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Assembly  
of Ontario



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**Official Report  
of Debates  
(Hansard)**

EM-6

**Journal  
des débats  
(Hansard)**

EM-6

**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

2<sup>nd</sup> Session  
42<sup>nd</sup> Parliament

Thursday 10 March 2022

2<sup>e</sup> session  
42<sup>e</sup> législature

Jeudi 10 mars 2022

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Chair: Daryl Kramp  
Clerk: Christopher Tyrell

Président : Daryl Kramp  
Greffier : Christopher Tyrell

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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 10 March 2022

Jeudi 10 mars 2022

*The committee met at 1400 in room 151.*

**EMERGENCY ORDERS REVIEW**

**The Chair (Mr. Daryl Kramp):** Well, good afternoon, all you smiling faces. It's good to see everybody personally here rather than just simply through that screen. It's a welcome back this way now. As Chair, I call this meeting of the Select Committee on Emergency Management Oversight to order.

Following our normal procedure, 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.

As usual, according to our history and tradition and the standing orders, this committee is empowered to meet as follows: up to 30 minutes for the Premier or his designate to make an opening statement; up to 60 minutes for members of the recognized parties to pose questions to the Premier or his designate in three rounds of 10 minutes for each party; and then up to 10 minutes for the independent member to pose questions to the Premier or his designate in two rounds of five minutes each.

Of course, following the minister's opening remarks, we'll proceed to a question rotation, as consistent as we always have. It will be 10 minutes to the official opposition, up to 10 minutes to the government and up to five minutes for the independent member. We will repeat that as well, then, for the second round of questioning. And then in the third round of questioning, 10 minutes then 10 minutes to the official opposition and the government.

Are there any questions before we begin today? Seeing none, Minister, you have the floor, please. Solicitor General, you may proceed with your introductory remarks.

**Hon. Sylvia Jones:** Thank you very much. It's a pleasure to see everyone in person.

Before I begin, I would like to thank all presenters who have appeared before this committee: the Honourable Christine Elliott, Minister of Health; the Honourable Paul Calandra, Minister of Long-Term Care; and both Dr. David Williams and Dr. Kieran Moore, Ontario's recently

retired and present Chief Medical Officers of Health. They have participated over the course of many meetings and upheld confidences even in the most challenging chapters of recent years.

I am pleased, as we all are, that Ontario is in the last mile of COVID-19. Positivity rates for COVID-19 continue to fall, and COVID-19 case numbers in hospitals, including ICU admissions due to the virus, are dropping. As a result, more beds are becoming available for non-emergency surgeries. We are confident that when schools return after spring break, in-class learning will continue.

Ontario continues to be a leader in vaccines, with an incredible 31.8 million doses administered, and rising. More than 90% of Ontarians aged 12 years and older are fully vaccinated with two doses. Over 54% have received their third dose. I am very grateful for the tireless efforts of Ontario's public health units and their staff and all front-line workers, who have demonstrated the true meaning of public service through this pandemic. Together, we have taken historic steps to coordinate health human resources and volunteers to open mass vaccination clinics. We brought vaccines into neighbourhoods through initiatives such as our GO-VAXX bus fleet, mobile pop-up clinics and employer-led workplace clinics, and we have ensured booster shots are available to beat back the Omicron variant, which medical experts believe is now past its peak.

At the same time, COVID-19 cases are dropping. New tools to protect Ontarians now and in the long term are becoming readily available. Since our committee last met, Health Canada has approved two additional vaccines: Novavax Nuvaxovid and Medicago Covifenz, which is manufactured in Quebec. Novavax is a non-mRNA vaccine and will be available as an alternative option for individuals who may be hesitant to receive an mRNA COVID-19 vaccine. Medicago is a non-mRNA, plant-based, virus-like vaccine. The province is awaiting the National Advisory Committee on Immunization, or NACI, and their recommendations on the use of the Medicago vaccine.

Canada has also signed an agreement with AstraZeneca for 100,000 doses of an antibody therapy that is for use in specific high-risk patient populations, such as those who are autoimmune compromised.

To add a further layer of protection, we have expanded access to free rapid antigen tests: 5.5 million tests a week

have been distributed through pharmacies, grocery stores and community partners in vulnerable communities. So far, approximately 22 million test kits have been distributed across Ontario. And, showing their Ontario spirit, the vast majority of Ontario residents are adhering to public health recommendations on face covering and physical distancing to protect their loved ones and their communities. They are complying with the health and safety measures in place under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020. These actions and more have allowed the province's return to the road map exit step much sooner than some may have expected when temporary measures were introduced in January to limit the rapid spread of the Omicron variant.

The province has never been able to be more open during COVID-19 than right now. With this in mind, since this committee last met, O. Reg. 363/20, steps of reopening, was amended to move all public health unit areas from a modified step 3 to the road map exit step, effective March 1, 2022.

O. Reg. 364/20, rules for areas at step 3 and the road map exit step, was amended on February 14, 2022, with amendments coming into force on February 17 and February 25, 2022, to facilitate a cautious and phased approach to lifting public health and workplace safety measures, and only if health indicators continue to remain stable or improve.

I will provide some highlights of the amendments to the rules for step 3 under O. Reg. 363/20 that were effective as of February 17, 2022. The step 3 rules, with these amendments, applied as of February 17 until all public health unit areas were moved to the road map exit step, effective March 1, 2022. Social gathering limits were increased to 50 people indoors and 100 people outdoors. The limit for indoor organized public events was also increased to 50 people. Capacity limits were increased for indoor weddings, funerals or religious services, rites or ceremonies to the number of people who can maintain two metres' physical distance, with no limit if the person responsible for the location chose to opt in to the proof-of-vaccination requirements.

Capacity limits were lifted in most indoor public settings where proof of vaccination was required. These include restaurants, bars and other food and drink establishments without dance facilities; facilities used for sports and recreation fitness activities, including gyms; meeting and event spaces, including conference centres or convention centres; cinemas; casinos, bingo halls and other gaming establishments. Indoor capacity limits were increased to 25% in remaining higher-risk settings where proof of vaccination at the time was still required. These include night clubs, bathhouses and sex clubs that were permitted to open with this 25% capacity limit and proof-of-vaccination requirements, and restaurants where there is dancing. Sports arenas, concert venues and theatres were allowed 50% of the usual seating capacity indoors. The limit of 500 persons in spectator capacity was removed.

Capacity limits under step 3 were also lifted in other settings that chose to opt in to the proof-of-vaccine

requirements. As of March 1, 2022, when all public health unit areas in Ontario were moved to the road map exit step, capacity limits were lifted in all remaining indoor public settings.

As of March 1, 2022, proof-of-vaccination requirements for all settings where they were required were lifted due to improvements in public health and health system indicators. Businesses and other settings may choose to continue to require proof of vaccination for access to certain settings.

On March 17, 2020, almost two years ago to date, our government invoked the first of three COVID-19-related emergency declarations under the Emergency Management and Civil Protection Act, and introduced the first tranche of measures. I can tell you that our government's swift and steady response to COVID-19 was never about avoiding that which might be unpopular; it has always been about doing the right thing.

