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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 7 April 2022

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Jeudi 7 avril 2022

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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**SELECT COMMITTEE
ON EMERGENCY MANAGEMENT
OVERSIGHT**

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

Thursday 7 April 2022

Jeudi 7 avril 2022

The committee met at 1838 in room 151.

EMERGENCY ORDERS REVIEW

The Vice-Chair (Mr. Tom Rakocevic): Good evening, everyone. I call this meeting of the Select Committee on Emergency Management Oversight to order.

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.

Following the minister's opening remarks, we will proceed in a question rotation as follows: 10 minutes to the official opposition; 10 minutes, government; five minutes, independent member. It's repeated once, and in the third and final round, it's 10 minutes to the official opposition and 10 minutes to the government.

Are there any questions before we begin? Seeing none, Solicitor General, you may proceed with your introductory comments. Thank you for being here.

Hon. Sylvia Jones: Thank you, Chair, and good evening, everyone. I am pleased to join you for the 22nd meeting regarding the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020.

The Lieutenant Governor in Council powers to extend and amend orders under the act expired at midnight on March 28. The reopening Ontario act and its orders have seen us through truly historic times. They enabled us to protect Ontarians from harm while we waited for the arrival of the first COVID-19 vaccine doses. They supported the rollout of vaccines as Ontario led Canada and, in fact, the world in offering vaccines, first to our most vulnerable and then, as supplies increased, all

eligible populations. We should all be proud that over 90% of Ontarians aged 12 and up have received two doses of a COVID-19 vaccine.

The reopening Ontario act and its orders gave the province the flexibility to respond quickly with public health measures as medical experts tracked the peaks and valleys of case counts and the arrival of new variants. Because of the decisions we have made together at each stage of this pandemic, Ontario has never been better prepared to combat COVID-19 and its variants. Dedicated health workers and other front-line staff have seen us through the worst of the most serious health crisis to hit Ontario and Canada in over 100 years. Many Ontarians still chose to wear a mask as an added precaution.

The safety of Ontarians has been bolstered by the arrival of new therapies for COVID-19, a wide distribution of antigen rapid-test kits enabling Ontarians to proactively test at home, and the expansion of available hospital capacity to handle a COVID-19-driven bump, including ICU beds. We know how to protect Ontarians, and the government's job has transitioned from pandemic planning to ensuring the continued availability of these tools to manage the virus over the long term.

The reopening Ontario act has served its purpose very effectively, and as a result we can lift many of the protections it provided. I know this is welcome news to many Ontarians. Even with many orders being lifted, we will remain vigilant against future waves of COVID-19.

There is no doubt that vaccines are still Ontario's best shot at putting the pandemic behind us, and our courageous health care workers, who have been so dedicated for so long, need us to continue to increase vaccination rates so that their resources are not stressed. That's why GO-VAXX buses continue to offer vaccines across southern Ontario. As of April 3, GO-VAXX clinics have provided 53,039 vaccine doses across the province, for a total of 840 bus clinic locations.

We have also extended the free rapid antigen test availability at pharmacies and grocery stores until the end of July at the earliest. In the first eight weeks of the campaign, the province distributed five million rapid antigen tests through pharmacies and grocery locations across Ontario, as well as up to half a million tests each week through community partners providing tests to vulnerable communities. These actions and more have allowed the province to lift measures under the reopening

Ontario act 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. To keep it that way, to protect our communities as we learn to live with COVID-19 for the long term, our government will not hesitate to use the expertise we now have to limit any future spread, keep schools open and have our province be safe.

I'd like to thank the members of this committee for your hard work and diligence over many months. Your participation has helped ensure legislative oversight in what has been an ever-evolving pandemic.

I'm grateful for the tireless efforts of Ontario's 34 public health units and over 300 hospitals and their staff, and I'm grateful to all the front-line workers who have helped to get us where we are today. This truly has been a Team Ontario lift. Thank you.

The Vice-Chair (Mr. Tom Rakocevic): We'll begin with questions from the government side. I recognize MPP Oosterhoff.

Mr. Sam Oosterhoff: My thanks to the minister for her work over the past two years, and her entire team.

Minister, I know that many of my constituents were pleased to see Ontario release its plan to stay open, which detailed the province's strategy and investments being made in our health care system, in emergency management systems and preparedness, to cope with any increase of cases of COVID-19 in the community and to keep businesses, places of worship, social gatherings and of course community events open moving forward, while keeping people safe. Can you speak about the pillars of this plan and how Ontarians can be reassured that we have their backs without the need for more lockdowns?

Hon. Sylvia Jones: Absolutely. Ontario has always taken a cautious and phased approach to removing public health measures. Since we've been doing that staged, phased and slow reopening, we haven't seen any significant impact to our health care system. We've been able to care for Ontarians when they needed it for COVID-19, and we are now at a very low rate and risk of severe illness. So it comes at a time when we have to make a decision where we mandate masking or we offer it as a choice.

