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**Official Report
of Debates
(Hansard)**

EM-1

**Select Committee
on Emergency Management
Oversight**

Emergency orders review

2nd Session
42nd Parliament
Friday 5 November 2021

**Journal
des débats
(Hansard)**

EM-1

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

Étude sur les décrets d'urgence

2^e session
42^e législature
Vendredi 5 novembre 2021

Chair: Daryl Kramp
Clerk: Christopher Tyrell

Président : Daryl Kramp
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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**SELECT COMMITTEE
ON EMERGENCY MANAGEMENT
OVERSIGHT**

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

Friday 5 November 2021

Vendredi 5 novembre 2021

The committee met at 1401 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.

I have introduced all the people who are here. They've confirmed their attendance. And we're joined today by our Minister of Health and the associate minister.

To make sure everyone can follow along, it is important that all participants speak slowly and clearly. That includes the Chair, I've taken note. 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. Any questions? I see none.

Pursuant to the order of the House dated October 7, 2021, 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 Minister of Health, the Honourable Christine Elliott, who has been designated by the Premier, is here with us today to provide this committee with that report. She is accompanied by the Associate Minister of Digital Government, the Honourable Kaled Rasheed.

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; 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 minister'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 repeat that, and on the final round, it's 10 minutes to the official opposition and 10 minutes to the government. Again, any questions?

Minister, thank you very much for being here. You may proceed with your introductory comments.

Hon. Christine Elliott: Thank you very much, Chair. Good afternoon, everyone, and thank you for the opportunity to appear before you today.

Since the onset of the COVID-19 pandemic, our government has taken a cautious approach to reopening to protect the health and safety of all Ontarians. We've made significant progress in our fight against COVID-19, thanks to our gradual reopening and, of course, the efforts of millions of Ontarians.

Through our Plan to Safely Reopen Ontario and Manage COVID-19 for the Long-Term, we will replicate our earlier success by slowly and incrementally lifting all remaining public health measures and workplace safety measures by March 2022. This approach will continue to be guided, as it always has been, by the ongoing assessment of key public health and health care indicators, such as potential new COVID-19 variants, increases in hospitalizations and ICU occupancy and rapid increases in transmission. This cautious and gradual approach will help prevent widespread closures, protect our health system capacity, keep our schools open and support Ontario's economic recovery.

Since releasing a plan to safely reopen Ontario and manage COVID-19 for the long term, the government has already taken steps to cautiously reopen the province. This includes lifting capacity limits in the majority of settings where proof of vaccination is required and allowing other settings to lift capacity limits and physical distancing requirements if they choose to opt into proof-of-vaccination requirements.

Based on the continued improvements to key public health and health care indicators, Ontario is looking at lifting capacity limits in the remaining settings where proof of vaccination is required, such as nightclubs and wedding receptions in meeting and event spaces where there is dancing, among others.

As always, proof of vaccination will not be required in settings where people receive medical care, food from grocery stores or basic medical supplies. We will continue to monitor the impact of lifting capacity limits where proof of vaccination is required to evaluate the impact on key public health and health system indicators, particularly over the winter holidays and as students return to in-class learning.

In the absence of concerning trends in public health and health care indicators, we will keep cautiously and gradually lifting other public health measures in January, February and March 2022. Notably, if public health trends continue to trend in a positive way, on January 17, 2022, the province would begin a gradual lifting of vaccine certificate requirements, the Chief Medical Officer of Health's directives and capacity limits in settings where proof of vaccination is not required. Other public health and workplace safety measures, including face coverings, would remain until March 28, 2022, at which time they would be lifted. We know that this is encouraging news for Ontarians, who have sacrificed so much over the past 20 months. But, of course, we need to remain vigilant.

As of November 1, 2021, over 6.9 million people have obtained their enhanced vaccine certificates, and the Verify Ontario app has been downloaded more than one million times. My colleague Minister Rasheed will speak more to this in a moment. We are encouraging Ontarians to download their certificate, as it provides an easier and more convenient option to show proof of vaccination.

Now, as a further step to protect the health and safety of Ontarians, our government, in consultation with the Chief Medical Officer of Health, who joins me here today, is beginning the gradual rollout of booster doses of COVID-19 vaccines to all Ontarians. Much like we did at the beginning of the vaccine rollout, we are going to start with those Ontarians who face the highest risk of serious illness from the virus, providing them with an extra layer of protection against the Delta variant.

Based on the recommendation of the Chief Medical Officer of Health and in alignment with the recent recommendations from the National Advisory Committee on Immunization, we are beginning to offer booster doses of the COVID-19 vaccine to additional vulnerable populations if at least six months have passed since their last dose. This includes individuals aged 70 and over, so if you were born in 1951 or earlier; health care workers and designated essential caregivers in congregate settings, including long-term care home and retirement home staff and designated caregivers; those who have received a complete series of a viral vector vaccine, such as two doses of the AstraZeneca vaccine or one dose of the Janssen vaccine; and First Nation, Inuit and Métis individuals and their non-Indigenous adult household members.

Starting at 8 a.m. tomorrow, eligible individuals will be able to book their booster dose appointments through the COVID-19 vaccination portal or by calling the Provincial Vaccine Contact Centre, directly through public health units that use their own booking systems, through Indigenous-led vaccination clinics, and through pharmacies and primary care settings.

While the COVID-19 vaccine is highly effective, the Delta variant and early evidence of gradual waning immunity over time means we are planning to roll out this booster expansion to all Ontarians in the coming months. In the new year, the booster rollout will gradually expand to include everyone 12 years of age and older.

In addition to the booster expansion, we anticipate COVID-19 vaccine eligibility for children aged five to 11

in the coming months, subject, of course, to Health Canada approval. To accommodate this, our government is working with public health units across the province to prepare to vaccinate children aged five to 11.

Our province remains a leading jurisdiction for first and second doses administered. Providing boosters to more individuals, beginning with those who face a higher risk, will safeguard hospital capacity, keep our communities safe and keep Ontario running.

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Thank you, Mr. Chair. I look forward to any questions that the committee may have.

I will now introduce the Associate Minister of Digital Government to say a few words.

The Vice-Chair (Mr. Tom Rakocevic): Thank you very much, Minister.

Associate Minister, please proceed.

Hon. Kaleed Rasheed: Thank you so much, Chair.

I want to take a moment to thank my colleague Minister Elliott for her steadfast leadership to help us get through this pandemic. I'm pleased to join her today on the Select Committee on Emergency Management Oversight to share an update on the technology that has supported our province's public health measures.

Since the pandemic began, Ontario has shown leadership to combat the spread of COVID-19. Even the media has said good things about our government's leadership on this file. Ed Tubb, a Toronto Star reporter, said, "Ontario has been genuinely world-class at pandemic data reporting."

Digital tools have been an essential part of the province's rapid pandemic response. Enabling people to connect virtually and businesses to remain open allows us to protect our hard-fought progress. Protecting the health and safety of Ontarians remains our top priority.

One thing that the pandemic has taught us is that we simply cannot afford to be an offline government in an online world. Building a digital Ontario will help accelerate growth and create new opportunities for us to lead on the world stage.

Our government's recent rollout of the made-in-Ontario Verify Ontario app for businesses and organizations proved that we are up to the task. But don't take my word for it; the numbers speak for themselves. My team at the Ontario Digital Service at the associate ministry of digital government and our private sector partners delivered this app in record time, a week early. To date, we have seen more than 1.3 million downloads of the app and over 3.5 million scans completed, and scans continue to increase day after day.

Only days after the launch of the Verify Ontario app, I was in my riding of Mississauga East-Cooksville and went to a local restaurant. The owner had downloaded the app and told me that his patrons feel safer with our government's mandate.

Support for the app was echoed by Restaurants Canada, who called it a game changer for their members.

Not only are restaurants and businesses using the Verify Ontario app, but Via Rail, which is federally regulated, has adopted our app for Ontario travellers too.

Across the province, Toronto has the highest number of active users, followed by Brampton, Ottawa, Hamilton and Mississauga.

It's no surprise that businesses and organizations are taking advantage of a simpler, faster and better way to confirm a visitor's vaccination status. From large venues like movie theatres to smaller businesses such as local restaurants and community centres, the Verify Ontario app is making it easier and more convenient for organizations and Ontarians.

