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**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

2nd Session
42nd Parliament

Thursday 16 December 2021

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Jeudi 16 décembre 2021

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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 16 December 2021

Jeudi 16 décembre 2021

The committee met at 1400 in room 151 and by video conference.

EMERGENCY ORDERS REVIEW

The Vice-Chair (Mr. Tom Rakocevic): I call this meeting of the Select Committee on Emergency Management Oversight to order. We have in attendance, online, MPPs Gilles Bisson, John Fraser, Robin Martin, Sam Oosterhoff, Donna Skelly, Effie Triantafilopoulos, Lorne Coe, Dave Smith and France Gélinas.

Here in the room, MPP Christine Hogarth has now joined, and I'm here, MPP Tom Rakocevic, chairing the meeting.

We're also joined by staff from legislative research, broadcast and recording, and House Publications and Language Services.

To make sure that everyone can follow along, it is important that all participants speak slowly and clearly—I always slow down when I read that sentence. Please wait until I recognize you before starting to speak. Please also remember to unmute yourself before you begin speaking. As always, all comments by members should be directed through the Chair. Are there any questions? All right.

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 Solicitor General, the Honourable Sylvia Jones, who has been designated by the Premier, is here with us today 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. They are as follows: 10 minutes, official opposition; 10 minutes, government; five minutes, independent member. That's repeated once, and on the third round, it is only 10 minutes to the official opposition and 10 minutes to the government.

Again, any questions? Seeing none: Solicitor General, thank you very much for being here today. I hope that you're healthy and safe. Please proceed with your introductory comments.

Hon. Sylvia Jones: Well, thank you very much, Chair, and good afternoon, committee members. I am pleased to join you for the 18th meeting of this select committee and the final one for 2021. What a year it has been. The world's fight against COVID remains, as it has been for many months now, a story of variants and vaccines. But December 2021 is not December 2020, and Ontario is better prepared to deal with COVID and its variants.

In December 2020, the very first individuals in the entire province were receiving their first dose of the COVID-19 vaccine. Today, more than 90% of Ontarians aged 12 and over have had at least one vaccine dose, and more than 87% are fully vaccinated. Vaccines will continue to be the first line of defence against COVID-19, supported by personal protective measures such as face coverings and maintaining a physical distance.

Global evidence around the Omicron variant is early and evolving, and with some encouraging signs from South Africa on its severity. Nevertheless, our government remains proactive and is taking swift action to mitigate the impact of Omicron and to preserve hospital capacity, beginning with greater protection for long-term care and retirement homes. All general visitors to a long-term-care home need to be fully vaccinated to enter. In addition, all long-term-care homes are being directed to increase infection prevention and control audits.

All staff, students, volunteers and caregivers are tested at least twice a week prior to entry into a home, regardless of their vaccination status. All visitors and support workers who provide essential services to a resident or the facility are required to show a negative test.

Indoor visits are limited to a maximum of two people per resident at a time. Outdoor visits, where feasible, are limited to a maximum of four people per resident at a time. Social day trips are limited to only residents who are fully vaccinated. Residents who leave the home for social reasons are actively screened upon their return. All residents can continue to leave the home for essential medical reasons, such as health appointments, regardless of their vaccination status.

As of December 22, 2021, the following policies will be in effect to further protect retirement home residents

and staff from the spread of COVID-19 and the Omicron variant:

- staff, volunteers, contractors and essential caregivers will be required to take a rapid antigen test twice a week, prior to entry into the home, regardless of vaccination status;

- general visitors and support workers entering a retirement home will be required to take a rapid antigen test, regardless of vaccination status;

- retirement homes will be strongly encouraged to restrict general visitors to only those who are fully vaccinated;

- limit the number of visitors and group sizes for social activities and events;

- implement additional testing and isolation requirements for residents when they return home from an overnight absence.

These temporary measures will help reduce the risk of transmission during the winter months and help protect the progress the province has made in stopping the spread of the virus and its variants throughout these settings.

We've extended the pause on lifting capacity limits in higher-risk settings where proof of vaccination is required as we respond to an increase in cases and learn more about the Omicron variant. These would include night clubs and dance facilities where food or drink is available, strip clubs, sex clubs and bathhouses.

Next week, public school students will take home a pack of five rapid antigen tests to use over the holidays and throughout the return of in-person learning.

Ontario's three GO-VAXX mobile buses continue to be a popular draw at workplaces, community centres, Christmas markets and wherever else they arrive. As of December 13, over 20,000 doses have been administered on board a GO-VAXX bus, including almost 4,000 third doses.

We have accelerated the eligibility for a COVID-19 vaccine booster. Earlier this week, 5.5 million Ontarians aged 50 and over and additional high-risk individuals began rolling up their sleeves to receive a booster shot. On Monday, December 20, 2021, we will accelerate the booster dose rollout further. All individuals aged 18 and over will be eligible for a third dose, and we are shortening the booster dose interval from six months to three months, or 84 days. This will offer more than five million more adults aged 18 to 49 an extra layer of protection against COVID-19 and its variants.

We are also launching a holiday testing blitz in higher-risk neighbourhoods where vaccine rates are significantly below the provincial average. Voluntary rapid antigen screening is being offered to asymptomatic individuals, free of charge. Up to two million rapid tests are being provided at pop-up testing sites in high-traffic areas, such as shopping malls, Christmas markets, transit hubs and LCBO stores. This holiday blitz is in addition to increased rapid antigen testing at high-risk congregate settings such as long-term-care homes to further protect vulnerable populations. As of December 14, over 45 million rapid testing kits have been distributed province-wide, with more to come.

The tentative January 17, 2022, lifting of proof of vaccination requirements was always contingent on the absence of concerning trends. As such, that target date has been pushed out.

We are strengthening the vaccination verification system. Effective January 4, 2022, only an advanced vaccine certification with QR code, either on smart phones or as a paper certificate, can be presented in settings where proof of vaccination is required. All businesses and organizations operating within the verification system must have the Verify Ontario app. As of January 10, all those with medical exemptions and clinical trial exemptions must provide a certificate with a QR code. Businesses and organizations will be advised to no longer accept physician notes on that date. Every effort is being made to ensure a QR code is available to any Ontarian who wants one.

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I will now move on to amendments and changes. O. Reg. 364/20: Rules for areas at step 3 and at the road map exit step have been amended to create a grace period for children who turn 12 years old on or after January 1, 2022, from proof of vaccination requirements for 12 weeks from their birthdate. This amendment provides time for kids to be vaccinated for settings where proof of vaccination is required. Effective December 20, youth aged 12 to 17 years will be required to provide a proof of vaccination to participate in organized sports at recreational facilities.

As usual, at this point, and in line with the legislative mandate of this committee, I will now walk us through the remaining orders that are currently in effect until the first instance of January 15, 2022, and have not been amended since the last committee meeting. These updates are being presented in numerical order.

O. Reg. 74/20: This order authorizes specified health service providers, as prescribed in 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 sites within the organization or to other health service providers, long-term-care homes or retirement homes.

O. Reg. 76/20: This order requires document service in legal matters against the crown, ministers of the crown and related entities to be done electronically instead of in person. The order is needed to promote access to justice while reducing unnecessary contact between individuals to stop the spread of COVID-19.

O. Reg. 77/20, work deployment: Long-term-care homes have been impacted by the pandemic and continue to rely on this regulation to help stabilize staffing levels, which is crucial to prevent and manage outbreaks. The minister's directive on long-term-care homes' COVID-19 immunization has been updated to reflect the revised National Advisory Committee on Immunization recommendations regarding the optimal interval between first and second doses of the COVID-19 vaccine. The update gave staff, support workers, students and volunteers until December 13, 2021, to show proof of a second dose.

For broader staffing pressures, this order provides long-term-care homes with greater flexibility to identify staffing priorities and develop, modify and implement redeployment plans. This is to alleviate the effects of COVID-19 and deal with staff shortages and increased care required to address an outbreak. It allows homes to implement redeployment plans as required.