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This cautious and prudent approach is illustrated in the Chief Medical Officer of Health's recommendation to lift mandatory face coverings in most public spaces as of March 21. Until the Chief Medical Officer of Health recommends otherwise, masks will still be required in settings such as public transit, hospitals, corrections facilities, long-term-care homes and other congregate care locations.

Now that Ontario is at the road map exit step, it is only natural that we would want to put COVID-19 in the rear-view mirror. We must continue to do that carefully and in line with public health direction. COVID-19 remains a health risk that calls on all of us to remain vigilant so we can protect the progress we have made and the effectiveness of the vaccines.

Orders under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, were always designed to be levers that enabled the province to respond rapidly to the ebb and flow of the pandemic. We will continue to use necessary levers to limit future spread, ease demand for hospital capacity, keep schools open, and keep our province working.

For those who have yet to get all their doses of vaccines, I encourage you to do so. Vaccines remain Ontario's best shot to successfully move forward.

Thank you. I'll turn it back over to you, Chair.

**The Chair (Mr. Daryl Kramp):** Thank you very much, Minister.

We'll now proceed to the question rotation, as was previously mentioned. We'll start off with the opposition for 10 minutes. Mr. Mantha.

**Mr. Michael Mantha:** My questions are going to be very short.

The public and organizations—schools, First Nations communities—are concerned about how this decision was reached. They are looking for some reassurance from this government as to how they made this decision.

Would the minister be able to provide us with the data that shows us that at this point in time, at this milestone—as you said, we are on the last mile of dealing with this.

Where is the data that indicates that removing the masks at this point in time is the right thing to do?

**Hon. Sylvia Jones:** It's a great question. From the beginning of the pandemic, we have very much relied, as a government and, frankly, as a population, on the expertise and advice of the Chief Medical Officers of Health—first Dr. Williams, and now Dr. Kieran Moore. Also, on a weekly basis—and in many cases, twice a week—Minister Elliott and I met with the 34 local public health physicians and hospitals that were providing the vaccines, to make sure that we were hearing directly from those experts in the field for local feedback.

Using that information, coupled with all of the ongoing advice that the Chief Medical Officer of Health continues to provide, the determination was made. His recommendation was that as of March 21, in most public places, the mask mandates could be removed, and we followed his advice.

**Mr. Michael Mantha:** Let me ask the question in a different way. Can you provide the committee with a reassurance and the actual data of what was utilized to pace the government's decision to remove the masks?

**Hon. Sylvia Jones:** I don't want to speak for Dr. Moore, but my understanding is that he takes multiple inputs and data to make those determinations. Some of it is related to hospitalization rates directly connected with individuals with COVID-19. Some of it is related to information on monitoring waste water. And some of it is related to how the communities are being impacted when there is an outbreak, whether that is in a hospital setting, in a corrections facility, in a long-term-care home. As an example, today, as of right now, there is not a single school in the province of Ontario that is closed as a result of a COVID outbreak. All of that information plays into Dr. Moore's determinations and recommendations—and I say that very respectfully, not wanting to put words in Dr. Moore's mouth.

**Mr. Michael Mantha:** So is it fair for me to say that—would the minister be able to bring me actual, “Here you go. Here's the data that we used”? Is that available for the committee?

**Hon. Sylvia Jones:** That would be an excellent question to put to Dr. Moore.

**Mr. Michael Mantha:** But the government made a decision on removing the masks, so they must have relied on some data. All I'm asking is, can the minister bring that data to this committee?

**Hon. Sylvia Jones:** And all I can say is, in the last two years of this pandemic, we have relied, for obvious reasons, on the advice and recommendations of Dr. Moore and his staff. We'll continue to do that, because, as we've all learned, with Omicron and ebbs and flows, there has to be that vigilance, and that occurs in the Chief Medical Officer of Health's team.

Again, I will say, we've spent a lot of time working directly with the 34 local medical officers of health to make sure that we're getting the information that they are seeing in their communities on the ground.

**Mr. Michael Mantha:** Well, I'll move on. I'll just take it like there is no data that can be provided to the committee this morning in order for us to see how the government came to this decision, so I'll move on.

You talked a lot as well in your statement that there were public health units and experts that were consulted. We're finding out more and more that some of the regional public health units were surprised as to the government's decision, and they're questioning the same way: “How did they come about making the decision?” And they found out as much as the rest of the public did. How is it that many of the regional public health units were not aware, and why weren't they consulted in regard to the decision of lifting the masks?

**Hon. Sylvia Jones:** Well, I can't speak to individual public health units. I know definitively that Dr. de Villa in Toronto, Dr. Lawrence Loh in Peel and Dr. Vera Etches in Ottawa have all proactively come out publicly in support of Dr. Kieran Moore's recommendation and are making the same recommendation to their local councils that the mask mandate lifting is appropriate for March 21.

**Mr. Michael Mantha:** Would it not be prudent for the government to recognize that, with March break coming up—and we're in very similar times as we were last year and how we responded to the March break last year, when we extended the March break and the return and opening of schools and so on. Would it not be prudent to wait just a couple of more weeks so that when students go home and enjoy their March break—and we want everybody to enjoy their March break. Of course we want them to go out. But that also brings further concerns that when they do return, there will be that exposure that is going to be there and then that whole conglomeration of students coming back into school.

Why wouldn't we just take our time? As you said a little bit earlier, we are on that last mile, and we all, in this room and in this province, want to get through this last mile. Two additional weeks is what many of the health care experts and the agencies are asking for. Why don't we wait and continue on with masking for just a little bit longer?

**Hon. Sylvia Jones:** I believe the member opposite was in the chamber earlier when the Minister of Education referenced the fact that today in the province of Ontario, there is not a single outbreak in a school that is leading to a school closure. We have always as a government wanted to ensure that schools were only closed when it was absolutely medically necessary; and frankly, when you look across Canada and other jurisdictions, we have been very prudent, very cautious in our approach.

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Having said that, there is no doubt that children in Ontario want to be able to learn with their peers. They want to be able to participate in those extracurricular activities that mean so much to students and make that student experience special and unique to them. We'll continue to do that, but it's really important for all of us, as parents and educators and legislators, to understand how important it is and what it means for students to be

able to be together with their peers and, frankly, lift the mask mandate when it's safe to do so.

Again, I will say, Dr. Moore has said he's worked very closely with Minister Lecce to make sure that the parameters are in place to keep schools safe through the addition of free masks for staff, faculty and students, of course, and through the addition of HEPA filters—

**The Chair (Mr. Daryl Kramp):** One minute.

**Hon. Sylvia Jones:** —in our school system to make sure that that in-person experience can continue. Those investments will be there in the long term so that no matter what we deal with, we still have protection for our students in class.

**Mr. Michael Mantha:** I'll just finish by saying, it's a great thing that there is no outbreak in our schools. That's welcome news. But again, I just want to stress the fact that wearing a mask won't take away from students participating in the activities. They can continue doing those activities.

