but are critically important. As we move away from the mass immunization clinics to the more targeted areas, through primary care

practitioner conversations, that will allow us to make sure that everyone who has any questions about COVID-19 vaccines can have those conversations directly with their physicians.

Ms. Natalia Kusendova: I know that our faith and religious leaders have been absolutely phenomenal in helping us address some of the questions around vaccine hesitancy, and having people come in to their familiar place of worship gives them a lot of comfort. It certainly helped to boost our vaccination numbers.

I will pass it on now to my colleague MPP Oosterhoff.

The Vice-Chair (Mr. Tom Rakocevic): MPP Oosterhoff, you have five minutes, 20 seconds.

Mr. Sam Oosterhoff: Thank you very much, Minister, for coming before the committee and for now 14 times of hearing the questions of members.

My question is with regard to the benchmarks for exiting step 3 as we move forward. Could you speak to those benchmarks and how the decision was made to arrive at those particular benchmarks?

Hon. Sylvia Jones: Great question.

First of all, of course, we do want to see everyone 12-plus, 80% of Ontario residents, receiving their first dose. As I mentioned earlier, 79.2% of Ontario residents, as of yesterday, have already received their vaccine, and again, of 12-plus Ontarians, 63.4% have received their second dose and are therefore fully vaccinated. Those are two of the benchmarks, but they're not all of the benchmarks.

We also, with the advice of the health table, medical experts and organizations like NACI, the National Advisory Committee on Immunization, want to have some ability to monitor as we move through the steps.

As you know, MPP Oosterhoff, step 3 is the final step, and now it is just a matter of lifting the remaining restrictions. Through the Roadmap to Reopen, we are doing that. We do want to have approximately 21 days in between the steps. As you saw with between step 1 and step 2, we were able to shrink the days by a few, primarily because people really stepped up and got vaccinated as quickly as they could. That will continue. We will continue to monitor things like the positivity rate—they call it the R factor—within communities. We'll monitor ICU, intensive care unit, beds and hospitalizations, because we don't want to put additional pressure on our health care system unnecessarily. All of those pieces together—and I'll stop and let you speak.

Mr. Sam Oosterhoff: It builds off of MPP Kusendova's point.

I think what you just mentioned is really important—the hospitalization and ICU numbers.

I would say there was a bit of an obsession with just case numbers, really, before we saw the vaccine uptake. What I know is that, as a result of the vaccination, those case numbers now have a divergence in them. It used to be that 4.7% of people would end up in the hospital—if you had 1,000 cases, you knew 47 people were going to the hospital—pretty much as a metric. But that's no longer the case because of this divergence in the hospitalization rate as a result of the efficacy of the vaccine.

I'm wondering if you could speak a little bit to what we're seeing in other jurisdictions that are seeing cases take off a bit—but they're not seeing the hospitalizations take off. What do you think that means? What's a lesson in that for Ontario?

I think we are going to see the numbers go up this fall, with seasonality, but hopefully we won't see the hospitalizations and ICUs increase.

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

Hon. Sylvia Jones: It is, frankly, why it is not just one data point that we're monitoring.

I'm guessing that you are referring to both Israel and the UK. They loosened their restrictions quite dramatically, and of course, they are now seeing those increases.

Australia, which historically has done a very good job, unfortunately is now in a pretty strict lockdown.

What we have found so far—and this is with the variants that are currently in Ontario—is that even with one dose, if you do test positive for COVID-19, you are far less likely to have to be hospitalized or in an intensive care bed. We're going to watch that really closely, because already in other jurisdictions in Canada, they're dealing with the Gamma variant, which we have not seen here in Ontario as of now.

This is why I spoke earlier about reinforcing, with the federal government—test, test, test, and monitor at the

border. We want to know very quickly if there are emerging variants that are going to impact our health care system.

Mr. Sam Oosterhoff: I want to make sure MPP Park has the opportunity to ask questions, so I'll thank you very much, Minister.

The Vice-Chair (Mr. Tom Rakocevic): We have 40 seconds.

Ms. Lindsey Park: All right. Maybe just a quick highlight, Minister, of any changes to the orders or extensions that have happened since our last meeting—because I believe we were in step 2 or entering step 2 at our last meeting, and now we're in step 3.

Hon. Sylvia Jones: Most of the changes occurred with O. Reg. 263/20. The need for O. Reg. 82/20 has been eliminated.

So now it's really about monitoring what we can do on our Roadmap to Reopen. Again, 18.6 million Ontario residents have received a first dose of vaccine. It's an incredible success story, truly.

The Vice-Chair (Mr. Tom Rakocevic): We're at time. That concludes the meeting.

Thank you, again, Minister, for appearing here at the 14th meeting of this committee. It's much appreciated. I hope you continue to have a good summer.

We'll pause for a moment as we move into closed session for report-writing.

The committee continued in closed session at 1138.

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)

Substitutions / Membres remplaçants

Mr. Deepak Anand (Mississauga–Malton PC)

Ms. Natalia Kusendova (Mississauga Centre / Mississauga-Centre PC)

Mr. John Vanthof (Timiskaming–Cochrane ND)

Clerk / Greffier

Mr. Christopher Tyrell

Staff / Personnel

Ms. Heather Conklin, research officer,
Research Services

Mr. Andrew McNaught, research officer,
Research Services