O. Reg. 95/20 provides long-term-care homes with increased flexibility by enabling homes to better focus resources on providing high-quality resident care and the safety needs of their residents. The flexibility provided by these provisions continues to be required in long-term-care homes to recover from current and earlier waves.

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. Last month, committee members asked about this order. In follow up to those questions, I can share the following information. Of those reports with sufficient information to show potential price gouging and identify the business, approximately 900 of the most egregious incidents have been referred to police and law enforcement authorities across Ontario. Most complaints have been about hand sanitizers, N95 masks, disinfecting wipes and toilet paper. Hand sanitizers and face masks represent about 50% of the complaints filed through the online form. Approximately 1,670 notification letters have been sent to businesses across Ontario, advising them that they have been reported as selling necessary goods for prices that grossly exceed the price of similar goods available to consumers, contrary to the order.

O. Reg. 114/20: This order ensures a person is required to identify themselves by providing their name, date of birth and address to a police officer or other provincial offences officer if the officer has reasonable and probable grounds to believe the individual has committed an offence under section 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 measures with respect to work deployment and staffing to respond to, prevent and alleviate the COVID-19 pandemic, including redeploying staff within different locations in or between facilities of the board of health.

O. Reg. 118/20 allows flexibility for retirement home operators to recruit and reassign staff. It remains crucial to 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: This order allows developmental service agencies and intervenor service providers to continue to have the authority and flexibility they need to redeploy their staff to support critical services for vulnerable individuals. Measures to alleviate staffing pressures continue to be needed as developmental services and

intervenor service agencies respond to challenges posed by COVID-19.

O. Reg. 141/20 exempts the construction or conversion of a building from 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 effects of the COVID-19 pandemic, or 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 contingency planning, hospital overflows and shelter space needs caused by the pandemic.

O. Reg. 145/20 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 respond to challenges posed by COVID-19 and continue to support critical services for survivors of violence against women and victims of human trafficking.

O. Reg. 146/20 limits working in more than one long-term-care home, retirement home or other health care setting to fully vaccinated staff only.

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

O. Reg. 156/20 authorizes a local health integration network, now operating as Home and Community Care Support Services, to identify, request and authorize a contracted service provider organization to provide health care and related social services. The need for the order is to address staffing issues in priority settings, including at long-term-care homes and retirement homes, in an expedited manner, leveraging existing relationships with service providers.

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

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

O. Reg. 163/20 authorizes mental health and addictions 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 has been extended so that staff movement across multiple employers in the developmental services, intervenor services, violence-against-women and anti-human trafficking sectors will continue to be limited. This infection prevention measure protects staff and vulnerable clients. Staff members who are fully vaccinated against COVID-19 are exempt from the requirement to work for one employer in the same sector, except in the event of a COVID-19 outbreak.

O. Reg. 193/20 authorizes the board of a hospital to take any reasonably necessary measure with respect to any aspect of the hospital 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; extending existing hospital credentials for board-appointed professional staff; and expediting the appointment of the new professional staff.

O. Reg. 195/20 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 the moderation period. This includes the temporary wage enhancements for personal support workers and direct support workers.

O. Reg. 210/20 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.

O. Reg. 240/20 ensures measures are in place to allow the Retirement Homes Regulatory Authority to act quickly in the case of an 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 helps municipalities quickly pass or make changes to a temporary-use bylaw, 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, Ontario's weekly case rate is below the national average, while high vaccination rates have helped to hold the line on hospital and ICU capacity. Still, we are entering a delicate period in the life of COVID-19. While confidence is up for the 2021 holiday season versus 2020, caution remains the watchword.

This time of year presents the conditions where the virus thrives: more parties, more trips to the mall for holiday shopping, more family get-togethers. Which means we have to do more of what we have been doing to protect ourselves from COVID-19, including limiting social gatherings and the number of gatherings attended over the holiday season and, of course, getting the booster shot. And we must be ready to jump into action when necessary.

We all want this pandemic to end, and that is why we continue to extend orders under the Reopening Ontario (A Flexible Response to COVID-19) Act. Thank you, and I will turn it back over to you, Chair, to take any questions.

The Vice-Chair (Mr. Tom Rakocevic): Thank you very much. Now we move on to the question part. We will begin with 10 minutes to our official opposition, beginning with MPP Gilles Bisson.

Mr. Gilles Bisson: Well, thank you, everybody, and welcome back to the committee. I hope everyone is safe, Chair, and the honourable minister.

Listen, I think we all watched, last night, the press conference that you attended, along with the Premier and others, and I think we're all sufficiently concerned about what this Omicron variant is doing as far as working its way through our communities in the way that it is. As Dr. Brown from the science table said this morning, it's just dramatic, the amount of increase in the potential for people being infected.

To be honest, I was a bit surprised last night at the press conference, where the Premier said, "We're doing everything possible. We're doing a great job. We're the best in Canada. And our response is, everybody will get a booster shot." Where is the rest of it? It seemed to me there are other things that we can do in order to be able to minimize the transmission of disease. For example, on the booster shots, anybody who goes for their first vaccination today isn't going to have a booster shot at least until March, which means, let's say you've got a lot of people who are potentially still exposed to the variant, plus there are those that are not vaccinated or those who choose not to be vaccinated.

So why is it that the government doesn't have a response to how to deal with the Omicron variant in a way that matches up with the health community and with what your own science table is saying and what the co-chair is saying, which is that they're calling this morning after that press conference that there should be a circuit breaker? We should take advantage of the situation we have during the holidays in order to find a way to lessen the contact with people.

Nobody wants to see the economy close down. Let's all agree. You, I and everybody at this table, the last thing we want to do is shut down the economy, but it's very confusing what this government is doing. You're saying on the one hand if there is an event of 1,000 people or more, we're going to limit the amount of people to 50% of capacity. But yet you can go into a bar, a restaurant, a mall or whatever, and there is absolutely no limit because right now we're completely open.

How do you square that off? I agree with you: Vaccinations are where we've got to go, and as many people that are vaccinated the better it is, but there is going to be a large segment of our population that are under-vaccinated or not vaccinated going into this spring, and we're not doing the things that we have to do in order to be able to make them safe. Why is it that the government is only relying on vaccination and not doing some of the other things that the science table is calling for?

Hon. Sylvia Jones: Thank you for your commentary and questions. First of all, it's absolutely right. Omicron is, we believe, almost four times more transmittable than other variants. But we also have done and continue to do so many of the things that our health experts have urged us to do.

You highlighted the one example with indoor seating: Capacity of over 1,000 will be limited by 50% as of Saturday at 12:01. We have continued to ask that people wear masks, that they physically distance if they can, and wear masks when they're inside. All of those measures continue to be in place and will continue to be in place, because we appreciate and understand that while, to your point, people want the ability to get together, the ability to keep their job and go to work and have the economy moving forward, we also have very strict health measures that have proven, frankly, to be effective.

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And the only thing I would disagree with you on in your opening comments is we're in a much different place because, as I mentioned, 90% of Ontario residents over the age of 18 have one shot and 87% have two doses. So we're making sure that with the combination of continuing with health measures as well as expanding the opportunities for people to get vaccines—on the advice, I may say, of the National Advisory Committee on Immunization—all of those pieces together make Ontario, to be frank, a very safe jurisdiction.

Mr. Gilles Bisson: Well, listen, I think we're all worried because we're looking at the numbers going up. We're almost 2,500 cases yesterday, and your own science table is saying it's going to get dramatically beyond that.

I think what I'm trying to say—and we heard it in the questions from the media yesterday. The media were asking the same questions. Yes, vaccinations are one of the things in our tool bag that we have to use, and we've got to be, as much as possible, encouraging people to take vaccines and to get their third dose. Nobody disagrees. But there are a whole bunch of other things that you should be doing, and what you're doing is creating confusion.

For example, the government announced that, "At one point, if everything is okay, we're going to take away the vaccine mandates." Well, that just encouraged people not to get vaccinated. What was the point? Then, "By March, we might get rid of the masks." Why do those kinds of things? All they do is create confusion.