Like you said, Minister, and I do agree with you, we are on that last mile. And we all want to make sure that we're doing the right things, taking the right steps, but I would strongly suggest to this government to err on the side of caution. We are almost there. We're almost there. To expose ourselves and students, the faculty, teachers, the janitors, everyone that works in our school system—it's a chance that we shouldn't be taking.

**The Chair (Mr. Daryl Kramp):** Thank you, Mr. Mantha. The time is now up. Thank you very kindly.

We will now go to the government for up to 10 minutes. Yes, Mr. Oosterhoff, please.

**Mr. Sam Oosterhoff:** My thanks to the minister for coming here. It's the first time we've had the opportunity to be able to hold these conversations in person, and it is very nice to be able to do so. I want to extend thanks on behalf of the committee for your willingness to always come before us and answer tough but fair questions, I hope.

People in my riding are excited. I think there is a continued optimism and enthusiasm about what the future is bringing for Ontario as we move beyond the pandemic and move into this next stage, but there is also a real sense of fatigue, weariness. I'm sure you hear it as well. A lot of that, from my understanding, is just a sense of, obviously, the need to deal with the virus itself, but also the need to move beyond the drastic and extraordinary measures that we've seen implemented as a result of that.

I'm already hearing fears about the fall and people asking what's going to happen in the fall. None of us have a crystal ball to predict that, but I'm just asking on behalf of my constituents: Can you assure my constituents and the people of Ontario that we're not going to see the same drastic and extraordinary measures that we've just gone through the last two years reintroduced this fall as numbers inevitably begin to rise a bit when people move back indoors and are in closer proximity to each other?

**Hon. Sylvia Jones:** Thanks for the question. It's an important one. I say to people, the more we know, the more we learn. And we've learned a lot during this

pandemic, particularly related to the variants and how they impact. But what gives me confidence and what I hope gives your constituents confidence is we have a lot more tools in our tool box now, right?

Initially, because we didn't have any vaccines, it was all about the masks, the social distancing, the limiting interaction. When we started to get sufficient quantities of vaccines, that allowed us to have some comfort. We started to be able to start to see our loved ones more in long-term-care facilities, being able to visit them in hospitals, where, for a period of time, that was not a medically safe thing to do. Now, of course, we have the vaccines, but we also have some additional tools that are coming down through medication and pharmacy-related that we're starting to see Health Canada approve and ultimately, hopefully, the National Advisory Committee on Immunization.

Specifically, I'll highlight one. I have a dear friend with a double lung transplant. He is very concerned. But what we have now are some very specific interventions that will help those highly immune-compromised individuals to be able to, frankly, resume life in their community. So we're not just dealing with one way to avoid outbreaks and to avoid spikes; we have a multitude of them. That gives me a lot of comfort, and as I say, I hope it gives your constituents comfort.

**Mr. Sam Oosterhoff:** Yes, for sure.

A concern I've also expressed before in the Legislature and one I've also heard from constituents is perhaps a little more philosophical in nature, but it's an important one, and it's about the normalization of government intervention.

We all recognize that there was the necessity for some government intervention to protect lives and livelihoods in a once-in-a-century pandemic, but we also know that, historically, it can be difficult for governments to give up the power they have assumed in an emergency. That's something that we know from history.

How important is it, in your view, that we don't normalize governments shutting down businesses, places of worship, restricting people from visiting their family members and the other extraordinary measures that were necessitated by COVID-19? What steps would you recommend to legislators in this regard?

**Hon. Sylvia Jones:** Well, I think it speaks to why the EMCPA, the emergency act, was temporary in nature. It speaks to why it had to be renewed so consistently: Because we did not want it to be embedded over the long term. It speaks, frankly, to what we're doing right here this afternoon, having that oversight piece to have the Premier's representative come and speak to why we have the reopening Ontario act and why we have certain measures in place.

I hear you. I am never happier than when I receive and we receive, as a government, recommendations on, "These are the measures that can be lifted. These are the restrictions that can be removed," because many of us have missed that ability to connect with our neighbours, worship with our neighbours, be together for family events



like weddings and funerals. These were very challenging decisions, but at the end of the day, part of our responsibility as legislators is to protect as many people as possible, and we, frankly, have been able to do that.

I don't like comparing what Ontario has done to other jurisdictions, but the reality is, those measures have truly saved lives. I can't overstate that point. We've seen how challenging it was in long-term-care homes, in hospitals, in corrections, in facilities with congregate care settings. The measures made a difference, and they were temporary as to how we approached it.

That's why I think that you can take some comfort in the fact that they started out as temporary and they had to be regularly assessed and reviewed every 30 days. It suggests that the government was very cognizant of, "When it is appropriate, we want to eliminate them as needed."

**Mr. Sam Oosterhoff:** Thank you very much. My colleague MPP Martin also has questions.

**The Chair (Mr. Daryl Kramp):** A little over three minutes, Ms. Martin, please.

**Mrs. Robin Martin:** Thank you, Minister, for being here and answering our questions again.

I want to talk about some of the other changes that the government has made during COVID, changes that perhaps will have some positive benefits, even though COVID was an extremely difficult time period. One of the sectors I get really excited about—because I'm a lawyer—is the justice sector. I think COVID has forced to us make some changes which, ultimately, will have benefit for Ontario going forward. I wonder if you are able to comment a bit about some of those changes.

**Hon. Sylvia Jones:** Absolutely. You hate to suggest that there were some benefits to COVID, but frankly, there were. There was some modernization that occurred as a result of our inability to be able to have those transactions in person, and some of them have been embedded so that we can use that technology going forward.

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One very quick example on the justice side is the ability for lawyers to communicate with their clients electronically. My other role, of course, as Solicitor General has responsibility for the corrections facilities. Now having the ability to run trials remotely, digitally has, to quote Minister Downey, been a game-changer. We can now safely have access to justice where an inmate in an institution can speak to their lawyer securely through electronic means, and trials have actually occurred using the technology that has always been available to us, but there wasn't an immediate need. Those changes are going to make a difference in the safety within corrections facilities. They're going to make a difference in access to justice. They're going to make a difference in how we use our courtrooms of the future. That's just one really quick example.

Many, of course, know that your ability to register your vehicle, to renew your health card, to change your address—all can be done very easily electronically—

**The Chair (Mr. Daryl Kramp):** One minute.

**Hon. Sylvia Jones:** I can talk on this one for a long time. You still have access to the in-person if there is a comfort level or a need for that. But at the end of the day, we've been able to expedite and improve services to Ontario residents as a result of having the desire to keep moving government forward during a pandemic. I hope that helps.

**Mrs. Robin Martin:** It does.

**The Chair (Mr. Daryl Kramp):** Thirty seconds.

**Mrs. Robin Martin:** It's really exciting as a lawyer, remembering how it was so hard to get the courts to do anything with technology. It's a nice change, really, that we've been able to get that to happen. Thank you very much, Minister, for your comments on those things, and also for making these changes. I think it's going to make a big difference going forward to how efficient we can be.

**The Chair (Mr. Daryl Kramp):** Thank you, Ms. Martin. We will now go to the independent member, Mr. Fraser, for five minutes.