Together with the enhanced vaccine certificate with the official QR code, digital options are providing more convenience for people, while protecting their privacy and security. In fact, the privacy of people's health data has been built into the design of our digital products from the very start. Ontarians can take comfort in knowing that Verify Ontario never stores any personal information, and the app only shows the minimum amount of information necessary to confirm vaccination against government-issued ID. The health information of Ontarians is private and secure.

To create this app, we consulted with small, medium and large businesses; restaurants, sports and cultural institutions; and venues of all sizes across all sectors and regions of Ontario. Their feedback helped to inform its design, and we continue to iterate on the product, releasing new updates as we receive feedback and learn about how organizations are using the app in real time.

To lead with transparency, we published the app's code online for free so that other jurisdictions can use it too if they want. Like other leading digital governments, we support taking an open-source software approach, and we have received high praise from around the country for making the code open source. I remember one email from Sean Booth from Whitehorse, YT, who said, "The Ontario government deserves a high amount of credit for taking this approach," as he was referencing publishing the code as open source. He went on to say, "It's really great to see high-quality software products being built in-house by the Ontario government and you should all be proud of having made that happen."

Our government's transparent tech approach means that anybody—anybody—can inspect our software and make sure that it complies with the privacy-enhancing and security features that we have built into it. Leveraging a broader community of developers to improve digital products is a tried and true practice in Silicon Valley, the broader private sectors and growing across the public sector. And I would argue that we are building Ontario to be the Silicon Valley of the north.

Case in point, according to a recent report that measures the tech industry's impact on US and Canada markets, Toronto is the top for high-tech jobs growth. Ontario is proud to lead the way on open source and to work with technologists and privacy and security experts to continuously improve our digital products and services.

As my team at the Ontario Digital Service says, the best technology is technology that gets used. Without question, the Verify Ontario app responded to what businesses and

organizations told us they needed: to quickly and safely move people through their doors. We will continue to do our part to support our people and businesses as Ontario builds forward.

But let me be very clear: Digital first does not mean digital only. We know that some people prefer off-line options, and that's why we ensured that paper vaccine certificates would continue to be valid proof of vaccination, even after the official QR code rolled out. Ultimately, the people of Ontario should have choice and convenience when it comes to their service experience with government, and no matter where that interaction happens, whether it's on website or at an office counter, people deserve fast, seamless and intuitive services that meet their needs.

Looking ahead, we will continue to improve the Verify Ontario app to help people and support businesses as circumstances evolve. Ontario's enhanced vaccine certificate with official QR codes uses the SMART Health standard, which means it can be used for international travel and is designed to work in other provinces and jurisdictions. Likewise, the Verify Ontario app will read and interpret valid SMART Health QR codes from other provinces, such as Quebec, BC and the Yukon. Our team has done the hard work to make it simpler for Ontarians. With the Verify Ontario app, we take another step towards building a digital Ontario.

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In fact, since the onset of the global pandemic, Ontario's digital teams have worked tirelessly to create more convenient and easy-to-use digital options and tools. Since March 2020, more than half a billion visits have been made to Ontario.ca, the government's official website for information and services.

Our province's COVID-19 self-assessment tool, designed first to enable self-screening at home, has been used over eight million times. In addition, this tool was repurposed into a series of screeners to help students, workers, customers and courthouses stay safe as we return to the daily activities of life. In total, these screening tools have been used more than 50 million times.

Quick and easy access to data has also been a vital aspect of Ontario's rapid response. Some 3.2 million views and downloads have been made to the provincial open data catalogue's COVID-19 data sets, where daily cases, recoveries and additional data have been openly available to all. The online vaccine eligibility checker, which connects people to vaccines, has been used more than 41 million times.

What do these numbers tell us? Ontario's digital and data strategy is helping transform the way people, businesses and communities across the province interact online with government, making public sector services more modern, customer-focused, digital and data-driven. We have built a strong foundation for a digital Ontario, and every product launch moves us closer to our goal of becoming the most advanced digital jurisdiction in the world.

In the weeks and months ahead, we will continue to build on this progress as the pace of technological change

accelerates around us. Ensuring that Ontarians are protected, supported, connected and equipped to succeed in our digital world is our vision for a better, more prosperous future. We simply can't afford to go back. We must protect the gains we have made and keep moving forward together. We simply can't afford to go back, and I'm excited about the possibilities ahead.

Ontario is home to a thriving technology sector, world-class digital talent, global leaders in artificial intelligence and the best data privacy and security minds on the planet. Our government will continue to work with everyone, across sectors and regions, both inside and outside of government, to build a world-leading digital economy that puts people first and delivers a more prosperous future for everyone.

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

The Vice-Chair (Mr. Tom Rakocevic): Thank you very much, Ministers.

Just before we proceed, we are also joined by MPP Marit Stiles. Before we proceed with questions from the official opposition, could you please acknowledge that it's you and where you are?

Ms. Marit Stiles: Hello, Mr. Chair. Yes, it's Marit Stiles, MPP for Davenport, and I am joining you from Toronto.

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

We shall begin the first 10-minute round with the official opposition. I see we're beginning with you, MPP Stiles.

Ms. Marit Stiles: Yes. Thank you very much, Mr. Chair.

Well, it has been a big few weeks. It was of course a nice surprise to see the Minister of Health join us today. I'm not always on this committee, but I do understand that there has not always been much warning in terms of which minister was going to be attending, so it's a pleasant surprise, certainly, after some very eventful weeks and lots of big announcements.

Minister, I wanted to start by following up on a decision that the government made and announced this week about the mandatory vaccination of health care workers and particularly hospital workers. I have to say that, since the announcement, it's been very clear that many in the health care sector are quite outraged, apparently, by that decision. We know that the science table supported mandatory vaccination of hospital workers. We know that according to, I think, your own ministry—maybe it was the Ontario Hospital Association—120 of 141 hospitals agreed with mandatory vaccination. I want to start by asking the minister, which of those hospitals were opposed to mandatory vaccination?

Hon. Christine Elliott: Well, first, let me say that this is the right decision for Ontario right now. We have a situation where we needed to do an assessment of risk because we have a responsibility to all of the people of Ontario. What we were concerned about, and did hear from some hospitals, was that if we brought forward a mandatory vaccination requirement for our health care

workers in hospitals, for example—they were very concerned about their health human resources, which I'm sure you know, MPP Stiles, have been very, very heavily impacted by COVID. They have been through a lot. A lot of them are exhausted. They're burnt out. Some of them, we know, even have PTSD.

This is a serious issue, and so we looked at not just the responses we got pursuant to the letter Premier Ford sent out, but also what's happening on the ground in other jurisdictions in Canada. I would point out that in British Columbia, there were over 3,300 employees with health care organizations that were placed on leave because they were not yet vaccinated. As a result of that, they had to cancel some of the surgeries that had been postponed for a significant period of time as a result of COVID and the capacity issues in our hospitals.

Similarly, Quebec was intending to bring forward a mandatory vaccination policy, but they've had to drastically change that policy for the same reason—

Ms. Marit Stiles: Minister? Sorry, if I may. I don't want to interrupt you; it's just that we have very limited time, so I don't want to—I appreciate that, and I did hear some of your response to media questions about this along a similar vein. I appreciate that.

We are not Quebec. We are not BC. We have not done things the same way. Some might say we haven't done things as well, but that's a different story.

What I am interested in, though, is if you could tell us again—and if you don't have the information, it's fine to say no, but if you could share with us which of the 141 hospitals did not agree that mandatory vaccination was the right approach to take.

Hon. Christine Elliott: Thank you. I'm not able to share that information because that is information that was provided in confidence by all of the hospitals that responded to Premier Ford's letter.

Ms. Marit Stiles: Okay.

Hon. Christine Elliott: But I can [*inaudible*] you that there were some that did indicate that. Health human resources are very fragile in Ontario right now. We're taking steps to try and increase them, but you can't just snap your fingers and produce a nurse who is qualified to work in intensive care or in surgery.

Ms. Marit Stiles: Minister, you said, I think, at the announcement of this that you were open to re-evaluating this decision if more outbreaks occur. There are six outbreaks, as I understand it, right now in hospitals in this province. I'm wondering if you can tell me and tell the people of Ontario what the number is. What's the magic number of outbreaks? What would we have to see in order for you to re-evaluate what we would argue is a very poor decision?

Hon. Christine Elliott: Well, it's not so much a number as a trend in transmission. We have seen some outbreaks in our hospitals; however, they are being extremely well managed with case and contact management, a very quick follow-up.