Your own science table is saying there needs to be a circuit breaker. Yet the Premier, yourself, the Minister of Health and the Chief Medical Officer of Health went before the media yesterday, talked about how great of a job you're doing and that you're following the science. But you're not listening to your own science table. Now, why do those two things not line up? Why does your science table recommend things, and then the government says, "Well, everything is fine, we're doing a great job; don't worry about it"? Because I think a lot of people are worried.

Hon. Sylvia Jones: It's hard to look at a 90% vaccination rate for first doses and not see that as success. It's hard to look at—

Mr. Gilles Bisson: Of course it's success, but across Canada, it's like that too.

Hon. Sylvia Jones:—double doses and not see that as a success, and particularly, when you look at other jurisdictions. Around the world, it's closer to 53%. So I think that what Ontario has been doing, offering vaccinations through multiple channels, all comes back to our three tenets when we began the pandemic. That was, of course, to prevent mortality, prevent serious illness and prevent transmission, and we continue to do that. We continue to follow and respect the advice of our medical experts, because we appreciate that at the end of the day, as these variants come forward, we are literally learning as the information is coming in, as are—

Mr. Gilles Bisson: How much time, Chair? Sorry, I cut you off there. You were going to say?

Hon. Sylvia Jones: I said we are learning, as are the medical experts, every day.

Mr. Gilles Bisson: Okay. How much time, Chair?

The Vice-Chair (Mr. Tom Rakocevic): We're at two minutes and 30 seconds.

Mr. Gilles Bisson: Okay. Well, I just want to make the point again that everybody understands this is a tough thing to manage. Nobody is trying to pretend that the decisions are easy. But your own science table and their recommendations don't line up with what the government actions are.

You talk about the success of vaccination in Ontario and how it's 53% worldwide. Well, most of Canada is at 90%. Canada has done a very good job of distributing vaccines and making sure we get it available to people. There are things we could be doing to increase it. What I don't understand—when I was a kid and went to school, you got your vaccines at school. You showed up one day, you rolled up your sleeve and the nurse gave you a needle for whatever it is they were vaccinating you for. Why aren't we doing them at schools?

Interjection.

Mr. Gilles Bisson: Hang on, I've only got two minutes. There are a number of things that you can be doing that I think would be far more effective, and some of these very things are recommended from your science table and you're not doing it. What I think you're doing is creating a bit of confusion, and it's a little bit of Russian roulette at the same time. Who knows where this is going to go?

When the science table says "a circuit breaker," why is it that the Premier and cabinet say nothing?

Hon. Sylvia Jones: May I, Chair—

Mr. Gilles Bisson: Absolutely.

Hon. Sylvia Jones: Thank you. I'd like to talk first about the school-based vaccine. The feedback from the public health units was that, in consultation with speaking with parents, speaking with guardians, they wanted to be with their children when those vaccinations were given. As a result, we absolutely do have school-based vaccinations across Ontario. The difference and the nuance is it's not during school hours, so it allows parents to come with their family, with their children to have that comforting parental guardian there as they receive the vaccine. That

was a decision and a determination that was made because we listened to the 36 public health units and their feedback on what and how they—

Mr. Gilles Bisson: People were doing mandatory vaccinations for other things in schools, as we are, and a parent who wants to opt out—essentially they send the child home with a note saying, “By the way, next week, this is going to be going on. Are you okay? If you have a problem, let us know.” And we deal with it.

My point is there are things that the government could do. Your science table is recommending things and you’re not doing it. You’re saying, “Everything is fine. It’s all about vaccinations.” Vaccinations are a huge part of it, Minister, I don’t disagree. But I believe your approach is creating confusion, and in the end, that might be what comes and gets us.

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

Okay. We’re now giving 10 minutes to the government, beginning with MPP Hogarth.

Ms. Christine Hogarth: Thank you, Minister. I know it’s been a crazy week. It’s been a crazy month since—actually, I think Minister Elliott was here last time, and Minister Rasheed, to talk a little bit about the app and some of the medical health concerns and answering our questions. We thank them both for their work as well. I know a lot has even happened in the last 24 hours, and the government has been working extremely hard to make sure the messages get out to people.

I don’t think people are as confused as MPP Bisson has stated. We’ve been talking with our constituents all day. My staff have been answering phone calls and responding to emails just really looking for where they can go and get the booster shot.

I want to talk a little bit about the vaccination process. There’s some good news when we talk about vaccines and how many people in Ontario have been vaccinated. I think this government should be congratulated on the amount of people that have been vaccinated—first dose, second dose. I know here in the city of Toronto, Mayor Tory should be congratulated, because he’s also done a good job making sure that we are getting our children vaccinated.

But let’s talk about the booster shot. I’m in that age category that was able to book on Monday—now everyone knows how old I am. As of Monday, anybody 18-plus will be able to sign up for their vaccine. It was interesting. At one point it was six months and now it’s three months, so that’s a “great news” story. But can you tell us where we are with the booster shot program?

Hon. Sylvia Jones: Absolutely, and PA Hogarth, your age will forever be a secret with me.

Listen, the booster shot program is in direct alignment with what NACI, the National Advisory Committee on Immunization, has recommended, which was of course the interval between the second shot and your third-dose booster. Originally, of course, it was six months. Now, it is three months, or 84 days, which means that you can go back and even expedite sooner getting your vaccine. Those determinations are not made at a political level. They are

following the medical advice of our experts of the National Advisory Committee on Immunization.

The fact that we can look at Ontario rates of 90% one dose for over 18; 87.4% second dose for over the age of 18; the fact that we have been able to offer multiple pathways for people, for convenience—I mean, I could go on and talk about the GO-VAXX buses, a very innovative model where we partnered with the Ministry of Transportation and with Metrolinx to retrofit three GO buses. They are now literally driving around the province and people are flocking to them, because they want that opportunity to get their booster shot. Or, in some cases, when we originally began the GO-VAXX bus model, we were actually seeing more people for first doses than second. It gave them the opportunity to speak directly and one on one to a medical expert and ask their questions, raise their concerns, and it has been a very effective model.

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So we’ll continue to offer multiple pathways for people, because we want to make this as seamless and comfortable as possible, and that includes, for the booster shots in particular, re-engaging our partners within the business sector who have large facilities and large employee bases to offer them vaccines so that they can, in turn, run their own internal vaccine clinics for their employees to get their booster shot. All of those things playing together, I think, are why we have been able to see the incredibly high numbers and percentages in Ontario. I hope that helps.

Ms. Christine Hogarth: Well, thank you for that answer, and that is good news, especially when you hear that large employers will have the opportunity to help with the vaccination process. As we talk about getting more shots in arms, it is a tool that is at our disposal, easy, that we can do something to protect ourselves and to protect others.

One question—and I wished I would have asked the Minister of Health when she was here last time, but I’m going to ask you. This is with regard to something that people talk about all the time. We are trying to encourage people to get vaccinated, but then we hear these numbers of all these people who are in the hospital and taking up the ICUs. So can you talk a little bit about the percentage of people who are actually in the hospital who are vaccinated versus those who are unvaccinated and in the ICU? I think this is important for the public to know.

The Vice-Chair (Mr. Tom Rakocevic): Just past the five-minute mark.

Hon. Sylvia Jones: Thank you. I do think this a really important fact for people to understand and appreciate. So, again, I’ll say it: 87% of Ontario residents—87.4%—are double-vaxxed, 90% have one dose, and yet, today, in the province of Ontario, our hospitalization rates, the majority of individuals who are in hospital with COVID—so this is directly in hospital with COVID—are, in fact unvaccinated individuals. It speaks to how important it is to have those conversations.

I don’t want people to think that they have superpowers, to suggest that they can withhold COVID-19 just by being healthy, just by being younger. It’s simply not the case.