**Mr. John Fraser:** A very quick question, not pandemic-related but more related to the emergency that existed in Ottawa: Last week, we saw three provincial political appointees on the Ottawa Police Services Board resign in one afternoon after some information came to light. I heard the minister say—I don't know if it was yesterday or today—that the request came from the city of Ottawa. Can you tell us where that request came from? Was it the mayor of Ottawa? Was it a resolution of the council of Ottawa?

**Hon. Sylvia Jones:** When I said that the city of Ottawa had taken a new direction on the Ottawa Police Service and the Ottawa Police Services Board, of course, they made a change in the two municipal Ottawa Police Services Board members. A third, I believe resigned a few days later. The city of Ottawa made a determination that they were going in a new direction with their police board and their police service, and as I said in the House—

**Mr. John Fraser:** How did they communicate that to you? Was it the mayor's office? Was it a resolution of council? Who said that? Or was it a decision that you believed that Ottawa was heading in a different direction, so you made the decision to do that?

**Hon. Sylvia Jones:** For clarity, the three provincial members submitted their letters of resignation, and we accepted. But it's clear, through the actions of the mayor changing the chair of the police services board, that they were going in a new direction with their police board, and we're going through that process now of recruiting provincial members.

**Mr. John Fraser:** So there was no formal request?

**Hon. Sylvia Jones:** No.

**Mr. John Fraser:** Okay, great. Thank you.

I heard my colleague Mr. Mantha here talking about removing the mask mandate in schools. What I've been trying to square in my head is that you left mask mandates in places where vaccination rates are high: hospitals, long-term-care homes, retirement homes. You've even left them on public transit. The place where vaccination rates are the lowest, especially among our five- to 11-year-olds

and under-fives, where Ontario is right at the back of the pack—we're in eighth place. We've been stuck at 55% for about four weeks. The needle hasn't moved on those vaccinations.

The people who think of our children's health every day—the Children's Health Coalition, the four hospitals in Ontario, Children's Mental Health Ontario—all those folks said wait two weeks after March break. All the people who think about our kids' health every single day asked you that.

**The Chair (Mr. Daryl Kramp):** Two minutes.

**Mr. John Fraser:** Thank you, Chair.

The head of the science table is urging caution. Dr. Paul Roumeliotis said it would have been good to wait until after March break, because usually we have outbreaks after school breaks, and parents and children needed more time to be ready.

Given that advice and that evidence, why didn't the government simply wait two weeks and listen to the hundreds of people, the dozens of leaders, who think about our children's health every day? I just don't understand it. It's baffling to me, especially—

**The Chair (Mr. Daryl Kramp):** One minute.

**Mr. John Fraser:**—since our kids' vaccination rates—we're at the back of the pack. It has been stuck at about 55% for first doses and less than 30% for second doses.

**Hon. Sylvia Jones:** I want to reinforce that—I've said it previously today, and the Minister of Education has said it—we do not have a school in the province of Ontario closed today as a result of an outbreak. Schools continue to be safe places for children to learn and to be together with their peers. It disturbs me that we have individuals who are—I'll say it—fearmongering. We don't have an outbreak that has closed a school in the province of Ontario today.

We have made huge investments in our education sector, with the addition of HEPA filters.

**The Chair (Mr. Daryl Kramp):** We'll certainly come back to you in another round, sir.

We will now go back to the official opposition for 10 minutes. Ms. Begum.

**Ms. Doly Begum:** Minister, thank you very much for coming here and answering our questions.

I'll start off with the same issue, with the mask mandate. I heard from a parent—and I just want to quote a little bit of the email: "My daughter is in junior kindergarten, which means that the majority of her class is unable to be vaccinated yet. She loves school, her teacher and her friends. If masks are no longer mandated in the classroom, I would be scared for her and her classmates' health. We are so close to having kindergarten students turning five and being eligible for their vaccine, and we are so close to the under-five vaccinated being approved. We just need more time."

Minister, how was this decision made, to have classrooms like this mother's right here, who is concerned about her kindergarten daughter—how was the decision made for taking away a mask mandate for young kids' classrooms like that?

**Hon. Sylvia Jones:** I'm going to give that parent some comfort with some numbers.

We have invested, as I've said, record amounts to protect schools and keep students in class.

In 2021, over 73,000 HEPA filter units were deployed to schools, and an additional 40,000 are on their way to classrooms right now.

The recent resumption of extracurriculars and semesters in schools demonstrates our government's ongoing commitment to restoring normality for students and staff.

We've distributed rapid antigen screening tests for symptomatic use in schools and child care centres.

We've offered optional government-provided personal protective equipment until the end of the school year for students and staff.

We've required school boards to report absences to public health units for monitoring purposes.

To strengthen the learning recovery, Ontario has launched a \$175-million learning recovery action plan in reading and math.

There has been an incredible amount of work happening through the Ministry of Education to do two things: to keep students in class, safely learning with their peers, and to make sure that schools were always the last to close and the first to reopen. We have done that successfully, and it is something that we should be proud of, as parents, legislators and Ontarians.

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**Ms. Doly Begum:** Minister, it's interesting—because you just mentioned that HEPA filters are still being disbursed to classrooms, even though we're into the second year of this pandemic. And when we look at PCR tests, the accurate PCR tests that we have—in fact, I have a PSW who is still waiting. She got her PCR test in December and still has not received her result yet. Can you explain what is going on with our province?

**Hon. Sylvia Jones:** I would hope, as an MPP assisting your constituent, you would encourage them to access the rapid antigen tests, which, as Dr. Moore has made the determination that the rapid antigen tests—

**Ms. Doly Begum:** Respectfully, Minister, because I have a very limited amount of time, let me give you a little bit more information. She's done the rapid test three times. That's not accepted at her workplace. She needs to get the PCR test result in order for her to go back to work. She is a home caregiver. Right now she is stuck because she has not received the result. This is the case for many people in my riding of Scarborough Southwest, for people across Scarborough and for people across the province, frankly.

Since the system has been so bad, especially when we talk about HEPA filters or the fact that PCR test results have not come out, how do you explain decisions like this, the one to remove the mask mandate? And what is the cause behind people waiting for weeks and now months for their PCR test results?

**Hon. Sylvia Jones:** Again, as an MPP looking after your constituents, I hope you are working with the local medical officers of health in your community to make sure

that the tests are being completed in an appropriate timeline.

Again, I will say these decisions are not made in a vacuum. They happen with the advice and upon the recommendations of both the Chief Medical Officer of Health and his team but, importantly, also the local public health units that regularly discuss and provide feedback and advice to both the Chief Medical Officer of Health and, of course, on the weekly phone calls with myself and Minister Elliott.

**The Chair (Mr. Daryl Kramp):** Five minutes.

**Ms. Doly Begum:** I want to move on to business grants, because I have five more minutes left. The small business grant, which was closed on April 7, 2021: There are people still waiting to hear back about their grant, which they were approved for. Can you tell us when these business owners will receive their grants?