We want to make sure that we keep everybody in our hospitals, staff and patients, safe and healthy. So it's not

an exact number; it's much more of a trend. If we see the trends changing, if we see rapid increases in transmission or other factors change in our hospitals, if we see our ICU occupancy reaching very high limits, we are always ready to revisit the decision that was made, but for now we believe very strongly that this is the right decision for Ontario, as things stand right now.

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Ms. Marit Stiles: Minister, in the days following the announcement, many doctors, the Ontario Hospital Association, and many experts have come out to say how disappointed they are in this decision and how much they disagree with it.

You sound like you're still convinced that this is the right approach. We, in the official opposition, disagree.

I had a few people send me notes saying, "Will you ask the minister this question?" So I'm going to ask you if you think it's okay for unvaccinated people to be caring for the most vulnerable patients we have in our hospitals right now.

Hon. Christine Elliott: What I would say is that it is very important that any staff who come to work who are not vaccinated be tested regularly to make sure that they are safe and healthy—so it's not just a situation of just letting unvaccinated staff come in with no precautions; of course, we're going to take all the precautions necessary. Frequent testing is going to be one of the most important precautions we can take, and we're going to continue to do that.

Ms. Marit Stiles: Minister, I have to say, another point that was raised on multiple occasions with me has been the resulting absenteeism, potentially—and we've seen this happen as well. When you talk about health care worker shortages, I would like to understand how you weigh your decision against the fact that there will be health care workers who contract COVID-19 as a result of this—and absenteeism as a result of that would presumably be a consideration. So in the scheme of things, this seems to be a rather unfortunate decision again.

I do want to also add that your government has also failed to make any decision relating to the mandatory vaccination of education workers. Even in the largest school board, the TDSB, where they just recently suspended some education workers, you've used the same excuses there. But in that case, at the TDSB—including a whole bunch of workers who are not permanent in our schools—the percentage is 2%; it's less than 0.02% of the actual permanent staff who have been suspended. In fact, they have a 99.8% vaccination rate among staff who are permanent in the TDSB.

Again, I think Ontarians are wondering why your government seems to be catering to anti-vaxxers in this moment and does not think that we should be doing everything we can to protect those—for example, those children who are not yet eligible to be vaccinated.

Hon. Christine Elliott: First of all, that is not the case. We are not catering to any group or another. What we are doing is making very difficult decisions based on a weighing of many, many risk factors. We are very aware of our responsibility to all of the people of Ontario—

The Vice-Chair (Mr. Tom Rakocevic): We have a minute left. Sorry.

Hon. Christine Elliott: Thank you—including thousands of people who have been waiting for well over 20 months to have important surgeries done that had to be cancelled or postponed because of COVID-19. Many people are waiting for hip and knee replacements. They're in pain. Many of them are not able to work. They're not able to enjoy their family life. There are people waiting for cataract surgeries as well. We also have thousands of people who need diagnostic procedures done so that if there are any problems that they have, they can be caught early and they can be cured—

Ms. Marit Stiles: But aren't you putting the entire—

Hon. Christine Elliott: So all of those issues are very important, and we have to weigh all of those. It's our responsibility to safeguard the health and well-being of all Ontarians.

Ms. Marit Stiles: Minister, Ontarians are very concerned that this government is putting all of the hard work and the sacrifices that Ontarians have made over the last almost two years at risk by making this decision.

I hope that the minister will consider—and maybe, for once, share with the people of this province, at what point will you be reconsidering this decision—

The Vice-Chair (Mr. Tom Rakocevic): We're out of time. We're now going to go to the next section, which is the government members.

We're beginning with MPP Christine Hogarth.

Ms. Christine Hogarth: Thank you to both ministers for being here today. It's great to have you both here. Lots has happened since we last met.

I actually would like to put my first question to Minister Rasheed. Thank you for coming to our committee meeting. This is your first time here. Congratulations on your appointment—work well done.

This weekend, I'm heading up north to the Sudbury area. I was interested to know—here in Toronto, we have Internet connections pretty much everywhere we go, but sometimes in northern and rural Ontario, they don't have the connectivity that we have here in southern Ontario. So I'm just wondering, if businesses, especially in rural Ontario, don't have access to active Internet, will they be able to verify with the Ontario app and be able to work off-line? Can you just expand upon that and just explain if that's something that's available for the northerners?

Hon. Kaleed Rasheed: Thank you so much, MPP Hogarth, for your question. Absolutely, the Verify Ontario app for businesses can be used without an Internet connection, but should be connected periodically to receive updates. The reason behind us making sure that this app works off-line is that we do have establishments across this province and even in the GTHA—as an example, if there is an establishment in a basement, sometimes there is not a good Internet connection. We want to make sure that all businesses or organizations are able to connect, and not only just connect but also verify individuals or patrons who are entering the establishment. Therefore, keeping that in mind, we wanted to make sure that the app

continues to work off-line, whether it's in rural areas or even in the GTHA or across the province.

Ms. Christine Hogarth: Thank you for that. As we all know, we have a big province, and not everybody has that connectivity. So I thank you for your work on that.

My next question is for the Minister of Health. Thank you, Minister Elliott, for being here today. I know there has been a lot of discussion. I'm wondering, with the possibility of case-climbing over the holiday season, is there a thought of pausing further reopening? What's your ministry saying? What are Dr. Moore's thoughts, and what are your thoughts on that?

Hon. Christine Elliott: Thank you. I will ask for Dr. Moore's thoughts in a moment, because I'm sure that he has a lot to add.

We are closely watching the number of cases on a daily basis, and of course, we're going to be looking to see if there are any changes in key public health indicators over the holiday season. That said, though, in the absence of any concerning trends in public health and health care following the winter holiday months and after students all return to in-class learning, we do intend to gradually lift capacity limits in settings where proof of vaccination is not required. The Chief Medical Officer of Health will also lift some of the Chief Medical Officer of Health directives as appropriate, so proof-of-vaccination requirements may also begin to be gradually lifted at this point, including for restaurants, bars and other food and drink establishments; facilities used for sports and recreational facilities; and casinos, bingo halls and other gaming establishments.

But the months ahead are going to require continued vigilance, because we know that the Delta variant is extremely transmissible and something we need to carefully watch. One of the key things for this, of course, is vaccination, and we are at over 88% of the population aged 12 and over who have been vaccinated and 84.6% of people who have received second doses.

I think we do have the infrastructure in place to manage any outbreaks, including a high-volume capacity for testing and people who can do the case and contact management for all of this.

I will turn it over now to Dr. Moore. I think he probably has some additional points he would like to raise.

The Vice-Chair (Mr. Tom Rakocevic): Sorry, Doctor, would you be able to introduce yourself for Hansard?

Dr. Kieran Moore: Hi. My name is Kieran Moore. I'm the Chief Medical Officer of Health of Ontario.

With permission, Chair—and thank you, Minister—I absolutely agree with those key metrics that we'll be watching across the province but also at a regional and local public health unit level. In particular, the impact—our goal has always been to minimize the impact on the health care sector, decrease morbidity and mortality, and those are the most important metrics.

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The correlates to that would be admissions to hospitals, admissions to the intensive care unit and, indirectly, the total number of cases that are occurring. Secondly, we

also want to have a balanced approach for the mental, physical, social and economic well-being of this province.

So we'll be monitoring those key metrics that the minister has stated, in particular the impact on the health care system.

We have built a plan for pre-holiday, as well as post-holiday, in terms of enhanced testing capacity, up to 70,000 tests a day, PCR capacity, as well as our assessment centres, and all the while still offering immunization for first, second and third doses.

I do believe it's an at-risk time as we head into the colder months and we go indoors and/or travel. We'll have appropriate risk communication for all Ontarians and all of the local public health agencies that we've been working with on their local plans to help best protect their communities at a local and regional level. Given that, we think there will be differential effects across Ontario, as we're experiencing now.

Ms. Christine Hogarth: Thank you both very much, and thank you both very much for what you are doing for the people of Ontario, keeping us safe. We can always do a plug to continue our getting vaccinated.

I'd like to turn it over to my colleague MPP Bob Bailey. Thank you.

Mr. Robert Bailey: Thank you, MPP Hogarth.

Congratulations, Minister Rasheed, on your appointment and your hard work. And, of course, welcome to Deputy Premier and Minister of Health Elliott today.

My question is—I'll start with Minister Rasheed—about the Verify Ontario app. You say that it's the only app endorsed by the government to read the enhanced QR codes. My question is, does that mean that other third parties can also develop their own apps that would also be able to read the Ontario enhanced vaccine certificate with a QR code of their own?