We're seeing that in our hospitalization and our ICU rates. Now, when we had very limited supplies a year ago, we obviously focused on our individuals who were most vulnerable and, of course, that was our seniors primarily living in congregate care, long-term care, and individuals with pre-existing health conditions that made them more susceptible to getting the illness, COVID-19, and ultimately, in some cases, succumbing to it. So when we had limited supplies, we were very strategic in making sure that the people who needed it the most got it first.

Now that our supply has increased, now that NACI has decreased the interval from six months down to three months, there are so many more things that we can do to ensure that all Ontario residents who wish to receive the vaccine can do so, including, of course, yesterday's announcement of lowering the age for the third dose booster to 18 and above and, of course, following NACI's, the National Advisory Committee on Immunization, advice to decrease the interval from six months to three months, or 84 days.

Ms. Christine Hogarth: Thank you, Minister. It just proves how important it is to encourage those who are not vaccinated to be vaccinated.

I'd like to hand it over to my colleague MPP Smith.

The Vice-Chair (Mr. Tom Rakocevic): MPP Smith, you have two minutes, 15 seconds.

Mr. Dave Smith: Thanks, Chair.

Minister, if I could, I'd like to pick up a little bit on the ICU capacity. It is one of our concerns, because we don't want to be in a position where we have to be rescheduling or cancelling surgeries again because of a lack of capacity. Could you expand a little bit more for me? I know you talked a little bit about some of the measures, but could you expand a little bit more on steps that we're taking to make sure that our ICU is not overstretched and we don't find ourselves in the position where those ICU nurses, those ICU doctors are overworked and burned out?

Hon. Sylvia Jones: Yes, it's a great question. As of this morning's numbers, we have 164 citizens in an ICU bed across all of Ontario. We are very much seized with making sure that even with the uncertainties related to Omicron, we protect our hospital capacity.

MPP Smith, you nailed it when you said that it's not just about the physical beds; it's also about the health human resources that it takes to operate an ICU bed: the critical care nurses who have very specialized training in order to work within an ICU unit and the staff within the hospital who need to be able to support those ICU bed capacities.

So, absolutely, the Ministry of Health has expanded the number of ICU beds, but you can't train an ICU nurse in two weeks or two months. So we need to also protect and be very careful about monitoring hospitalization and ICU, so that we're not in a position where, God forbid, we even have to turn anybody away who has an emergency in the province of Ontario and needs access to an emergency room doc.

We've been very, very careful and very judicious in working with our hospital partners and giving them the

resources they need to perhaps modify some of their physical space in order to expand ICU capacity, and we have done that. We have reacted and responded when they—

The Vice-Chair (Mr. Tom Rakocevic): I'm sorry, Minister. We're at time—we're over time.

Now we move to five minutes to our independent member. Please begin.

Mr. John Fraser: Good afternoon. Minister, and thank you very much for being here. Five minutes—so little time; so many questions. But I do want to start by thanking the minister—and, actually, the Minister of Health, as well, too—for providing the briefing from the Chief Medical Officer of Health to the opposition parties. We got a half an hour with him. It was very helpful, very informative. We're looking to do that again—obviously not this week, but in the near future—to help us inform our colleagues of how they can help their constituents.

I would like to talk a bit about the vaccine task force and vaccinations and testing. I will just say right off the top that I was a bit puzzled when the vaccination task force was ended at the end of August, knowing that we had to vaccinate kids and that we may have to do boosters as well. I know that the minister said Minister Jones and Minister Elliott are now responsible for the vaccine task force, and I just think it was a missed opportunity because we have the distribution of tests—which there are some challenges with right now, and so I'll talk vaccinations in my second segment.

But in terms of rapid tests: The government and the Premier have been talking about how these tests are game-changers, and we can see around the world how critical they are. Knowing that schools are critical to our economy, it's really important to kids and families. What I don't understand is why, three weeks ago, two weeks ago, we knew we had to do something, but the government didn't accelerate getting those free rapid tests into the hands of families.

Hon. Sylvia Jones: Thank you—sorry, you normally go on for much longer. My apologies.

Mr. John Fraser: I do go on. I will again, if you give me some time.

Hon. Sylvia Jones: As I mentioned in my opening remarks, 11 million rapid antigen tests are now literally going home with our students and our schoolchildren, five tests per. That is for them to access and use over the holiday break to make sure that, while they can, they test themselves and family members, perhaps before they decide to go to a large gathering or make a determination on where they're going to go next. Five per student was set aside, and are now being distributed province-wide.

Mr. John Fraser: So I guess my question—you say they are being distributed right now. They actually aren't getting into parents' hands. And they've moved it up till Friday, which is because a lot of people believe, there may be—and I'm not asking you to say this right now, but that school may not be there on Monday. I know a number of boards have done that locally here.

1450

My next question is—and I appreciate that answer. I think we need to have a test-to-stay strategy at schools. I think we should have started it when we saw what was coming at us. It reduces the level of anxiety and helps people's mental health, especially in families.

Now, here in Ottawa, the government announced—they've been talking for about three weeks about these pop-up testing distribution sites. You may be aware of this or not aware of this, but you announced them yesterday and there were no sites for Ottawa, a city of one million people. One million people; not one site. And then the response from the government was, "Well, it's waiting for local approval." That's actually not the case. The case is that the government hasn't been working on getting local approval for the last three weeks. I don't know when they asked for those sites, but it's very concerning to Ottawa residents. People have been calling our office all day long. I just don't understand how a city of one million people could be left out of that strategy. I don't understand.

The Vice-Chair (Mr. Tom Rakocevic): Less than a minute.

Hon. Sylvia Jones: I'm going to talk about, again, how we have multiple pathways and that includes access to rapid antigen tests. I will highlight the work of MPP Smith, who worked with the local chambers of commerce and the local boards of trade across Ontario to distribute and provide rapid tests for chamber businesses, board of trade businesses—

Mr. John Fraser: Sorry, can I add one thing quickly? Our chamber couldn't distribute them because the province didn't deliver them. They didn't have them when they needed them. That happened here this week. I didn't want to miss that. I'm sorry to interrupt you. I try not to.

Hon. Sylvia Jones: The work of MPP Smith actually happened many, many months ago, well over six months ago, where we were building those relationships with chambers and boards of trade to offer rapid antigen test kits to employees and to businesses to test—

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

Mr. John Fraser: Thank you, Minister.

The Vice-Chair (Mr. Tom Rakocevic): All right. We are now in the second round, beginning with the official opposition. MPP France Gélinas has indicated she will be speaking. Please proceed.

M^{me} France Gélinas: Thank you, Minister, for being here. My first question is right in line with what you were talking about: the rapid antigen test. Unfortunately, the health unit I live in now has the highest percentage per 100,000 of people infected with COVID. Our hospital with 441 beds had 589 patients admitted, so you can imagine what that looks like. The ICU is full; the stepdown unit is full; every corridor, every end of hall, every TV room, the basement—everything is full. And yet, our public health unit, Dr. Sutcliffe, had made the decision, before your government, to send rapid antigen tests to the kids in schools, so this has been done. But there are no sites for anybody in Sudbury, and in Timmins for that matter, for people to go and get a rapid antigen test.

We are the hot spot right now in the province—I'm not proud of this, but this is the reality. How can it be that the rollout of the rapid antigen test did not take into account the fact of where community transmission is most active, and that would be northeastern Ontario—which has zero access to the rapid antigen tests, except for those that Dr. Sutcliffe sent to the public schools?

Hon. Sylvia Jones: Well, for clarity, of course, the province has also, through the Ministry of Education and the leadership of Minister Lecce, provided five test kits per student province-wide. So there is no anomaly exception made. Frankly, how quickly Sudbury PHU has changed speaks to the incredibly high transmission rate of the Omicron variant and why we will continue to press the federal government for more rapid tests.

I think if you were listening to the previous—

M^{me} France Gélinas: But I don't get the fact that the LCBOs in Toronto has access, and we are at a five times higher transmission rate in Sudbury and we don't have access.