**Hon. Sylvia Jones:** It is my understanding that the vast majority of successful applicants—if you were successful in the first round, then you automatically received your second tranche of money once you agreed or once you responded to an email response that went out from the ministry. And that work has been ongoing. If there are specific ones related to delays and/or appeals, then I would recommend that you work directly with the minister.

**Ms. Doly Begum:** We have reached out to the ministry. It's almost a year now, and the ministry has told us that those staff have gone home, they have moved on; there is nothing to be done. And those businesses are left on their own.

**Hon. Sylvia Jones:** Again, I would ask that you deal directly with the minister involved.

**Ms. Doly Begum:** And the minister has told us that that application process has closed; there is nothing to be done. So the businesses are now waiting and asking, where do they go? Where are they going to get their funding? They have been approved. They have gone through that email process. They are successful applicants.

**Hon. Sylvia Jones:** Again, I would recommend that you deal directly with the minister involved.

**Ms. Doly Begum:** And I would like to let the Solicitor General know that we have, and for a year we have not gotten any solution for many of these businesses that have yet to receive their grant.

**Hon. Sylvia Jones:** As you can appreciate, I would not know the details of all of the grants and the applications that go into a different ministry. So you are going to need to take those specifics, with the details, to the appropriate minister.

**Ms. Doly Begum:** We have, and I will use your words to go back to the minister again for the businesses that I have in Scarborough Southwest.

I want to move on to the grant that's available right now, which is closing tomorrow. That's the application that opened up on February 18. The Premier actually announced this grant in January. Weeks and weeks after, it was finally opened, on February 18. However, it's closing tomorrow, which is less than 30 days given to small businesses. We know small businesses are owned by

people who may not be the most tech-savvy, don't have a lot of the digital application requirement documents available. What was the rationale behind having less than 30 days for people who may not be able to fulfill all their requirements, and why was the government so delayed after they had made that announcement?

**The Chair (Mr. Daryl Kramp):** Two minutes.

**Hon. Sylvia Jones:** Thank you, Chair.

The short answer is speed and efficiency. We have learned a lot during the pandemic, and one thing is that a lot of people are very comfortable with technology and have actually made changes to their business to allow their customers to access curbside and direct purchases online. So we wanted to make sure that the businesses that needed the support were getting it as quickly as possible, and the fastest way to do that was through an online application process, which we did initially in the second round.

What happened was there were businesses that had previously been approved that were sent an email that literally said, "Is your business still open? Are you still operating? If you are, respond, and you will get the second round of the grant." That, coupled with many other programs that our government has been able to put through, including energy rebates, including delays in filing taxes, including municipal tax relief—all of those coupled together really spoke to a government that wanted to make sure that when businesses could not operate in their traditional manner, door to door, we were able to offer them other opportunities.

**Ms. Doly Begum:** Will they be getting an extension, then, if they're not able to operate online?

**Hon. Sylvia Jones:** They're all opening now. They all are open now.

**Ms. Doly Begum:** No, it's closing tomorrow. So they had less than 30 days—

**Hon. Sylvia Jones:** The businesses are open now.

**Ms. Doly Begum:** But they had suffered from a lot of loss. Will they be getting some support? Will the grant be getting an extension and people who were excluded—for example, entrepreneurs who worked from home or used home-based offices were all excluded. Will those people be getting any support?

**The Chair (Mr. Daryl Kramp):** Time is up; I'm sorry. Thank you very kindly.

We will now go to the government for 10 minutes. Yes, Ms. Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** Thank you, Minister, for joining us today. In Ontario, we've had significant accomplishments to be proud of in our vaccination program and the incredible uptake from Ontarians. Minister, we know that COVID-19 vaccines have had a tremendous impact on keeping residents and staff in long-term care safe. I know our government has prioritized those living and working in long-term care for vaccines since they became available. So my question is, with respect to the current status of our vaccination efforts, can you elaborate on what the situation is in long-term care?

**Hon. Sylvia Jones:** Thank you for the question. It's very important. Since the beginning of the pandemic, even

prior to having vaccines, our goal was three-part: prevent mortality, prevent serious illness and prevent transmission.

In our long-term-care facilities and congregate care generally, absolutely, without a doubt, the older the individual was, the more vulnerable they were to getting COVID-19 and having more serious repercussions—unfortunately, even death. So the focus when we had very limited vaccines was very driven on long-term-care residents and long-term-care staff, and including in that list, as we were able to receive more vaccines from the federal government, critical care support workers. If you were the primary caregiver for your grandmother or your grandfather in a long-term-care home, you had access to receiving the vaccine earlier than you would, perhaps, in your age group. All of that was driven by an understanding and appreciation that the older the individual was, the higher their risk category became.

1450

The other thing that we did, frankly, was, as we started to see more of the vaccine rollout, we saw certain communities that were perhaps more hesitant than the Ontario average. Then we started focusing on education. In some cases, it was literally as easy as setting up a pop-up clinic or making sure that the GO-VAXX bus was in that local community centre, but it also included things like having information pamphlets and question-and-answer literature in multiple languages so that physicians, faith leaders, community leaders could share information directly with people who might be a little more hesitant to receive the vaccine. All of those pieces together were driven by a motivation to make sure that the individuals who were most at risk or, frankly, could not work from home had access quickly.

Again, in the city of Brampton, there were a number of businesses that put up their hands and said that they were willing to have business-based vaccine clinics because they knew that their employees had to come in to work and they were at a higher risk because of that inability to work from home. All of those pieces really made a difference to make sure that we were protecting the people who were at highest risk because they couldn't work from home or they were working in a higher-risk setting. It led to some outcomes I think we should all be proud of.

**Ms. Effie J. Triantafilopoulos:** You mentioned the GO-VAXX buses. I know our government originally launched two GO-VAXX buses in the summer, and I know they've also visited many, many communities across the province, including my own this past winter. Minister, can you share how the program has been expanded in recent weeks?

**Hon. Sylvia Jones:** The GO-VAXX bus was, of course, a joint venture with Metrolinx. We really wanted to see whether bringing vaccines closer to communities and individuals would make a difference, and it was quite startling, actually, in a positive way, how well it worked.

As I've said, there are certain communities, certain parts of the province that were a little more hesitant. Having the ability to walk into that GO-VAXX bus, have

a conversation with a health care practitioner and get those questions answered—anecdotally, and I visited a number of the GO-VAXX buses' locations, people were coming in and saying, "I only have some questions. I just want a couple of questions answered," and by the end of the conversation, they were vaccinated.

You could tell from speaking to the health care workers that they knew they were making a difference. But it's very gratifying to have a health care worker—directly, face to face—be able to interact and answer the questions, so that people's hesitancy could be dealt with; and at the end of the day, if they chose to have a vaccine, they could do so.

**Ms. Effie J. Triantafilopoulos:** Thanks, Minister.

Chair, I'm sharing my time with MPP Bailey.

**The Chair (Mr. Daryl Kramp):** Fine. Go ahead, Mr. Bailey. You have four minutes.

**Mr. Robert Bailey:** Thank you, Madam Minister, for being here. The part about the GO-VAXX bus: I enjoyed hearing your sideline conversation about that. I had one of the GO-VAXX buses come down to Sarnia-Lambton at least twice, and I know it was very well subscribed to. Anyway, it was interesting to hear your take on it.