Hon. Kaleed Rasheed: Thank you so much, MPP Bailey. I appreciate your question.

The province's official enhanced vaccine certificate QR code and the Verify app developed in-house are the best option for protecting your privacy. Other generic apps can read Ontario's enhanced certificates; however—I must say this—Verify Ontario is the only app that is able to scan, read and interpret certificates by applying an Ontario-specific rule set about what it means to be fully vaccinated or not. Verify Ontario generates accurate results for Ontario businesses. Further, enhanced QR codes are signed by a private key, so every QR code has a private key, which provides additional assurances that the QR code was issued by the province of Ontario. We cannot guarantee that a third-party app will ensure these steps when reading the code. But we wanted to make sure that the number one thing is the privacy and data protection, and that's why Verify Ontario—

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

Hon. Kaleed Rasheed: —is the official app for the province of Ontario.

Mr. Robert Bailey: Okay. In the short time I have left, Chair, to Minister Rasheed again, please—because you're

new here today and I'd like to have you answer some questions about this new accommodation.

We hear a lot and we know there's a number of people with accessibility needs in Ontario, in the province. I'm just wondering, can this QR code be allowed to help people with visual impairment? Could you explain in the short time left how it would work in that way? Thank you.

Hon. Kaleed Rasheed: Yes, absolutely. The Verify Ontario app will be fully compliant with the Accessibility for Ontarians with Disabilities Act and optimized to take advantage of Android's and Apple's robust accessibility features, like voiceover. We wanted to make sure that the app is for businesses and easily accessible for all Ontarians. The app also includes haptic responses, in addition to meeting other—

The Vice-Chair (Mr. Tom Rakocevic): Thank you very much, Minister.

We're moving on to our independent member. You have five minutes.

Mr. John Fraser: I want to thank the minister very much for being here. I'd like to see you here more often.

As I said to you the other day, I do appreciate the fact that you're there in question period on most days. Although I'm not happy with the answers to the questions, you're there to answer them.

And I want to say thank you to the Chief Medical Officer of Health, Dr. Moore, for your work and your efforts. I'm glad that you're here as well.

Your predecessor for some time did give the opposition some briefings—very short briefings, but very helpful briefings to us. So I'd ask if you would commit to doing that for us—not to have it every week or anything like that, but just on a regular basis. It's important for the people we serve.

Dr. Kieran Moore: With the permission of the Chair, I'd be honoured to brief the Legislature on a status update on a regular basis. [*Inaudible*] the least I can do to keep you up to date on the current level of activity etc.

Mr. John Fraser: It's helpful to us, so that we can be more informed and help our constituents and be able to ask the questions, like the question that I'm going to ask right now. Thanks, Dr. Moore. We'll figure it out later. We don't need to nail that down right now.

This isn't for Dr. Moore; it could be for anybody. Families are trying to square the decision not to make vaccines mandatory for front-line health care workers. Ontario's hospitals, Ontario's nurses, Ontario's doctors, the COVID-19 science table have, for a long time, said this is the right thing to do. It's a reasonable expectation for families that a person—at the bedside, at home, or in the hospital—who is caring for their loved one has been vaccinated. Even Dr. Moore has said, quite rightly, because he's a public health physician, that it's a duty for front-line workers, so much so that that duty—in the history of this province, we've codified that through legislation, through regulation. So I'm having a hard time squaring the decision.

The argument that has been made is that it's going to create problems in our health care system, which is scaring

people—which I don't think we need to do right now, to be honest with you, because the evidence that has been given so far is anecdotal. If I listen to the COVID-19 science table closely and the Minister of Long-Term Care, what they say is, the risk of outbreak is greater for the loss of staff than it is for those who don't get vaccinated. We've seen early adopters of vaccinations get to very high levels, as has been suggested here—I think at UHN it's over 99%.

I'm sorry for the rambling question. I'm just trying to sort this all out in my head.

All I can see in terms of the evidence of this staffing—first of all, you've got the Ministry of Long-Term Care making a totally different decision. So it doesn't make sense to me that the same rules don't apply in similar settings. The evidence so far has been, really, a Vancouver Sun news article and largely anecdotal.

So my question is really simple: Will somebody release the evidence that you're basing your decision on so we can all make an informed decision about whether or not that's right?

The Vice-Chair (Mr. Tom Rakocevic): You have 12 seconds.

Mr. John Fraser: Sorry. Just yes or no is good too.

Hon. Christine Elliott: I think it's very clear, and a number of organizations have already spoken out about their views on this. However, we have an extra layer of responsibility, because we have to look out for the well-being of all Ontarians.

What we have always said from the beginning is that we want everyone to be vaccinated who is able to be vaccinated. We continue to say that. We're rolling out the vaccinations for people aged 12 and older, and we will soon be rolling out vaccinations for children aged five to 11 as well.

That said, some people have decided, for whatever reason, not to be vaccinated. Yet we are still providing significant protection in hospitals with the testing that we will continue to do. That is so that we don't lose numbers of people. Our health human resources are fragile right now. We need everybody there who can be there. They will continue to be tested.

1450

But we also need to make sure that we can move forward with the thousands of surgeries that we're behind on because of COVID, so we have that level of responsibility that other people who are making some of these decisions might not always have. We have to take everything into consideration and consider what the unintended consequences of that might be.

Mr. John Fraser: Minister, respectfully, I think they have—

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

Okay. We're moving on to our next round, and we're beginning with an NDP official opposition member. MPP Bisson.

Mr. Gilles Bisson: Welcome, Ministers—both of you—to this committee. I'm trying to follow the logic of your decision, because quite frankly, I think a lot of people

in Ontario are a little bit shocked at the decision of the government to say, “No, we don’t have to have mandatory vaccination in hospitals,” because hospitals, as you know, Minister, are a place where there are a lot of infections. People go in there sick. We need to take all the precautions in order to make sure that they’re safe and they don’t get sicker while they’re there as a result of their visit to the hospital.

I’ve kind of got a sense of why you’re doing it, because you guys are a little bit worried about the anti-vaxxers, but how do you square off how you need to have a vaccination certificate to get into a restaurant, a gym or a bar, but you don’t have to be vaccinated to work in a hospital? How do you square that off as the minister?

Hon. Christine Elliott: Thank you very much for the question. First, let me say that we are not making any decisions because we’re worried about the views of any particular group. Our responsibility is to make decisions to protect the health and well-being of all Ontarians.

As you know, some hospitals can make their own decisions to require mandatory vaccinations. Several have, particularly children’s hospitals, where the majority of their patients aren’t able to be vaccinated yet. Hospitals can still do that, and many are. But what we also need to consider is the health and well-being of everyone, not only COVID patients, of course, but, as I indicated before, we are thousands of surgeries—

Mr. Gilles Bisson: But, Minister, if I’m not vaccinated, I cannot go into a restaurant, but I can be unvaccinated and work in a hospital. How does that make sense?

Hon. Christine Elliott: Because there are other considerations that have to be borne in mind—

Mr. Gilles Bisson: But no consideration for the restaurant; I don’t get it. You can’t have it both ways. You’re trying to have it both ways.

Hon. Christine Elliott: Well, first of all, it’s important for people to be vaccinated, if they can be.

Mr. Gilles Bisson: Agreed.

Hon. Christine Elliott: But with respect to hospitals, as opposed to restaurants and other places, hospitals have to perform other surgeries. Right now we’re thousands of surgeries behind because of COVID, and what we’re seeing right now in our hospitals is people who are having to be admitted because we had to postpone thousands of diagnostic procedures. They’re coming into hospital much more acutely ill—

Mr. Gilles Bisson: But that’s because our hospitals got swamped during this fourth wave and the previous waves with patients, and they took up our ORs and took up our ICUs. I understand that.

And I’m with you: We need to speed up surgeries, because we have people who have gone without, and it’s a real problem. It’s life-threatening in some cases; I understand that.

But my point is that your policy is inconsistent. You’re saying it’s okay to walk into a restaurant and you have to be vaccinated to get into a restaurant and be served, but to be served in a hospital, the person who’s serving you doesn’t have to be vaccinated. How does that make sense?

And I don’t buy this argument of the manpower, because the vast majority of people in hospitals are vaccinated—

Hon. Christine Elliott: In some hospitals—

Mr. Gilles Bisson: And they’re not going to get vaccinated if—I’m sorry; I’m cutting you off here. But the last point is that if I know I don’t need to be vaccinated to work in a hospital, why would I have any incentive to go and get it done?