Hon. Sylvia Jones: So I hope that you would help and work with us in pressing the federal government for more rapid antigen tests. We have used and distributed the supply that we have in the province of Ontario. We are pressing the federal government, and have been for quite some time, to ask for and to get them to procure more rapid antigen tests because we understand that it is an ability for people to proactively do some of their health monitoring, and we want people to do that.

But we have, again, protected our most vulnerable. So the students who, up until very recently, did not have access to the vaccine have five rapid antigen tests that they will take home with them over the Christmas break. We wanted to protect and limit transmission, and the best way to do that is to give to the youngest people who were not able to reach that 90% vaccination rate—

M^{me} France Gélinas: Minister, I fully support this, what is being rolled out through the schools. Where I have a problem is that when you rolled out the plan to have rapid antigen tests in LCBOs, why is it that it did not come to the LCBOs of northern Ontario, where the rate is five times that? You are rolling it out in LCBOs in areas of low community risk while us, who are five times higher than Toronto, get none—"us" as in Sudbury, Timmins, northeastern Ontario.

Hon. Sylvia Jones: Again, I have to remind committee members that the expansion into the LCBO stores was one pathway. We have it through the students. We have it through the boards of trade. We have it through the chambers of commerce, through the businesses. We have it through police and fire departments and the OPP, frankly, who have members who are testing regularly before they go out on their shift to ensure that they are not transmitting COVID-19 when they are interacting with the public.

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

Hon. Sylvia Jones: The testing has continued and will continue. What we need now is more rapid antigen tests

from the federal government, and we'll continue to press on that.

M^{me} France Gélinas: But, Minister, if you have money to pay, if you have \$40, you can go to any drugstore in Sudbury or Timmins and you will be able to get a rapid antigen test. You have to realize that the people that I represent are big French Canadian families who want to get together. This is part of our culture. This is how we celebrate Christmas. Nobody wants to bring COVID to Grandma. Nobody wants to bring COVID to their family. They want to be able to test themselves, to say, "I've done everything. I have no symptoms. I've been really careful. I'll test myself, and then I'm going to go give Grandma the hugs that she has been longing for, for 20 months." But we're not able to do this unless you have 40 bucks.

Yet in Toronto, you can go to the LCBO and get that test for free. What kind of a plan does not look at where the virus is the most spreadable in the community when you roll those things out? How come this was not taken into account? And for me who lives in the north, it looks like the north doesn't count.

Hon. Sylvia Jones: So for clarity, the \$40 tests that you are referencing were purchased separately and apart from the federal government procurement. They have nothing to do with the rapid antigen tests that we have provided as the province of Ontario free of charge to police officers across Ontario, firefighters across Ontario and OPP and municipal officers across Ontario, who continue to work in the public and interact with the public to ensure that they are safe. We have been using them within our long-term-care homes. We have, as I mentioned—

M^{me} France Gélinas: I know all of this, Minister, but you're not answering the questions about the divide between northern and southern Ontario.

Hon. Sylvia Jones: I did reference that. I talked about how it's one pathway. The LCBO is one pathway and there are multiple pathways for people to access the rapid antigen tests. We were targeting to ensure that—again, the transmission rate is much higher. So we're making sure that those people who continue to interact with the public, who are the most vulnerable—as an example, our youngest and our elderly in long-term care—have access to the rapid antigen test. Businesses—

M^{me} France Gélinas: So, to all of those big French Canadian families who want to get together at Christmas, you're telling me that they're not going to have—

Hon. Sylvia Jones: We made sure that they had access to the rapid antigen test so those stores could continue to stay open and our economy was not ground to a halt.

1500

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

M^{me} France Gélinas: So you're telling me that for all those families who want to get together this Christmas, there is no way for them to gain access to a rapid antigen test unless they pay the 40 bucks; if you live in northern Ontario, there's not going to be a test available to family members who want to do the right thing before Christmas.

Hon. Sylvia Jones: I'm asking for you to be part of the solution and work with me to get the federal government

to procure more, because we have used in Ontario the supply that we were provided from the feds.

M^{me} France Gélinas: Okay. Change of topic: the crisis in nursing. RNAO had their RNAO day at Queen's Park this week. I'm sure you got to see their number one ask: Repeal Bill 124 so that the crisis we now have in our hospitals, in our long-term care, everywhere through our health care system has a chance of aiming in the right direction. Repeal Bill 124. Repeal O. Reg. 74/20 of the work redeployment. Is there a chance that the nurses will be heard and this will happen?

Hon. Sylvia Jones: I will specifically talk to the work redeployment. I will use a very personal example. In my own community, my hospital, of course, is an assessment centre now that wasn't there 22 months ago. They redeployed—redeployed—health human resources to ramp up and provide that assessment centre, as have many hospitals redeployed staff to ensure that they can operate vaccination—

M^{me} France Gélinas: They redeployed because you gave them the power to do this, but had you simply asked—

Hon. Sylvia Jones: Are you saying we shouldn't have? As I said, there was redeployment as a result of the need for assessment centres, for vaccination centres, and that simply would not have been possible under the current system that we have in our hospital—

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

We now move on to the second round for the government. Who will be speaking? I see MPP Robin Martin has her hand up. Please proceed.

Mrs. Robin Martin: Thank you, Minister, for being here and for answering these questions. It is a very difficult time for everybody. I know that the Ontario chambers of commerce have distributed some six million rapid tests as of December 8 all around the province. I also know that one of the things that the chambers of commerce have to do in each area is to maintain an inventory and to order more tests when they are running out, so if any chambers of commerce haven't had tests, my understanding is that they would be able to order more to get more and they need manage their inventory. I don't know if that's what happened in Ottawa, but I suspect maybe they just ran too low before they could get some more.

Anyway, I wanted to ask about the fact that it's the holidays and some people don't have your traditional 9-to-5 job and are having challenges getting their booster shot. One of the times they may have available is during their Christmas break. So I'm just wondering, will there be availability for getting the vaccine over the Christmas break? I managed to schedule myself an appointment on December 13 for December 22, because I'd like to get my booster too and I'm of a certain age. I think the boosters are going to be more available than MPP Bisson suggested earlier, but I'm just wondering for people who are having a hard time scheduling whether the holidays will present an option for them.

Hon. Sylvia Jones: Absolutely, they will. It just speaks to why the model that we set up where there were multiple sites and opportunities for people to access a vaccine are available to them.

I think we can all appreciate that the local health units, who have frankly done the lion's share, the majority through prepping and working at mass immunization clinics, do feel that it's time for others to assist and help. So we have access through pharmacies; we have immunization clinics that continue to operate throughout the holiday season; we have primary care practitioners who are stepping up with vaccine, particularly, again, in that younger age group where the parents and the guardians want to have a more detailed conversation with their own primary care practitioner before providing the shot to their young children.

All of those different pathways, including, as I briefly spoke to earlier, ensuring that companies, manufacturers, large business sites that have health human resources embedded in their organizations have access to the vaccine so they can provide vaccines and booster shots to not only their employees but also the employees' team members and, in some cases, in fact, the community. We've seen that very directly. Linamar in Guelph is not only providing vaccines and boosters for their team members, but they have also gone community-wide so their neighbourhood is also benefiting.

There are so many opportunities and pathways, and that, frankly, is allowing us to continue the vaccine rollout, even through what would be traditionally lower times of the year for people to attend mass immunization clinics.

Mrs. Robin Martin: Thanks, Minister. I know things are moving very quickly with Omicron. We've seen it spread. It's certainly more transmissible; that's what everybody says. I know from the Premier's announcement yesterday with our Minister of Health that it's an all-hands-on-deck approach to get those booster shots out, so I think that's really important.

Later—I guess it was just a couple of hours ago now—the science table did a presentation about other things that can happen. Given the increases in cases across the province, I was wondering if you could give us an updated look as to what goes into the decision-making with respect to further public health measures and whether those are going to be on a provincial or local level, etc. If you could just give us some insight.