Madam Minister, given the decreases in the cases throughout the province, can you give us an updated look into what goes into the decision-making for a further relaxation of public health measures and whether those are going to be applied at a provincial or a local level?

**Hon. Sylvia Jones:** Thanks for the question. As you know, the vast majority of the changes have been lifted—closely, closely monitored. There may be, as a result of outbreaks in very specific areas, a need for a local public health unit, in consultation with the Chief Medical Officer of Health, to issue a section 22. We do not anticipate a lot of that needed, because, as I mentioned—I think it was a response to MPP Oosterhoff—it's not just about the vaccines anymore. We have other protections and we have other tools in place, like the HEPA filters, like the ability for certain autoimmune patients to have different treatments available to them.

I don't have a crystal ball, and we will continue to rely on the Chief Medical Officer of Health and the public health units for their local knowledge, but I do not believe that you will see large outbreaks, simply because, to an earlier point, 90% of Ontario residents over the age of 18 have received their vaccines.

**Mr. Robert Bailey:** Okay. In the time remaining—two minutes or two seconds? Two minutes?

**The Chair (Mr. Daryl Kramp):** Two minutes.

**Mr. Robert Bailey:** Okay. On the final steps of the reopening plan, Madam Minister—maybe you've already answered it, but if not, go ahead—what advice would you give to those out there watching today or who will read the transcript of this later who haven't yet booked a booster or even the original vaccine appointment? Will people get complacent? Are you concerned about that? What's your advice to those folks?

**Hon. Sylvia Jones:** My advice to someone who is perhaps hesitant to receive their vaccine or their booster is

to have that conversation with their local primary care practitioner. Sit down with a public health nurse. Sit down with your family doc, family physician, and have someone who understands the science, who understands the efficacy, who understands the risks, frankly, of having COVID-19 without a vaccination—make sure that you have appropriate, accurate information before you make your decisions. Please do not rely on the Internet. This is too serious an issue of your health to rely on Internet doctors. Go to someone you trust and have the conversations so that you understand both the risks and the benefits of receiving that vaccine.

Chair, if I may, all we need to look at is, we all have friends, colleagues, individuals who, after they were vaccinated, caught COVID-19. The seriousness of that illness pales in comparison to what we had—

**The Chair (Mr. Daryl Kramp):** Thank you, Minister. Now back to you, Mr. Fraser, for five minutes, please.

**Mr. John Fraser:** Thank you very much for saying that, Minister.

I do want to say one quick thing before I talk about what you were just talking about with vaccines. We don't have an outbreak that is school-caused, but all the kids are wearing masks right now. So I suggest that maybe that talking point needs to be edited or removed from the argument for moving forward without masks in schools without giving that two weeks that very reasonable people who think about our children's health have asked for. But I would like to compliment you, because you've always been very straightforward on vaccines at this committee and in the House, and I'm sure you are in your community.

I think one of the challenges here—quite specifically, I raised it a bit earlier—is that we're at the bottom of the pack for vaccinating five- to 11-year-olds, and we should be at top. We're Ontario. We're big. We're strong. We're an economic engine. We have a great health care system. It's hard to understand why we're there. And although I've asked repeated questions in the Legislature, there is no clear plan to get us up to number one, or at least to the top of the pack.

I wonder just who is the champion for vaccines in this government. Who is the person who gets up every day and says, "What numbers are we at for kids' vaccines?" Who is the person who is driving a province-wide campaign to get those rates up, to get the third doses up? It's not really clear to me because it seems like it's everyone's job.

I would argue that about four weeks ago, the Premier did a disservice by saying, "You can get one dose or 10 doses, it doesn't matter; you can still get COVID"—without saying that vaccines are safe and effective, they prevent serious disease, they prevent hospitalization and they prevent ICU admissions. We have to be very careful about what we say and, at best, that was careless.

**1500**

But my question is, who is the champion? Who is the person who is driving this? Who is the person who is talking about this every day, thinking about this every day? Because it's arguably our most important tool, and you've said that yourself, Minister.

**Hon. Sylvia Jones:** Who's the champion? The champion is the 90% of Ontario residents who have received their vaccine. The champions are the individuals who have had those challenging conversations with their health care practitioners, with their family members who are perhaps hesitant, explaining how critically important it becomes to get a vaccine.

I'm going to respectfully separate myself from any suggestion that we should be mandating vaccines in the province of Ontario. Frankly, we didn't do it, and we're 90% vaccinated for over the age of 18. The ability for individuals to make determinations on their health is important, as is government's responsibility to make sure that the larger community is not at risk and is safe. But we've proven here in Ontario that you don't need to mandate a vaccine when people understand that it's in their interest to get that vaccine to stay protected.

**Mr. John Fraser:** You did a vaccine passport. You made hospitals and school boards—and in long-term-care homes, you mandated vaccines. So you can't say you didn't do that; you did that.

I believe your commitment to vaccines. You've made that very clear. But what's clear to me and everybody else here is, we're in eighth place for kids' vaccines. It's great that we're at 90% of the general population, but what about kids? That's who we're talking about protecting.

Isn't it a reasonable assertion to believe that somebody should have that as their job, number one? In the businesses I've managed and the endeavours I've had, I've always found that putting somebody in charge of something makes it work much better. Is that just not a reasonable assertion?

**Hon. Sylvia Jones:** To be clear, Chair—

**The Chair (Mr. Daryl Kramp):** I'm sorry; time is up. The questions took up the time.

We will now go back to the official opposition for 10 minutes, please: Mr. Mantha.

**Mr. Michael Mantha:** I'll be really quick. The autonomy of certain decision-makers in, let's say, schools—we know that the spread of COVID is much higher. The data and the evidence is showing that there are still elevated cases throughout northern Ontario. Will the government permit schools to determine if they will maintain mask policies in their schools or not?

**Hon. Sylvia Jones:** Thanks for the question. Specifically, as it relates to northern Ontario—and I should have highlighted it earlier; my apologies—one of the things we did early on when the vaccines were very limited in supply was we made a conscious decision to ensure that remote and northern communities were given access to the vaccines—

**Mr. Michael Mantha:** Sorry, Minister. I don't want to disturb you, but I've got 10 minutes left. I just need some answers. Yes or no, will they be provided with that discretion to make decisions for themselves?

**Hon. Sylvia Jones:** As you would know, the local medical officers of health have always had, pre-COVID and now, the ability to issue section 22s upon the advice

and recommendations, working with the Chief Medical Officer of Health.

I believe MPP Bailey referenced, if we have specific outbreaks in specific areas, will there be ability to deal with that? So that will continue—

**Mr. Michael Mantha:** So will the schools have that autonomy to determine their policies?

**Hon. Sylvia Jones:** Local medical officers of health, working with the Chief Medical Officer of Health, have always had the ability to issue section 22s very specifically to outbreaks that occur in their community—

**Mr. Michael Mantha:** So if a school wants to determine that they want to maintain the mask policy in their schools based on what the evidence is in that region, schools will be allowed to make that decision?