The Vice-Chair (Mr. Tom Rakocevic): Just moving forward, let’s try not to speak over each other, so we can hear the questions and answers as well. Thank you.

Hon. Christine Elliott: I would say, first of all, that we have asked everyone in Ontario, including all hospital and other front-line health care workers, to please be vaccinated. And you’re right: The vast majority have. However, in some parts, in some places, that’s not the case and they are really, really struggling to have the health human resources they need to keep everything else going. This was a risk assessment that we had to conduct. The risk of having those surgeries being postponed and those diagnostic procedures not moving forward was a greater risk than possible outbreaks in hospitals, because we have significant testing going on of all health care workers to make sure that they are safe and healthy and our hospitals are still very, very safe places for people to be treated.

Mr. Gilles Bisson: But, Minister, if I’m an anti-vaxxer working at a hospital, why would I now get vaccinated?

Hon. Christine Elliott: Well, I would say, if you’re an anti-vaxxer, you’re probably never going to be vaccinated, because some people just aren’t. Some—

Mr. Gilles Bisson: No, a lot of—sorry, I’m cutting you off, Minister. Go ahead.

Hon. Christine Elliott: Some people, however, are vaccine-hesitant because they have a lot of questions about it. What we’re also working to do is to answer their questions so that they will feel comfortable being vaccinated. But there is a certain group of people that will not be vaccinated.

Mr. Gilles Bisson: We saw, when the government said there had to be vaccination passports to go into restaurants and different things, the amount of take-up on vaccinations went up, and that was a good decision. That was the right thing to do, because we were kind of stuck there in the high 70s, low 80s. And now we’re going up, as far as people being vaccinated.

The difficulty that I have, and I think other people have, is if you’re saying, “It’s okay, you can work in a hospital without being vaccinated,” then you’re in a position where—my neighbour just walked in and he has no idea I’m doing the Select Committee on Emergency Management Oversight with the Minister of Health. Come on in. Sit down. That’s the wonderful thing about these things. Say hi to my neighbour there, everybody.

Get out of here.

Hon. Christine Elliott: Well, hello there.

We’re going to continue to encourage people to be vaccinated. Our numbers are still going up. It hasn’t stopped. We’re well over 88%, as you know—

Mr. Gilles Bisson: That’s good.

Hon. Christine Elliott: —of people having the first vaccines and well over 84%—getting closer I think now to 85%—having second vaccines. We're still working with people who are vaccine-hesitant, providing any information they need in order to make that determination. We're still moving forward with that. Things haven't stalled out. I think that's really important. We want to provide this information to health care workers and people generally across the province.

Mr. Gilles Bisson: The point is, when you say you don't have to be vaccinated to work in a hospital, and then the Premier says, along with you and others, "Oh, on the 17th of January, if everything is wonderful, we're going to get rid of vaccine passports," I've got people in my constituency, as you all have in your constituency, who are sitting back and saying, "I don't need to do nothing. I'll just duck underneath this and it will all be okay by the 17th." I hope, I truly hope, Minister, our numbers don't spike, because if they do, we're going to be in a bad spot, and nobody wants to be there. We're tired of COVID. We're tired of lockdowns. We all want to get past this. But if this thing slips away on us, we're going to be in deep trouble. I think the signals that your government is sending, quite frankly, are dangerous when it comes to what could happen, and let's hope it never happens. Let's all go to church on Sunday and pray that it don't. But in the end, I think it's an irresponsible decision.

Hon. Christine Elliott: Well, we believe that it's a decision that was made based on risk assessment of all of the relevant factors. As I said before, this is the right decision right now here in Ontario, but—and I will ask Dr. Moore to speak to this in a moment—we are continuing to assess this on a daily basis. We're watching the numbers. We're looking at the number of cases per 100,000. We're looking at the R rate—the reproduction rate—and other factors so that if there is a change in circumstances, we will be able to change course.

But I would ask Dr. Moore if he would please give us—

Mr. Gilles Bisson: Just before Dr. Moore, can I ask the Chair how much time we have left?

The Vice-Chair (Mr. Tom Rakocevic): One minute and 25 seconds.

Mr. Gilles Bisson: I've only got one minute and 25. No disrespect, Dr. Moore, and I appreciate, Minister, that you want to kick it over to him, but I think the point is—that's the point that you just made for me. If things don't get away on us, then you'll be proven right, and I truly hope that you are. But if things run away on us, we're going to fall further behind. We're not going to fall forward.

Dr. Moore? You're trying to unmute yourself, I see. There we go. You're unmuted.

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Dr. Kieran Moore: Well, thank you. Through the Chair to the members: Thank you for the question. I would concur; I think it's the professional obligation of any health care worker to be immunized, period. But we have given the flexibility to do a risk assessment for hospital corporations, and many have gone ahead and had mandatory immunization policies.

I absolutely endorse that those hospitals that are treating children who can't be immunized, who are immunosuppressed, have gone forward and had mandatory policies. Also, those that are working in tertiary-care transplant centres or cancer centres have moved forward on their risk assessments and have mandatory policies in play to best protect their patients and their communities. So we have a policy that's flexible, that's based on risk, that's adaptable.

I certainly agree with all members that we want all health care workers immunized. We hope to have other vaccine options for them if they have some resistance to viral-vector vaccines and/or mRNA vaccines. We're hoping that Novavax will be available to us soon as an additional vaccine tool to be able to offer health care workers who are resistant to any of those other technologies. But I agree—

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

Mr. Gilles Bisson: Thank you.

The Vice-Chair (Mr. Tom Rakocevic): Okay. We're now moving on to our government members, beginning with MPP Martin.

Mrs. Robin Martin: Thank you, Dr. Moore, just for clarifying that. It's always been my understanding of the policy of the reopening, the gradual reopening and this policy with health care workers, that it's always going to be based on a continuous review of the data and the science. If things are getting out of control, we're going to obviously take measures to make sure that they don't. I don't understand how anyone could possibly characterize that as irresponsible, which is I think what MPP Bisson had said, so thank you for clarifying.

You're going to be continuously watching. I think that's what all Ontarians are counting on. We want to get out of this, but we know that there are dangers in letting go, so we're carefully following all the data. And I appreciate all the effort you're making to do that on a daily basis. I know how much attention that requires, so thank you.

I wanted to direct my question to Associate Minister Rasheed, because I'm getting a couple of questions about your Verify app continuously in my office. I bet you can answer these pretty quickly. The first one is, why didn't the government save time by acquiring an already existing app like the one they had in Quebec? Everybody is asking me that because they think that we're reinventing the wheel. What do you say to that, Minister Rasheed?

Hon. Kaleed Rasheed: Thank you so much, MPP Martin. I get the same question every day, why this app was built in-house. MPP Martin, the government of Ontario's goal was to deliver a product that meets the needs of Ontarians, and that is why we decided to go ahead with the app which is going to be built here in Ontario, a made-in-Ontario app, especially for businesses.

Using other provinces' products would require customization and procurement that would extend timelines, and we wanted to make sure, because when we were building and developing the app—by the way, we have a great team

right here in the Ontario Digital Service, a great team of developers. We went out to the businesses to ask what their requirements are, and our decision was based on the requirements and also how quickly we can develop the app right here in-house.

The development of this enhanced digital vaccine certificate and the Verify Ontario app is led by the government's ODS, the Ontario Digital Service. We leveraged in-house capabilities and talents—while also engaging with other jurisdictions, absolutely. We did engage with other jurisdictions and the private sector to learn from their work and experiences.

Mrs. Robin Martin: Thank you. And I know my colleagues also have a lot of questions, so if you can just quickly tell me what kind of data is being kept when a business scans the QR code with their Verify app? Do they get our personal health information?

Hon. Kaleed Rasheed: Thank you, MPP Martin. Absolutely not. The Verify Ontario app doesn't hold any data. Third parties will not have access to the health data of people in Ontario through COVax Ontario in support of the enhanced vaccine certificate program. Again, this Verify Ontario app for businesses and organizations never, and I want to repeat never, stores personal information. The app does not request a user's specific location or collect any information that links specific locations' visitors or businesses to each other.

Throughout the entire process of development, we wanted to make sure that there is no data being stored, because at the end of the day, as the minister of digital government, I completely understand the privacy and data security. So keeping that in mind, we wanted to make sure that only limited information is displayed and that no data is stored.

Mrs. Robin Martin: Thank you.

I think MPP Triantafilopoulos is next.