Hon. Sylvia Jones: For sure. Thank you for that. As has always been the case under the EMCP Act, local public health units can make further recommendations and restrictions based on what they're seeing in terms of if there are local outbreaks. My own public health unit, last December, in fact, closed down a school because there was a very targeted outbreak in one particular school community.

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

Hon. Sylvia Jones: The local public health units have always had that ability to issue a section 22. Of course, our own Chief Medical Officer of Health for the province has also issued a section 22. You might remember when,

frankly, the federal government wasn't checking and doing as much to protect our borders, we stepped in and started doing testing last February to make sure that as people were coming into the province, we knew whether there was a risk of having COVID-19.

All of those determinations continue to be available to both the Chief Medical Officer of Health and the 36 local medical officers of health, and as we and the science advisers learn more about Omicron, then we are able to react as well.

This is a very fast-moving variant and, frankly, we're monitoring very closely what is happening in other jurisdictions—South Africa, of course, where it was initially discovered, but even other jurisdictions like the UK, where we can look at that and see what changes have been working and, frankly, what changes haven't made an impact. But what we know most importantly about Omicron is that its transmissibility is much higher than we've seen in any other variant to date; almost four times.

Mrs. Robin Martin: Wow. Well, thank you, Minister. I just wanted to say that I also know that in Sudbury—we're certainly waiting for confirmation from the local public health unit there about pop-ups, but we need to confirm that with them.

My colleague Effie Triantafilopoulos, MPP from Burlington, I think, has a question.

1510

Ms. Effie J. Triantafilopoulos: Minister, there are a number of changes made this week for visitors and essential caregivers, including specific enhanced measures to long-term-care homes, given the increase to the COVID cases in the community. Can you advise us, for those who want to visit their loved ones, especially during this holiday season, what they need to do?

Hon. Sylvia Jones: Absolutely. I have to say that under the leadership of Minister Phillips, there has been endless—there's been a lot of activity, both on the long-term-care and retirement home pieces. This comes back to protecting the most vulnerable from serious illness and transmission. So what do we know? We know that Omicron is incredibly contagious, so preventing those outbreaks by testing visitors before they have the ability to come in to visit a loved one—

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

Hon. Sylvia Jones: I will say there is, of course, an exemption given for palliative care, but notwithstanding that, the ability to be able to confirm that even individuals who are fully vaccinated still are going to have a test before they are allowed in—essential visitors, same thing—really gives us that additional layer of protection that we're looking for, to prevent the transmission. That's probably the biggest and most important change that people who are visiting loved ones in long-term care will notice.

Ms. Effie J. Triantafilopoulos: Thank you. Another quick question, Minister: We saw this week that the federal government has made some changes to travel and border restrictions in response to the rise in cases. What is our government's position when it comes to protecting our borders?

Hon. Sylvia Jones: Well, as you know, we've had—how shall we say?—polite disagreements with how we are able to protect our borders and try to prevent as much as possible the variants coming in. Of course, that has happened, and we're going to continue to work with our federal government on that. I've been working with organizations that are adjacent to or working near and within airports, to see if there are other things that the province can do to assist. But we continue to work with the federal government, and will, to make sure that as much as possible, we check people as they are coming back into Ontario, returning to Ontario: that they have been tested, and that they know what they need to do to protect themselves and keep their loved ones safe.

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

We move into the second and final round for our independent member. MPP Fraser, please begin.

Mr. John Fraser: Again, thank you, Minister, for being here. I do want to reiterate something, and this isn't a question. I very strongly recommend that the government move to a test-to-stay strategy in schools now. Schools are not only really important to families, but they're really critical to our economy. They help provide learning for kids, but they also allow people to go to work every day in this province—millions of people. We need to get tests into the hands of not only families, but our educators, to keep our schools safe, our educators safe and, most importantly, our children safe. I think it was a mistake for the government not to have done that earlier. I hope that you're going to do that in the new year.

I would like to say a few things about vaccinations. I did get my booster shot this morning, which I'm very thankful and grateful for. My wife, Linda, got hers as well. I encourage everybody to go out and get their booster shot or get vaccinated.

Again, back to the vaccine task force: I'm trying to understand why, given the fact that we knew we would have to vaccinate almost one million children and that we might have to do boosters, we would disband the vaccine task force with the prospect of that happening. If this pandemic has taught us anything, it's that we're going to get surprised, and so plan for the worst and hope for the best. I would just like some insight into why that made sense.

Hon. Sylvia Jones: Yes, absolutely. It's a great question. I think there are a number of pieces that play into that. As you would remember only too well, last December we had an incredibly limited supply of the vaccine, so a lot of the work that the vaccine task force did was working with medical experts to say, "If we have a limited supply, where does it need to be deployed first to offer the biggest protection?" Again, back to those three tenets: prevent mortality, prevent serious illness and prevent transmission. So that was one of the roles that we very much worked with the task force on. And you will remember that the task force was made up of a wide range of pharmaceutical scientists and epidemiologists to ensure that we had that input that was needed at that point.

The other piece that the vaccine task force did—and, I would say, did very well—is build the infrastructure, so even though we had incredibly limited supply in December going into January, the infrastructure was being built to ensure that when we had supply, how quickly could we get it into the pharmacy channel and what needed to change to make sure that worked? How quickly could we get it into primary care?

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

Hon. Sylvia Jones: What did we need to do to convince people or explain to people the value of the vaccination program? All those pieces were what the vaccine task force was working on: the bones, if you will, the infrastructure to make sure that when we had sufficient supply, we could do that, which is why we were able to thank them for their work and move forward in the summer.

Mr. John Fraser: I don't think it was a good decision, Minister, but we won't belabour the point now because I would like to—I do think that that expertise would have helped us now. But also, that distribution effort would have helped us with the rapid tests that we're having a really hard time getting out and getting to people, as we've heard today.

I will add one more thing. I did get an automated call from the Chief Medical Officer of Health reminding me to get boosted yesterday, and reminding me that I, being 70 and over—which I'm not, as you may know, which is okay.

I just don't understand why we weren't using that technology just a bit more when we started that out. One call to every person who should get boosted would have been good about six weeks ago. I'm thankful for the call yesterday, but it's just that sense of urgency—and now we're in this panic and we don't feel like we're ready.

Hon. Sylvia Jones: Yes, we do. We actually did it a little more strategically. This won't have been your experience, because I'm fairly confident that you have a family doctor. But one of the things we did do was we reached out proactively through our call centre to call individuals with no family doc and say, "Are you aware? Do you have any questions about getting a vaccine?" The call centre was proactively doing those phone calls in late summer. We called it the last-mile strategy: How do we reach that small percentage, that 15%, 18% of Ontario citizens who have not received their first dose?

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

Okay, we move now to our third and final round, beginning with the official opposition. MPP Gélinas?

M^{me} France Gélinas: I had an Internet issue, so I guess I'll end on rapid antigen tests with: If there are 2,000 tests in a Toronto LCBO right now, send 200 of them to northern Ontario. We don't have to wait for the federal government; we have some now in a Toronto LCBO. Send some to the northern LCBO on an equitable basis, as simple as that.

But I want to go on to the crisis in health care. You talked about the redeployment. And the example that you give, I will answer to this, Minister. Had you asked nurses,

“Who wants to volunteer to go into the testing centre?” you would have filled up the testing centres with the right amount of human resources that were willing to do that work, rather than forcing someone to be redeployed to where she doesn’t want to go.

Our nurses are having a tough time right now. Why don’t we take the time to listen to them, to talk to them? And this work redeployment that the employers impose upon nurses is not helping the cause, and neither is Bill 124.

Do you want to comment? Is there a chance that you will listen to nurses? Their number one ask—our heroes—is to get rid of Bill 124. Will you do it?

1520

Hon. Sylvia Jones: So, it is absolutely critical that we continue to listen and respond to all health care pleas. We understand that it has been a very long pandemic, particularly for individuals in the public health units, in our hospital sector, in our long-term-care sectors who have had to deal, day to day, every shift, with individuals who are COVID positive and have no access to loved ones. I get it. It has been a very stressful time.