**Hon. Sylvia Jones:** What I'm saying is, local medical officers of health have always had the ability to issue section 22s with the oversight of the Chief Medical Officer of Health on local outbreaks or issues.

**Mr. Michael Mantha:** Okay. Let's move on, because our time is limited.

This question is quite specific. The motion to extend the reopening Ontario act expires on March 28. Is this government planning on letting that expire on March 28?

**Hon. Sylvia Jones:** While I do not have a crystal ball, it is our intention to allow the expiry to happen on March 28. Again, I always put this caveat in: I'm not going to predict the future, and I want to make sure that everyone in this committee understands that these are the recommendations and advice of the Chief Medical Officer of Health. If that changes, that's a different conversation. Today, right now, I can tell you that we intend to have that expire on March 28.

**Mr. Michael Mantha:** I'll turn it over to my colleague.

**Ms. Doly Begum:** Minister, I will pick up where we left off. You mentioned that the business grant process was about efficiency and expediency. That is why you decided to keep the grant within 30 days and made it fully digital—that many businesses have successfully digitized. Respectfully, that is a very limited perspective that willingly excludes many of the local businesses in my community that are run by local seniors, immigrants, folks who don't have the technological expertise. Many don't even have computers and actually go to their kids or hire someone at the end of the year to do their accounting. Thinking of those businesses in northern and rural areas and in my community that don't have that access—and especially in northern areas, that don't have access to broadband, for example. This leaves so many businesses behind. We're not saying that you need to completely bring this off-line. I'm just saying that you cannot create barriers to accessibility and then not provide accommodations.

So, again, my question is, will you be extending the deadline, which ends tomorrow, which was less than 30 days?

And my second question is, will you be including many of the businesses that were left behind?

**Hon. Sylvia Jones:** Chair, I'm not going to presuppose what the MPP has been doing in her riding.

I will give you very specific examples. We have been actively reaching out to businesses in my community to make sure they are aware of the supports and how to navigate the application process, including links. We've been doing that since the beginning of the option—

**Ms. Doly Begum:** Respectfully, Minister, I appreciate that.

**Hon. Sylvia Jones:** —of allowing individual businesses to—

**Ms. Doly Begum:** I don't need you to—

**The Chair (Mr. Daryl Kramp):** Whoa, one person at a time only. Please, just give us a brief explanation and we'll go right back to you.

Minister, finish your response, please, quickly.

**Hon. Sylvia Jones:** Yes, I was just saying that I have made quite an effort to make sure that businesses in my community are aware of the application, including links and assistance, when needed.

**Ms. Doly Begum:** Minister, we have, and we are telling you that there are many businesses that are left behind from the ones that we have reached out to.

The other question that I want to ask is, many of the businesses in Conservative ridings received emails about when the application became open, while other MPPs' ridings did not. Can you tell us how that is fair?

**Hon. Sylvia Jones:** The press release that went out from the government of Ontario included the link—

**Ms. Doly Begum:** No, I'm talking about the actual business grant application process.

**Hon. Sylvia Jones:** —and included the information on how to apply—

**Ms. Doly Begum:** The actual number for the application—

**Hon. Sylvia Jones:** I'm sorry?

**Ms. Doly Begum:** —that was sent to them individually.

**Hon. Sylvia Jones:** I don't understand.

**Ms. Doly Begum:** The actual businesses that were able to apply with an actual portal, and a number was given to specific businesses—you mentioned that, just briefly, before.

**Hon. Sylvia Jones:** Those would have been businesses that were successful applications in the previous round. They were notified by the ministry to ensure that they were still operating and so that they could get the second round of business support.

**Ms. Doly Begum:** That still does not answer the question as to what those businesses that do not have broadband or are not tech-savvy and have less than 30 days to be able to fulfill their requirement—what are they supposed to do?

*Interjection.*

**Ms. Doly Begum:** As an MPP, it is not our job to create someone's accounting work. It is very unfortunate that the government thinks that we should help small businesses with their accounting work, because that is not what my job is. My job is to make sure that their rights are upheld and that they're getting the support that they need from our government. Does the minister think that we should be

sitting down and doing their accounting work and digitizing them?

1510

**Hon. Sylvia Jones:** I absolutely believe that part of the role of an MPP serving their community—

**Ms. Doly Begum:** Do you think the MPP should be doing an accountant's job?

**The Chair (Mr. Daryl Kramp):** Excuse me. You've asked the minister a question. Please give the minister time to respond, and then I'll certainly get back to you for another question.

Minister, quickly.

**Hon. Sylvia Jones:** I absolutely believe that part of an MPP's role is to ensure that constituents, businesses, individuals in need of assistance from their Ontario government are getting the pathways and support from their local MPPs, but also to make sure that they communicate that information when new programs and opportunities come forward. We do that all the time as MPPs, and frankly, I'm shocked that the member opposite isn't.

**Ms. Doly Begum:** Excuse me? You have closed the pathways for so many small businesses. Let me give you an example. There are businesses that, for example, rent spaces, so they don't have their own business space, or people who work from home, for example. They don't actually have a space that is a square footage that is available for them because they work from home. Those businesses, all of them—many of them are women entrepreneurs who are excluded from your grant.

I can list off the grant requirements as well. There is a very small list of people who actually qualify for the grant. So no, Minister, it's not the MPPs who are not doing their job; it's this government and your government that is not doing your job—

**The Chair (Mr. Daryl Kramp):** One minute.

**Ms. Doly Begum:** —because you have closed the doors for so many businesses, which have literally actually had to close their doors. Farmers' markets, for example, that actually rely on a small amount of income to put food on the table: You have closed the doors for them.

It is actually quite irresponsible for a minister to say that MPPs should be doing the accounting jobs for small businesses so that they make sure that they have all their documentation ready to apply for a grant, which gives them—

**The Chair (Mr. Daryl Kramp):** Whoa, excuse me. I'll give you your time yet; we'll just take this off the clock. But the minister has already stated before that your questions should be directed to the minister responsible for that program, not the minister here. But if you want to make your point, carry on, please.

**Ms. Doly Begum:** I'll move on to the other—

**Hon. Sylvia Jones:** Well, may I answer that question, sir?

**The Chair (Mr. Daryl Kramp):** Please. Go ahead.

**Ms. Doly Begum:** But she said that she doesn't have the answer, Mr. Chair. She said she—

**Hon. Sylvia Jones:** Our government has provided tax relief. Our government has provided—

**Ms. Doly Begum:** That's okay. Chair, I'll move on to my next question.

**The Chair (Mr. Daryl Kramp):** I'll give you extra time.

**Hon. Sylvia Jones:** —municipal relief. Our government has provided energy relief. Our government has provided outright grants that small businesses can use for PPE, personal protective equipment.

I'm a little confused as to why the member opposite thinks that those supports have not been of assistance to her constituents and other businesses across Ontario when, unfortunately, they had—

**The Chair (Mr. Daryl Kramp):** Thank you very much.

We will give 30 seconds more to the member.