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

Ms. Effie J. Triantafilopoulos: Thank you to both ministers for joining us today.

My question is for the Deputy Premier and Minister of Health. Minister, in your remarks, you mentioned that some businesses can opt in to the proof-of-vaccination requirement to increase their capacity. Is there any flexibility to opt in for certain events and to opt out for others?

Hon. Christine Elliott: Thank you very much for the question. There is the ability to opt in for some events sometimes. To use a place of worship, for example, there may be a wedding held at a particular venue where they may opt in and decide that they need to have proof of vaccine in order to keep everybody safe and to make sure that they can, in some cases, increase capacity. And then they can opt out again for regular services in their venue, where it's more a question of physical distancing that will be relevant.

Similarly, things like boat cruises, as well, could opt in, again, to require proof of vaccination. We expect that most organizations will opt in permanently, or not do so and

won't be changing, but it depends on the nature of the venue and the use of that venue by different members of the public.

Ms. Effie J. Triantafilopoulos: Thank you.

I'd like to pass this on now, Chair, to the MPP from Kitchener–Conestoga.

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

Mr. Mike Harris: Thank you, Ministers, for being here today. It's great to hear what we've got in store in the future for the province.

Minister Rasheed, I know we've talked a few times about cyber security. I worked in cyber security before getting into politics. I wanted to get a little more info on I guess you could say the cyber security implications and data security that's built in with the app. I know you were talking earlier about private keys. Maybe you could elaborate a little bit more on some of the encryption methods that are being used to keep Ontarians' data safe.

Hon. Kaleed Rasheed: Thank you so much, MPP Harris. Honestly, I really appreciate your input and your feedback throughout the development process. It means so much to me and the team. I know you come from a background—you and I both are from a background of technology, so every time you came with input or feedback, it was greatly, greatly appreciated by me and my team.

In terms of your cyber security question, and I know you and I talked about this as well, this made-in-Ontario app is safe and secure and will ensure the privacy of your data. That is something you and I have talked about many, many times, about how important it is to make sure that the privacy—and the data security of Ontarians is so crucial. This enhanced vaccine certificate includes a QR code containing similar information to what is found on the current receipt people receive on paper and in PDF form after their vaccination. It also includes the enhanced security measures of being digitally signed when printed. It also displays a watermark to prevent fraud. This Verify Ontario app also reads the QR code on a vaccine certificate and provides businesses with a quicker and easier way to confirm that a vaccine certificate is valid.

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The government of Ontario put additional measures in place to ensure that no more information is presented than needed. Information displayed on the Verify Ontario app is limited and can't easily be saved or otherwise shared outside of the app. You did point this out during our conversation, how important it is that this information is not easily saved.

But again, Ontario is also exploring how to leverage the expertise of others in reviewing our foreign piracy and security concerns, and we 100% strive for transparency and open source where it makes sense.

I must say that, from day one, during the development process, we made sure that we had the privacy commissioner on board. We wanted to make sure that we are getting their constant feedback, because I wanted to make sure that the privacy concerns are addressed from the get-

go. Again, as an individual, as the government, I applaud the innovation of the private sector and I'm in contact with—

The Vice-Chair (Mr. Tom Rakocevic): We are out of time. Sorry, I didn't give you the warning there at the minute.

Okay, we're moving on to the final round for our independent member. You have five minutes. Please proceed. You're muted.

Mr. John Fraser: It won't let me. I'm trying to—

The Vice-Chair (Mr. Tom Rakocevic): There it is. You're not going to lose time.

Mr. John Fraser: Okay. I didn't think you would do that, Chair.

Minister, respectfully, I think that saying that the government has a greater duty and that hospitals somehow don't have the capacity to make the decisions, influence the decisions you're trying to make—they're the ones, through the pandemic, who have actually protected and kept people healthy, at great personal expense. So I think that's an unfair thing for you and for the government to say.

The other piece is you said that you're worried about surgeries, and that it could impact surgeries. Well, the same principles that your own long-term care minister and the COVID-19 science table talk about in terms of the risk to outbreak and staffing apply to surgeries. They're not disconnected.

I realize this is a really hard policy to defend. It's not defensible, because the numbers aren't there and you haven't—nobody's put up those numbers, and I didn't hear you say to me that you were going to offer up the numbers that decision was based on.

I've been working in and around government for 20 years, so I have a pretty good understanding of how decisions are made. If I can't get the facts and numbers around it, then I have to say the decision is either based on politics or people's personal beliefs. That's the only thing.

I'm going to read something for you that was said by one of the Premier's top campaign advisers on social media: "Hospital CEOs" with "no medical training determine the evidence." I guess he's never heard of Kevin Smith at UHN. He goes on to say, "Some serious politics going on with public health & acute care sector."

Minister, do you agree with that statement? And is it appropriate?

Hon. Christine Elliott: Thank you very much, MPP Fraser. You've raised a number of issues with your questions. First let me say that hospitals, of course, can always make their own decisions about mandatory vaccination, and some already have; UHN has. But for a lot of the pediatric hospitals, for the reasons I've indicated, their patients are not able to be vaccinated.

Secondly, you also raised long-term care and why that was subject to mandatory vaccinations—not of the patients. The reason is because of what we saw in long-term care: They were much more affected and thousands of people have passed away—

Mr. John Fraser: Excuse me, Minister. I know those answers because I have got them from you, but the

question was specifically, do you agree with that statement that I've just read to you, and was it appropriate for one of the Premier's top advisers to say on social media? Do you agree with that, yes or no?

The Vice-Chair (Mr. Tom Rakocevic): Okay. Point of order, I'm assuming: MPP Martin.

Mrs. Robin Martin: Yes, on a point of order, Chair: I don't really see what this has to do with anything. We're quoting a tweet to the minister from somebody. She probably hasn't even seen the tweet, and this is not government business. The minister is here to answer questions about government policies, not tweets.

The Vice-Chair (Mr. Tom Rakocevic): I think the minister can choose to answer or not with regard to that.

Please proceed, MPP Fraser.

Mr. John Fraser: She can just say she's choosing not to answer. I am looking for a yes or a no, but if she doesn't want to give me either of those, let's just move on.

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

Mrs. Robin Martin: I'm sorry to interrupt again, but I also wanted to object earlier, when MPP Fraser said the minister said something and then he characterized her wording. I would just say that I did not hear what MPP Fraser characterized her wording as. So I would just like the record to stand for itself. I object to MPP Fraser's characterization of the minister's wording.

The Vice-Chair (Mr. Tom Rakocevic): Sorry, that's not a valid point of order.

Please proceed, MPP Fraser.

Mr. John Fraser: Minister, if you're not going to answer my question, just tell me you're not going to answer that question directly, and we'll move on.

Hon. Christine Elliott: What I will say is that I'm really only available to answer questions that you ask me with respect to the minister.

Mr. John Fraser: Okay. That's a no. Thank you very much, Minister. I appreciate that.

Minister, this might be for you or Associate Minister Rasheed: I would like to say, on the app, congratulations. I think the app is great. It took us a long, hard time to get there—and mostly because businesses and people demanded it, not because the government was really forthcoming with it.

I think it's fair to say that giving a deadline of January 17 to make the passport maybe null and void was not a great thing to do to actually incentivize people to get vaccinated; I think we can all agree with that. Here's my question: What is the government's intention on January 17, if they pick that date? Are they going to talk to the business community? Are they going to keep the app going so that people who want to use it can continue to use it? Are they going to shut it down? What's the intent? If the public wants it—the people who called for it, the people who got the government to do this—what are you going to do? Or is it your intention to shut it down?

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

Hon. Christine Elliott: Please go ahead, Minister Rasheed, with respect to the application of the app.

Hon. Kaleed Rasheed: Thank you, Minister Elliott, and thank you, MPP Fraser.

We will continue to work very closely with the Chief Medical Officer of Health, and as Premier Ford and Minister Elliott have said many, many times, we will continue to consult. Decisions will be made based on how things are, and I'm sure Minister Elliott and Dr. Kieran Moore will continue to advise us accordingly.

Mr. John Fraser: So that's "We don't know yet." That's the answer. Thanks.

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

We're moving on to our final round, beginning with our official opposition. MPP Stiles.

Ms. Marit Stiles: I'm going to go back to some of the questions I was asking previously. I want to ask the Chief Medical Officer of Health—but I'd like to hear from the minister, as well, on this.

I think it's fair to say that Ontario parents have been absolutely on edge waiting, obviously, for word from Health Canada about when the approval will come for the vaccine for five- to 11-year-olds.