Ontario has lifted the mandatory masking requirement for most settings as of March 21, with the exception of select settings such as public transit, health care settings, long-term-care homes and congregate care settings. We expect indicators such as cases and hospitalizations to increase slightly as Ontarians increasingly interact with each other. However, thanks to our high vaccination rates and natural immunity, as well as the arrival of antivirals, Ontario has far more tools necessary to manage the impact of the virus. We can see clearly, through the data, that COVID-19 hospitalizations have decreased by 81% compared to the peak in January.

As Dr. Moore has said, we have tools that we did not have just two years ago, including highly effective vaccines that have changed the course of the pandemic, and high vaccination rates that continue to improve as

more and more Ontarians see the value of getting boosted to protect themselves, their families and their communities.

As we have done throughout the pandemic, we will continue to monitor key health indicators and use that knowledge and experience to protect the health and safety of Ontarians.

Mr. Sam Oosterhoff: I'm going to be blunt: We do see that COVID-19 numbers have risen a little bit here in the province. At the same time, we have seen remarkable treatments, such as monoclonal antibodies, Paxlovid, vaccination, of course, and the like, which are changing the game in our fight against COVID-19.

Could you speak a bit about what these new tools mean as we move forward and how Ontario has procured such types of advanced treatments for its citizens?

Hon. Sylvia Jones: COVID-19 oral antivirals help to reduce hospitalization and preserve hospital capacity by protecting patients who are at high risk of severe health outcomes. To date, Ontario has received just around 40,000 courses of Paxlovid from the federal government, with more monthly shipments committed through the rest of the year. To ensure these antivirals are available to Ontarians who need them, they are currently being administered at 26 regional sites across Ontario, with more sites being added in the coming weeks, as we get additional supply. These sites include clinical assessment centres and public health units in rural and northern Ontario.

Ontario is following the clinical guidance provided by the science advisory table and making these antivirals available to patients at higher risk of severe outcomes, including immunocompromised individuals and those who are, of course, unvaccinated. We encourage patients to visit their primary care provider or to visit a clinical assessment centre as soon as they have symptoms. to be quickly assessed, if they are eligible.

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

Ms. Christine Hogarth: Thank you, Minister, for being here for the 22nd meeting.

Some of my constituents are asking me, why do any orders need to be extended under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, if the act expired on March 28? I'm just looking for some clarification.

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

Essentially, there is one opportunity to extend—there are some very limited orders for back to the phased, careful approach that we have continued. They are very specific to certain higher-risk populations, like the long-term-care/congregate care setting model, and that allows us to have, as I mentioned in my previous answer, the phased, cautious approach as we open up activities and interactions. We still are very targeted and focused on the individuals who are most at risk.

Ms. Christine Hogarth: As we are opening up, people are going back to the workplace, and people are travelling. I met a woman today and she was wearing a mask. She

said, “I wear a mask everywhere, because we’re going travelling, and I’m just worried about maybe not making that flight.”

As people are anxious to travel again or go back to work, I’m wondering if you have any advice for those people looking to travel or those people looking to feel more confident in their workplace.

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Hon. Sylvia Jones: I think, specifically, as it relates to travel, research, research, research. Ontario and Canada have been very blessed in being able to offer and provide and get vaccines into people’s arms, so to speak, as quickly as possible. But there are countries in other parts of the world that have not been as successful with their vaccination rates. So I would encourage anyone who has plans to travel in the coming months to do your research on what the country that you are travelling to has in terms of need for a negative test—what are the processes? The last thing that you want to have happen is to find out at the end of your vacation or visit that you are stuck waiting for a negative test and incurring costs that were unexpected. Ask the questions, do the research, and make sure that you understand what the limitations or controls are in the country you’re visiting.

Ms. Christine Hogarth: Do you have any suggestions to make people feel confident when they’re going back to the workplace? Everyone comes from different places—look at us here; we have come from all around the province, and here we are. Do you have any advice for those coming to a common workplace to make them feel a little bit more comfortable?

Hon. Sylvia Jones: As I mentioned, there is still masking in areas like our public transit system. GO and our TTC still require masking when you are in those environments.

It really is about how comfortable you are. I can tell you from my personal experience, I—and I’m sure you—see a lot of people over the course of the week, so I continue to mask, generally speaking, indoors because I want to make sure that I am protecting as many people as possible. I’m not testing every day, and the mask gives me that added level—but that’s a personal choice, because I see a lot of people in the course of the week. Individuals, depending on their workspace, would make different determinations, and that is perfectly okay.

Ms. Christine Hogarth: Great advice.

Mr. Robert Bailey: Do we have some time left, Chair?

The Vice-Chair (Mr. Tom Rakocevic): Two minutes, 20 seconds. Please proceed, MPP Bailey.

Mr. Robert Bailey: Thank you, Minister, for coming today.

Recently, the Minister of Health indicated that those of us over 60—I put myself in that category—would soon be eligible for the fourth vaccination dose.