We know that the vast majority of hospitals have been able to work voluntarily with their staff to make sure that people who wanted to be in those assessment centres, wanted to be in the testing centres and vaccination clinics could do so.

But, again, a very practical example: We, at the beginning of this pandemic, as you would know, had to send health care workers out of hospitals into long-term-care homes. That is not possible under the existing agreements. So we’ll continue as long as it’s necessary and needed and—

M^{me} France Gélinas: And Bill 124?

Hon. Sylvia Jones: So, again, I think we need to stay within the scope of this committee. Thank you, Chair.

M^{me} France Gélinas: Okay. My other question, then, has to do with the third shot. An easy one will be, do you think that the third shot will be shown on your QR soon? If you have your third shot, you can download the piece of paper that says you have your third shot, but your QR only shows two. Is this something that will change or no?

Hon. Sylvia Jones: Again, my particular constituency office has been doing the—where they plasticize your certificate. I’m sure many of you have done the same. In fact, we had an example this week where an individual received their booster and it does show up on the vaccination card. It happened within the day, so the turnaround is happening very quickly. I only give you that example. I know it is happening, certainly, in our public health unit and I know that Minister Kaleed Rasheed is working to update as necessary. But I know it is happening right now in my own public health unit.

M^{me} France Gélinas: Is there an intention of making the third shot mandatory?

Hon. Sylvia Jones: There are so many things that we continue to learn about both the boosters and the variants as they come in. I can’t specifically speak to whether that will be coming down the road. It is possible, but we won’t

know until we get a better handle on what Omicron actually does and the vaccine overlay with it.

M^{me} France Gélinas: So if we look at long-term care, there is no intention of making sure that people in long-term care have the three shots, that their visitors have the three shots? It’s still two?

Hon. Sylvia Jones: So, again, long-term-care residents and staff and their families have been prioritized for the third-shot boosters. As you know, many long-term-care homes have nurses and health care staff actually in the facility and are providing those vaccines directly to the residents. It is voluntary, so there are some additional restrictions for residents who choose not to be vaccinated. But I have to say that when you look at 80% Ontario-wide 18-plus, we’re well into the nineties when we talk about long-term-care residents who have received their vaccines and now are actively engaged in getting their third-shot booster.

The Vice-Chair (Mr. Tom Rakocevic): MPP Bisson has had his hand up for some time.

Mr. Gilles Bisson: How much time do I have left?

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

Mr. Gilles Bisson: Okay, thank you.

Minister, in the last round of questioning, when you responded to my colleague Madame Gélinas that, “You’ve got to help me go after the federal government to get more tests so that we can get antigen tests at the LCBO in northern Ontario,” you don’t know how frustrating that is for people in northern Ontario and other places that are not getting them as a result of your government’s decision. The LCBO is owned and operated by the Ontario government. We do not need the permission of the federal government to issue whatever antigen tests we have to whatever LCBO we want in the province of Ontario. So the question my colleague was asking you is, why is it that your government is deciding to only issue them in certain places in and around the GTA and not put them in places like Sudbury, Sault Ste. Marie, North Bay and other places, where the case count is going through the roof?

Hon. Sylvia Jones: It is my understanding that the LCBO in Sudbury is receiving rapid antigen tests. Having said that, we—

Mr. Gilles Bisson: That was not the case as of last night.

Hon. Sylvia Jones: We have not got an infinite supply, so we need—

Mr. Gilles Bisson: We understand that, but there’s very little time.

Listen, I understand we’ve only got so many antigen tests to be distributed. The point is, we take what we’ve got and we make sure that it’s distributed equitably. From northern Ontario, it doesn’t seem to be very equitable. That’s my point.

Hon. Sylvia Jones: And it is my understanding that the Sudbury LCBO will be receiving rapid antigen tests.

Mr. Gilles Bisson: Well, thank God for us making a fuss, because it’s probably the only reason they’re up there.

Now, the last question I have—and it's very, very quick—is in regard to how your own science table is calling on the government to do more than what you announced last night. Why is it that this government has to be brought kicking and screaming to deal with issues such as mandatory vaccinations and a whole bunch of other things that you had to be reversed on? Why don't you just do the right thing and stop the confusion? Just do what you're supposed to do. You're the government.

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

Hon. Sylvia Jones: MPP Bisson, you opened your remarks earlier today by saying nobody wants the economy to be shut down.

Mr. Gilles Bisson: That's not what we're calling for.

Hon. Sylvia Jones: We are absolutely working with the Chief Medical Officer of Health and our science experts to make sure that the limitations and the recommendations are being followed by the people of Ontario. We have more bylaw and labour inspection officers in the province of Ontario than we've ever had, and what are they doing? They are going into workplaces to make sure that the staff are safe and can continue to work and provide for their families.

We have worked with our municipal partners to fund them so that they can modify, so that they can open up their community centres to allow children to play their sports, which is so critical—

Mr. Gilles Bisson: But, Minister—how much time, Chair?

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

Mr. Gilles Bisson: Minister, I guess just a closing comment. We understand that this is a tough thing to manage. You have my sympathy, and I think the entire province gives their sympathy with some of the decisions you have to make. But these are tough decisions that must be made. When your science table is telling you to do something and the government sort of sits there and says, "Well, I'm more worried about my political base than I am about making the right decision," it really, I think, makes things worse. It exacerbates the situation.

We understand this is going to be hard to deal with, but if we don't get it under control now, we're going to be in a much worse position come sometime in January. I hope I'm wrong, but I think that's where we're going, and I think this government dropped the ball last night.

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

We're now moving to the third and final round for our government members. Who will be beginning? I see MPP Sam Oosterhoff has his hand up. Please proceed.

Mr. Sam Oosterhoff: Thank you, Minister, for coming before the committee again. As you know, these times are rapidly shifting, and we understand the challenge that that can be, as well, in ensuring that there are timely updates. But we really appreciate the fact that you've come back before the committee to answer our questions.

I want to draw along the lines that we just heard from MPP Bisson. We've seen that the opposition wants us to essentially shut down at the first sight of any COVID-19 pressures. Although we understand that this blunt instrument can be effective in reducing the spread, the opposition doesn't seem to recognize the immense negative consequences for mental health, for businesses, for social interactions—so many of these aspects.

So in contrast with the opposition, I'm wondering if you could speak to the importance of ensuring that we use targeted measures that have high impact when and where they're needed, instead of using the blunt instrument of lockdowns as the only tool in the toolbox—which seems to be the instinctive reaction from the opposition: "Shut everything down the second there's any pressure."

Hon. Sylvia Jones: Thank you for that question. It's an excellent one. We've talked previously about the value of section 22 orders that have been used throughout the pandemic by our local medical officers of health. That targeted approach means that when they see a challenge, when they see an outbreak—I'll give a very specific example, which MPP Oosterhoff may be familiar with. Early on, our temporary agricultural workers who were coming into Ontario—we focused; we worked with two medical officers of health, in particular, to make sure that they had sufficient access to vaccines, because we knew that having these guests in the community, in our province, who are critical to the agricultural backbone, be protected—we did that, working with the local public health units.

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We absolutely have done some province-wide measures. We've all seen them. But we've also allowed the public health units to do what they do best, which is [*inaudible*] and know what is happening within their communities. While continuing to do that—I think it is a good tool—we need to continue to listen to the advice that is offered. It's, frankly, one of the reasons why we have now increased what is happening at our long-term-care homes. Not only do you have to show proof of vaccination, but we're now going to ask that you get tested, because we don't want that transmission to occur within our long-term-care homes.

As you know, yesterday, of course, large indoor gatherings, 1,000 seats or more, are now back to 50% capacity, because we understand and appreciate that when you have a large group of people together the risk of transmission is heightened, particularly in light of the fact that the Omicron is, as I've mentioned before, four times more transmissible than even the Delta previously.