**Ms. Doly Begum:** That is a very disappointing response, Minister.

You quoted the data to concerned parents and immunocompromised Ontarians. Here is what Dr. Moore said about the numbers that are actually available to us currently: On March 3, Dr. Moore said that he estimates that there are 10 times more new cases daily than confirmed by limited PCR testing. So with almost 2,300 new cases recorded today, we're looking at about 23,000 cases, if Dr. Moore is correct. So my question is, then, Minister, what—

**The Chair (Mr. Daryl Kramp):** Thank you very much. Your time is up now.

We will go to the government for 10 minutes. Anybody from the government? Yes, Mr. Smith, please.

**Mr. Robert Bailey:** Mr. Smith Goes to Washington.

**Mr. Dave Smith:** The number of times I've heard "Mr. Smith Goes to Washington" since I've been elected.

Through you, Chair, to the minister: My office is in a strip plaza, and in the unit directly beside me is a wonderful gentleman who immigrated here from Iran maybe five years ago. In February 2020, he opened a restaurant—just a fantastic individual who has worked very, very hard to get to the position that he's in.

What we've seen throughout the COVID crisis that we've been facing is that restaurants have struggled, especially a restaurant that had only been open for a little bit more than a month before the pandemic hit and before we had to take some of the measures that we took. We've all heard about the supports that have been offered to small businesses, but have we made any changes during COVID that will carry on after the pandemic is over that is going to help some of these Ontario restaurants permanently?

**Hon. Sylvia Jones:** Great question. First of all, at the beginning of the outbreak, there was a main street Ontario grant that was provided. It was essentially to ensure that smaller businesses that perhaps hadn't had an online presence previously were able to get the skills and the training necessary to basically offer those online options. It was really valuable for a lot of main street businesses, certainly in my community, and in particular for the restaurants that were able to transition into a takeout model as a result of those investments. That investment, where individually it was relatively small, ended up being

something that businesses could continue to use post-pandemic. That's one very concrete example of how it's changed, particularly as it relates to restaurants.

Of course, the Minister of Finance has loosened some restrictions that allow—for example, with your takeout order, you can now purchase an alcoholic beverage if you so choose. Again, with restaurants in particular, we have made some changes to the pricing of the LCBO products that restaurants purchase and resell to their customers. There have been a number of positive changes there, decreasing the cost to the businesses, that ultimately we are going to embed and make permanent.

Those are some of the changes that happened during the pandemic, but we're now as a government seeing the advantages and keeping them in place permanently. I hope that helps.

**Mr. Dave Smith:** Thank you, Minister. I really appreciate that.

I'm going to shift a little bit on some of the focus. Our colleagues across the way talked a fair bit about some of their concerns. You mentioned fearmongering on masks. There were questions on data and who we should be listening to. I greatly appreciate that we have taken the advice of the chief medical officer for the province. That position is really the top doctor with respect to public health, so I greatly appreciate that we're listening to his advice and we're not on Twitter or Facebook looking for Internet doctors to validate it. I once heard someone say that real doctors publish their results in journals and other doctors who claim to be doctors publish it on YouTube.

With that kind of as the background on it, we saw hospitalizations go to a very high number during Omicron. We saw the number of people who were in ICU go to a high number—not quite as high as it had been in one of our other waves, but it did get alarming. Both of those have come down significantly. We're still in triple digits, but we're down below that threshold again on ICU where we have the ability to schedule surgeries and to be getting some of that backlog freed up.

With the changes that we're putting in now, with removing the mandates for masks, are we seeing an increase in ICU occupancy and are we concerned that this is something that could become a problem for us again in the very near future?

**Hon. Sylvia Jones:** Thank you for the question. The January 2022 numbers related to Omicron really spoke to the ability for our hospital system to manage outbreaks. Even former Premier Kathleen Wynne mentioned in an article that she did with Maclean's a number of months ago her regret on the fact that there wasn't more investment on the hospital and the long-term-care piece.

Premier Ford has made it very clear: We never want to be in this place again. How do we do that? We make sure that we have sufficient hospital capacity. We make sure that we have health care practitioners who have the tools they need to provide the service that they desperately want to provide their communities. We've made those investments, and we're continuing to make those investments. But training an ICU nurse doesn't happen in six months.

Building additional ICU capacity within our health care system, in our hospitals, doesn't happen overnight. Those investments are occurring. We've done it with long-term care. We knew as soon as we came into government that we did not have sufficient long-term-care capacity—and then couple that with the pandemic, which clearly showed you could not have four individuals in a room during an outbreak. We've made those investments, and we're continuing to make those investments. But it really speaks to, you have to plan when you see these things coming down the road.

I'm not in any way suggesting that previous governments could have anticipated this worldwide pandemic. What I am suggesting is, we've seen what happens when you do not have sufficient hospital capacity, when you do not have sufficient long-term-care capacity, and we will never be in that position again because of the investments our government is making now.

**The Chair (Mr. Daryl Kramp):** Two minutes.

**Mr. Dave Smith:** Is there another round after this?

**The Chair (Mr. Daryl Kramp):** No, this is it.

**Mr. Dave Smith:** Then I'll pass it over.

**Ms. Donna Skelly:** Minister, thank you for all the work you've done in the last two years. I cannot imagine the stress you've been under.

We're heading into March break. We have eliminated the need to show our vaccination certificates in public, but is there any sort of a requirement for those people who are considering going away on March break—international travel—to show any form of identification and Ontario identification showing that they have been vaccinated?

**Hon. Sylvia Jones:** As someone who hasn't travelled and is not travelling—what I can tell you is that there are still some parameters in place through the federal government. I believe you still have to have a negative PCR test in order to get on a federal airplane, ferry or rail.

**The Chair (Mr. Daryl Kramp):** One minute.

**Hon. Sylvia Jones:** I am hopeful that as the provinces make the changes, as we see the decreases coming forward, our federal government will also start to act and react to lifting some of the restrictions that, frankly, may not be as appropriate as they were three or four months ago.

**Ms. Donna Skelly:** Of course, the tests that international travellers still have to take will help prevent the spread in schools when kids go back to the classroom after March break. There is still an added measure that they have to test negative before they can come back into the country if they are travelling abroad.

**Hon. Sylvia Jones:** I think the biggest thing that's going to keep our children safe is what has been keeping our students safe, and that is the addition of free PPE, free masks for faculty, educators and students, of course, and the addition of HEPA filters that we did not have in our classrooms.

**Ms. Donna Skelly:** And, of course, the vaccines.

**The Chair (Mr. Daryl Kramp):** Our time is up now, colleagues.



Minister, thank you for appearing before the committee today. You are now excused.

**Hon. Sylvia Jones:** My pleasure.

**The Chair (Mr. Daryl Kramp):** Colleagues, before we go into closed session, I would ask your consideration—there are a few people who are wearing earpieces.

I would just like to have unanimous support of the committee to allow the staff to stay here during our closed session, while we are allowed to continue to use them. Are we all comfortable with that? Thank you very much.

We will suspend briefly.

*The committee continued in closed session at 1524.*





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