I'm also wondering when this government is going to roll out what the plan will be. So far, we've asked about this a number of times.

I think we've seen over the past year or so what happens when the government doesn't roll things out efficiently and effectively. We ended up with an almost Hunger Games situation, and Vaccine Hunters came to the rescue.

I'm wondering if the minister would comment on when we are going to see the plan rolled out for how five- to 11-year-olds are going to be vaccinated in the best, most efficient way possible in the province.

Hon. Christine Elliott: Thank you very much for your question, MPP Stiles. I will perhaps start and then ask Dr. Moore for his views, because he is largely leading in this respect. But I would say that, first, our rollout of the vaccines—I would disagree with you on how it has rolled out. We have one of the highest vaccination rates in the world, with over 88% of our population 12 and over having received the first dose and 84.6%, at least, with a second dose.

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We intend to roll out the plan for the vaccination of children aged five to 11 very similarly, but of course children are not adults; children are children and need to be treated in a slightly different way, just because we know that many parents, if their five-year-old is going to be vaccinated, want to be there with them. And so, we have been working with all 34 of the public health units in Ontario to understand what their plans are. We expect to be using schools as one of the places where we might be able to have mass vaccinations for older children—not during the school day, but evenings and weekends so their parents can be there with them as well.

We are finalizing the plans that have already been presented to us by those 34 public health units, and we will be discussing this in a very open and transparent way so all parents across Ontario will—

Ms. Marit Stiles: When can we expect to have this announcement, Minister? The clock is ticking. We've seen also that a lot of these decisions are downloaded onto public health units, repeatedly. I would like to know.

I'm just going to go back, if I may, for a minute to the questions I asked earlier, because I found it very frustrating, and I think some of my colleagues here have as well, that we are not seeing any of the metrics associated with the decisions that this government is making.

Going back again to this decision about mandatory vaccination for health care workers and the government's refusal: I think my colleague from Timmins made a really excellent point. The government has decided to make it mandatory for somebody who's serving you tea in a café to be vaccinated, but not the health care worker, the nurse or whoever is treating you in a hospital with some of our most vulnerable Ontarians.

And then you did say, and it's on record that you've said, that you would re-evaluate this decision if necessary. Minister, are you willing to re-evaluate this decision now? Are you willing to re-evaluate this decision now, and if not, what are the magic metrics that you're going to be looking at? Because I can tell you, Ontarians are very tired of the lack of transparency from this government throughout this entire pandemic.

Hon. Christine Elliott: Well, I would disagree. We've been very open and transparent with the people of Ontario about the decisions that have been made since the beginning of this pandemic. We will continue to do so.

But I must say, I'm not sure what question it is you want me to answer, because we started out with "What is the plan for five- to 11-year-olds?" and now we're talking about mandatory—

Ms. Marit Stiles: Yes, because we don't know. Your answer to the five- to 11-year-olds is "wait and see," which seems to be always the answer.

Hon. Christine Elliott: No, it certainly isn't "wait and see." I'm going to ask Dr. Moore to please comment on that, because he has been leading with respect to this plan, and he's in, I know, constant communication with the 34 public health units on this very issue. Please, Dr. Moore.

Dr. Kieran Moore: Thank you, Minister. Through the Chair: We're in regular contact with Health Canada, the Public Health Agency of Canada and the National Advisory Committee on Immunization, which will provide to us their recommendation on the use of the five-to-11 vaccine. We have not heard a definitive date when they will give us the green light. They are carefully reviewing the science and the evidence. They will share that with us, and we'll give it to the Ontario Immunization Advisory Committee, who will also consult with this office and then provide guidance to government.

In the interim, though, I want to assure members that we do have a robust plan to distribute this vaccine. It will be multimodal. We'll work with our local public health agencies, who are partnering with pharmacies, primary care, pediatricians and pediatric hospitals, as well as our school boards—and all health units will have a school where they will be partnering with a school board to distribute vaccines.

So the plan is robust. It's being reviewed on a weekly basis, and I ask you to bear with us as we wait for the national advisory committee to give us guidance on when they have reviewed the data and make an informed decision to best protect that age group.

Ms. Marit Stiles: May I, then, follow up quickly and just say—can you assure us that the moment that the green light is given, the next day or within a very short period, those vaccines will be available and we'll be ready to go? We're not going to see this really quite bungled approach that we had in those early days with the vaccine? I think Ontarians—and I will say, I think we know how to do this better. I think we can do better. So I'm curious to hear, are you expecting that the green light will come and then we will be ready to go right away?

Dr. Kieran Moore: Thank you for that question. I anticipate, just like we did for the rollout of the over-70 populations, our First Nations, Inuit, Métis partners—we were prepared immediately once NACI gave the guidelines to have a robust rollout of the third doses. I want to assure members that we'll have the same approach. We'll partner with NACI; we'll try to get information as it is available to us and be able to operationalize within days of the green light being given to best protect the five- to 11-year-olds.

We know the winter months are upon us. We want to ensure that parents have the vaccine available to them in a multimodal approach, whether it's the pharmacist, their pediatrician, their primary care provider and/or through their local school board or public health clinic. It's a robust strategy, and I want to assure members that we're ready to go when the approval is given.

Ms. Marit Stiles: Thank you, Dr. Moore. I certainly would suggest, if I may, given the numbers of calls that I get in my office—and I'm sure all of the members here do as well—that we would do well to release information about how that strategy is going to roll out as soon as possible so that people are assured that this is going to work this time and that parents will be ready and assured that their kids will be safe.

Minister, I want to return to the questions about the contrast that's out there right now, the fact that your government has backed away, it seems, from mandatory vaccination for health care workers at a time when in other sectors, like I mentioned—in the hospitality industry, for example—it's mandatory. I'm trying to understand, and I think Ontarians are as well, why such a decision was made. You've talked about recruitment. I see no recruitment strategy out there to deal with the nursing shortage that already exists. I think that the minister—and one of my colleagues referred to this earlier, but it seems really quite like this government has made this decision based on political decisions and not good policy.

Minister, I'm again going to ask you, when are we going to see some kind of metric that is like the magic number which will allow you to re-evaluate this decision? Because this decision is not a good one. We know from the Ontario Hospital Association that 120 of the 141 hospitals that your government asked for their opinions

said, "We would like to see mandatory vaccination brought in by this province." Is it not the case that the province is simply pushing this back, again, to local hospitals to actually make this call, so they wear this decision? Isn't this just a political consideration?

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

Hon. Christine Elliott: No, this is a decision based on policy, based on the lack of health human resources we have right now, that we know that many people are burnt out, that they may be—

Ms. Marit Stiles: It's a nod to the anti-vaxxers.

Hon. Christine Elliott: Absolutely not.

Ms. Marit Stiles: It's permission to the anti-vaxxers not to vaccinate, Minister.

Hon. Christine Elliott: Absolutely not, no.

Ms. Marit Stiles: This is what this does. This is the effect of this—

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

We're moving on to the final round, and it's with the government members. MPP Effie Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: My question is for the Deputy Premier and Minister of Health. Minister, you mentioned third doses for some eligibility groups as an extra layer of protection against the Delta variant. What considerations went into how these groups were selected?

Hon. Christine Elliott: Thank you very much for the question, MPP Triantafilopoulos. Based on the recommendation of the Chief Medical Officer of Health—and certainly in alignment with NACI, the National Advisory Committee on Immunization—the province will begin booster doses of the COVID-19 vaccine to vulnerable Ontarians if at least six months have passed since their last dose. So we're looking at those people who are at the greatest risk of re-contracting COVID.

We are making sure, first of all, it's primarily based on age, so individuals who are over 70 years of age. In addition to what we're already doing with booster doses for people in long-term care homes and high-risk retirement homes, we're next going to people aged 70 years of age and older. We're also looking at health care workers if they wish to receive a booster dose. And then First Nation, Inuit and Métis adults and their non-Indigenous household members are also being prioritized due to, first of all, increased risk of gradual waning immunity, as well as these communities already having been disproportionately affected by COVID-19 and having higher rates of COVID-19 infection inequities related to, of course, the social determinants of health that we are also working on.

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We're also taking a look at people who received a complete series of a viral vector COVID-19 vaccine, which would be anyone who has received two doses of AstraZeneca or anybody who has received just one dose of the Janssen vaccine. There aren't many people in Canada who will have received that, but there may be some people, perhaps snowbirds or others, who may have received those doses in the United States. We want to

make sure that they will have at least one dose of an mRNA vaccine as well.