So those are all examples of how we can do, yes, some province-wide measures that are going to protect all of us, but also some targeted if we're seeing certain things and if the local public health units are seeing certain things within their communities.

Mr. Sam Oosterhoff: Thank you, Minister. We're still early days with the Omicron variant, but we're already hearing in my community office calls from people who are saying, "This is feeling surreal. This feels like déjà vu."

For 20 months, we've been going through the pandemic. We've made so many sacrifices, Ontarians have made so many sacrifices, and yet it just keeps on going. I sympathize. I understand that deep-seated pandemic fatigue that people have. Unfortunately, this in some cases is leading to cynicism. I'm hearing from people that "two weeks to flatten the curve" turns into months of uncertainty around what's coming.

Questions are abounding: Where is the hope, and what can we do to bring about normalcy again? I know you don't have a crystal ball and I wouldn't expect that, but what's a message that we can bring back to our constituents, some of whom are, frankly, giving up hope that they're going to see the end of the drastic albeit necessary measures that have been in place over the last 20 months? What's that message for all of us to bring back to our communities?

Hon. Sylvia Jones: It's a really important issue that you've raised, so thank you. First of all, the message is: Ontario, Canada has done incredibly well when you compare it to other jurisdictions. There is no one who can point to another jurisdiction that has done a better job. We've done what we can to protect as many people as possible. I'll come back to the tenet that I've literally had posted in my office since the beginning: prevent mortality, prevent serious illness, prevent transmission. The ability to do that in a targeted way and to see 87.4% of Ontario residents over the age of 18 get a vaccine—that's unheard of, when you look at our neighbours to the south. So we'll do that.

We will continue to learn. As you mentioned yourself, we don't know everything related to Omicron. The only thing we really know is it's highly transmissible. The ability to say, "Okay, yes, we want to make sure that our long-term-care staff and our hospital staff and capacity are protected"—how do we do that? Absolutely, offer them a booster. But do you know what else we have to do? We have to offer the booster to their family, because it is that transmissible. So those are things that we've been able to do in a targeted way to ensure that we protect our hospital capacity.

I don't like the fact that we have 165 people in ICU right now, a week before Christmas, but I'm pretty happy it's not 1,000.

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

Mr. Sam Oosterhoff: Yes. Trying times for sure. But we're thankful that your team and yourself are working very diligently on addressing these matters.

I'm going to now turn it over to my colleague MPP Coe. Thank you.

Mr. Lorne Coe: Good afternoon, Minister. Thank you so much for your excellent presentation and the time that you've spent with the committee. You will know that following Health Canada's authorization, the government opened up the vaccinations for children five to 11 and my two granddaughters, Annette and Sophia, fall within that age group. I told them earlier this morning that I was participating in this committee and that you would be appearing, so they're both watching this afternoon. I

wonder if you could share with us, Minister, what progress has been made in protecting the youngest in society, like Sophia and Annette?

Hon. Sylvia Jones: It's a wonderful question and I'm so pleased that Sophia and Annette find this important, because there is nothing more important than our health.

I'm just quickly scanning to see if I can find youth population, and we are at, for first doses, 57.8% of the population aged five to 17 have received one dose, and 38.5% of Ontario's youth population, five to 17, have received their second dose.

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

Hon. Sylvia Jones: So, we're getting there. The age, if we narrow it down even more, ages five to 11—which as you know, MPP Coe, is the last cohort age group that is available—was finally able to access the vaccine. Even with the five- to 11-year-olds, it's 33.2% of the Ontario population.

So, we're getting there. Again, I would say it is because we have multiple pathways. Whether it's through your family doctor, whether it's through a mass immunization clinic hosted by the local public health unit or whether it's by your local pharmacy, those are all pathways that people have been accessing to get their children and grandchildren vaccinated.

Mr. Lorne Coe: Thank you, Minister, for that answer.

I'd like to turn to another area. I've been getting a few calls in my constituency office because people, of course, are watching the case count. One of the questions I'm getting is will they be able or be in a position to have the holidays with their family and, if so, are there precautions that you would recommend that they consider, please? And thank you again for your time and excellent presentation.

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

Hon. Sylvia Jones: Yes, I think we all are very seized with the opportunity to celebrate over the holiday season with our family and friends. I would say this is where the precautionary principle comes into play. In a respectful way, knowing that your guests are vaccinated with two shots would be worthwhile. Making sure that your dining room or wherever you're celebrating is nicely ventilated, and maybe opening the door a few more times than you normally would in the end of December, would be a valuable thing. And of course, all of the health advice that we've had from the very beginning: mask when you're inside, mask when you can't stay physically distanced from people, wash your hands often. Those all play a role.

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

Hon. Sylvia Jones: Thank you.

The Vice-Chair (Mr. Tom Rakocevic): Minister, thank you again for appearing before the committee today and answering questions. You are now excused. Hope you have a wonderful happy holidays.

Okay. We will pause for a minute as we moved into closed session for report-writing.

The committee recessed from 1539 to 1552.

The Vice-Chair (Mr. Tom Rakocevic): Committee, my apologies. MPP Bisson did, in pre-meeting, indicate that he wanted to move a motion before we moved to closed session. We've all assembled again, and the floor, MPP Bisson, is yours.

Mr. Gilles Bisson: I'm not going to be very long. We know what this is all about. Currently, all of our committee meetings are being televised. If any member of the assembly wants a copy of this particular proceeding, they can get it 30 minutes after the actual committee hearing. Well, what I'm asking for and what I'm going to move a motion for is that we turn on the record on Zoom. That way, there, we can record it ourselves and not utilize staff time and Legislative Assembly time in order to get copies of something we can do ourselves quite easily.

So I want to move the following motion: That in all subsequent meetings of this committee, the Zoom be enabled to be recorded so that members, if they so choose, can hit the record button on their Zoom in order to record these particular proceedings.

The Vice-Chair (Mr. Tom Rakocevic): Would you be able to repeat it one last time? The Clerk needs to catch the last bit.

Mr. Gilles Bisson: I move a motion that asks that this committee enable the recording feature of the Zoom, that allows us to record from Zoom, to be activated for every subsequent meeting of this committee.

The Vice-Chair (Mr. Tom Rakocevic): This will be a unanimous consent motion, and it's going to be shared on the screen in a moment, as written.

Is the member good with that wording?

Mr. Gilles Bisson: Yes, that's fine. That's good.

The Vice-Chair (Mr. Tom Rakocevic): Okay. Do we have unanimous consent to pass this motion? I see several people shaking their heads, so the motion does not pass.

A hand up from the member?

Mr. Gilles Bisson: Well, I'm not going to keep us going all day here, but the government does not allow—it's so ludicrous that the government would say no to such a motion when we're able to already get the recording 45 minutes after the committee hearing. The only thing I'm asking is that we cut the staff time and hit the record button, and the government, because I guess they're afraid of their own record, don't want to have it recorded. So let the vote stand the way it is, but I think it's just sad, and it shows how un-transparent this government is.

The Vice-Chair (Mr. Tom Rakocevic): Okay, thank you. I see MPP Hogarth has her hand up.

Ms. Christine Hogarth: I have to say the opposite. The member clearly stated this is live, which is as transparent as you can be; this is recorded; and it is sent out to all members who wish it to be. So it's the opposite: It is absolutely transparent, 100% transparent. It's a duplication of efforts.

The Vice-Chair (Mr. Tom Rakocevic): Final comment, but we need to move into closed session.

Mr. Gilles Bisson: Listen, I'm not going to continue this debate, but you can't argue that it's transparent only because you're able to get it later. What I'm saying is cut the staff time and hit the record button. Every Zoom meeting that we go to—and that's what we do—you have that ability. It's only for these particular meetings where the government says, "No, you can't record," which tells me they're not transparent. That's my point.

The Vice-Chair (Mr. Tom Rakocevic): Okay. The motion does not carry, and I think we've heard from both sides. So I think that we now move into closed session. Thank you very much.

The committee continued in closed session at 1556.

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