We know that the evidence continues to say that a complete two-dose COVID-19 vaccine provides strong protection against COVID-19 and severe outcomes, including the Delta variant, in the general population, but we want to provide that extra level of protection for people who are more eligible. Starting tomorrow morning at 8 a.m., those people will be able to book their booster doses by calling the COVID-19 Provincial Vaccine Contact Centre or going through the COVID-19 vaccination portal, through the Indigenous-led vaccination clinics, select pharmacies and also some primary care settings. We want to make sure that everyone who wishes to receive this booster dose will be able to do so, but starting with those priority populations.

Ms. Effie J. Triantafilopoulos: Thank you, Minister.

And I'm sharing my time with MPP Sam Oosterhoff, Chair.

The Vice-Chair (Mr. Tom Rakocevic): MPP Oosterhoff, please proceed.

Mr. Sam Oosterhoff: Thank you very much. My question is to Minister Elliott and also to the Chief Medical Officer of Health.

Thank you so much, first of all, for all the work that you have put in over the past year and a half. It's been very heartening over the past few months, especially, to see a sustainable level of increases in our vaccination rates, of decreases in severe hospitalizations, and better health outcomes. As we've seen some additional measures moving forward, of course, the options of different vaccines for people who might be hesitant—even a pill from Merck that I know they're talking about, and I believe Pfizer is working on one as well—this is good news for a return to normalcy. And you absolutely are correct that we can't become overly complacent. I know for myself, I was really rooting and hoping that when Alberta and Saskatchewan opened up, things wouldn't end up the way they did. I was really gunning for them that it would work out, but of course we saw the way things went.

The reason I bring that up is because what we are seeing, of course, is that we've kind of hit the bottom of our peak when it came through the fourth wave, which was thankfully quite mild, in comparison with some of the various projections. But as we see some cases increasing with the natural opening and, of course, just the reality of the transmissibility of the Delta variant, I hear fear from people that if it goes up to, let's say, 500 or 600 or 700 a day—you know, a doubling from 400 to 800 or so, let's say, those numbers—they're worried that that means we're going to go back into lockdown or we're going to stop everything and the plan is going to fall apart. They express some concern about that.

One of the pieces I think that's so critical that we've talked about is that ICU aspect, and the importance of ensuring that we maintain that capacity. I'm wondering if you could talk to me about what those metrics are and what those measures are that we're looking at. I'm assuming if we see a few days of cases a little higher than we might like, that's not going to instantly shut everything down and

turn us off our course. But I'm wondering if you can provide some reassurance to those who are looking for stability, looking for that certainty about what the future holds.

Hon. Christine Elliott: Thank you very much, MPP Oosterhoff, for your question. Perhaps I can get started and ask Dr. Moore for his comments in due course. But what I would say is that we saw what happened during the third wave, when our case rates went up dramatically. The numbers in hospital and the people in our ICU units and departments were very high, and we had to move many people around the province to different hospitals so that they could receive the level of care that they needed.

I know that many people are worried that we might get into that situation again and they're worried about a further lockdown, but that's why we are opening in a very gradual, cautious, incremental way, so that we can constantly assess the situation in our health care system and make sure that we can continue to carry on and provide care and not have to go into lockdown again. Nobody wants to do that. Neither do we. We want to be able to fully and gradually continue to open up Ontario's economy.

But, of course, we look at the numbers of people who are hospitalized and the ICU rates, which continue to be low, and we still have somewhere between 20 and 25 people—it changes day to day—from Saskatchewan who we're helping out as well. We look at the R rate, the reproduction rate. We look at the number of cases per 100,000 that we have in Ontario. Right now, BC is at 43 per 100,000; Quebec, 57 per 100,000; Canada overall, 61. Ontario is at 22 per 100,000 right now, the same level as Nova Scotia, despite the fact that we have probably five or six times greater population—probably even more than that.

I think there are many factors that need to be taken into consideration. I know that Dr. Moore and his team are looking at them daily, so perhaps this is a good time for me to ask Dr. Moore for his comments on this, please.

Dr. Kieran Moore: Thank you, Minister and Chair, and the member for the question. I just want to thank all Ontarians for the hard work that they're putting in to limit the spread of this virus. They're coming forward to get immunized, and today it's 88.4% of Ontarians have been immunized against this virus, which is a brilliant record for us. Of course, I want it higher, and we'll work on the last-mile strategy to achieve that. We're also starting the third-dose strategy, which will further protect Ontarians as we go into the winter.

As a result of the slow and cautious approach, as the minister has stated, we're able to keep our rates some of the lowest in Canada, if not North America. That's the sacrifice and the hard work that Ontarians are doing. They're wearing their masks. They're coming forward to get tested if they develop symptoms. They're isolating appropriately. The system at present is working. We will get rises in cases over time as we head into the winter. We told people that, starting in August—

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

Dr. Kieran Moore:—when I first started here. We will have rates of illness that are high in certain communities, and we now have a regional structure to support local public health agencies with good case and contact management, to help them with additional testing if required and to help calm activities that we anticipate coming and going for the next six months.

It will decrease, though, as all Ontarians come forward to continue to get vaccinated. I'm very much looking forward to offering vaccine, as the members have asked, for the five- to 11-year-old population, as well as continuing our third-dose strategy, which will only further protect Ontarians, and any new medications and/or vaccines that can be offered to Ontarians to limit the spread of this virus.

So we're in a good place, at present. Thank you to the Legislature for their advice and their support, and thank you to all Ontarians for the great work they're doing. We have a long winter ahead of us, but we'll get through it together through our combined efforts on prevention and protecting each other.

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

Okay, well, that—

Ms. Christine Hogarth: A point of order, Chair.

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

Ms. Christine Hogarth: We've been back and forth in this committee numerous times, and I appreciate the work that we do here. I just want to get on record my concern for MPP Stiles's comments. This is not the venue to badger the minister. We have a venue called the Legislature. We have question period. I don't believe this is the location where we should be badgering the minister if we're asking questions.

We're all here to ask questions and get answers, and we're interested in questions that all parties ask. But we can't even hear the answers when the member won't even allow the minister to respond to that question. She just continues to talk over her. So I just want to make sure we put it down on the record that I'm just really disappointed.

The Vice-Chair (Mr. Tom Rakocevic): All right. I guess we have another—shall we excuse the minister before we proceed with this? We are going into closed session, so I think we'll proceed with that.

Thank you very much, Minister and Associate Minister, for being here today and your responses. You are now excused.

Interjection.

The Vice-Chair (Mr. Tom Rakocevic): I see a point of order. MPP Stiles, would you like to speak now, or shall we go into closed session?

Ms. Marit Stiles: Mr. Chair, I was just going to say—I noticed that MPP Bisson and MPP Fraser had their hands up; I think they wanted to respond to those comments. I would like to respond, perhaps, at some point. I do think that should be on record and not in private session or in camera.

The Vice-Chair (Mr. Tom Rakocevic): I guess we're just going to start laying on with points of order, because we are moving to the end of it.

Okay, MPP Fraser. Then I would like to move into closed session, as we always do.

Mr. John Fraser: I'll be brief. I think the Chair has done a very good job at maintaining order and calm in this meeting. I think the concerns raised by my colleague, who raised that point of order, aren't really founded, because I believe that the Chair conducted this meeting in a very good way and maintained the order and calm of the things that needed to happen. And that's all I'm going to say about that.

The Vice-Chair (Mr. Tom Rakocevic): MPP Bisson, and then I would like to respond to this, following that.

Mr. Gilles Bisson: I'm not going to be long; just to say I support the Chair. There's no point of order here. Members have the right to ask questions, and sometimes those questions can be pointed. The government is suffering from its own decision, because the decision of the government was, rather than this going back to the Legislature for us to re-approve the measures taken by the government, to refer this to committee with, what, 30 minutes for the official opposition and 10 minutes for the independent members—and they're complaining we're asking questions? It's a little bit rich.

The Vice-Chair (Mr. Tom Rakocevic): As Chair, I try to maintain order. I understand that it's sometimes difficult when a member is looking for an answer and then there's some interrupting, because at some point, if a person allows someone to continue answering, they could basically eat up the 10 minutes. I understand that this was a peppy meeting and there were a number of interruptions that went both ways. I'm going to endeavour, as Chair, to keep things moving and hope that people don't speak over each other unduly.

Thank you for that, and we can now move into closed session.

The committee continued in closed session at 1543.

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