What has Ontario learned about mass vaccination, and how can those lessons be applied to the plan to give a fourth vaccine to the over-60 population who choose it?

Hon. Sylvia Jones: As has always been the case, we rely heavily on the expert advice of the Chief Medical Officer of Health and his team and on the National

Advisory Committee on Immunization. Individuals over the age of 60 now have the option to have that second booster, as they call it. If you’re between your first booster and your second and five months has gone by, and you are over 60, you qualify to get that second booster.

There is no doubt that COVID-19 continues to pose the highest risk as you age. As individuals over the age of 60 make those determinations by talking to their primary care practitioner or their local public health unit—there is no doubt that the older you are, the more at risk you are for serious illness if you catch COVID-19.

Mr. Robert Bailey: Time’s up?

The Vice-Chair (Mr. Tom Rakocevic): No, you still have 40 seconds.

Mr. Robert Bailey: Well, I’d just like to thank the Solicitor General for her many appearances and for the work she’s doing, along with Minister Elliott, on the rollout. It has been a long two years. Thank you again for your appearance today and all the work you’ve done.

The Vice-Chair (Mr. Tom Rakocevic): We will go to MPP Mantha, for the official opposition, for 10 minutes.

Mr. Michael Mantha: How are you doing, my friend? How is your hibiscus?

Hon. Sylvia Jones: I don’t know.

Mr. Michael Mantha: Sorry; you all look like, “What the heck is he asking her?” It’s something that we have between us. We share a love for hibiscus flowers, and we also share some growth on our pictures. I just thought I’d clarify that. We brag about who has the nicest blooms. I usually lose. I bet that never happened over committee, eh?

Let me set the questions for you. I want to read this out for you, Minister, and then we’ll go into some questions.

Dr. Peter Jüni, the outgoing head of the Ontario COVID-19 Science Advisory Table, has called this sixth wave a tidal wave. He said that based on waste water analysis, there could be 100,000 to 120,000 new COVID-19 cases a day in Ontario, and Dr. Jüni said that this translates into more cases than even during the peak of Omicron. Dr. Jüni said what this means is that roughly 5% of the entire population of Ontario has an active COVID-19 infection. Last week, Dr. Jüni estimated that the number of daily cases in Ontario was around 35,000 to 40,000.

This is not a little peak, Minister. Estimated case counts have more than doubled. In fact, this estimate is even higher than the science table’s latest projections that were released on March 17. As public health experts have warned us, with case counts also comes a rising amount of hospitalizations. This once again has the potential to delay surgeries and other treatments and could put even more lives at risk here in Ontario. While the Premier said we have the hospital beds to handle this, Dr. Jüni said we don’t have the staff.

Why does this government continue to wait before taking action to make sure that our hospital beds are not overflowing?

Hon. Sylvia Jones: Thank you for the question.

I think it is appropriate for me to respond with—remember December 2020, when we had just received our first, very limited amount of vaccines from the federal government, and how far we have come in that relatively short period of time. We ensured that even with very limited, short supplies, we focused on our most vulnerable.

We have always relied on the advice of the Chief Medical Officers of Health. I think it would be appropriate for me to thank Dr. Williams and Dr. Moore for the amount of information they have sifted through and provided to us as ministers, cabinet and government.

We've always taken a cautious and phased approach to reopening to ensure our hospital capacity, while closely monitoring admissions to hospital and ICUs, intensive care units.

We can see, through the data, that COVID-19 hospitalizations have in fact decreased by 81% compared to the peak in January. As Dr. Moore has said, we now have more tools that we didn't have two years ago, including highly effective vaccines and high vaccination rates, and the ability to use antivirals and other medical interventions that are assisting us to reach that decrease of 81%.

What we have done throughout the pandemic, we will continue to do, by monitoring key health care indicators and using that knowledge and expertise to protect the health and safety of Ontarians.

Mr. Michael Mantha: Dr. Moore has not held a COVID-19 briefing in a month. Last month, when he announced he would no longer be doing weekly briefings, Dr. Moore said he would publicly return if the situation merited it, and I think today's numbers that we're seeing really do merit it.

With case counts exploding, why haven't we heard from Dr. Moore? Wouldn't you agree that the public needs to hear from our Chief Medical Officer of Health?

Hon. Sylvia Jones: Again, I will say that Dr. Moore and Dr. Williams before him have served Ontario citizens unbelievably well during this pandemic. Their ability to communicate to the general public about what was actually happening within our long-term-care homes, within our congregate care settings, and the measures that we could do even before we had vaccines available—talking about how people could make decisions about how to stay safe, what measures they needed to do to protect themselves and their families.

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Dr. Moore will continue, as he has said, monitoring the situation and, when appropriate, sharing that new information with the general public.

But the Minister of Health herself said this week that this is not an unexpected change; that we are seeing a small, incremental increase, but we are not seeing it in hospitalizations, in serious illness. That is something that was planned, expected and prepared for.

Mr. Michael Mantha: Let me try to put a northern lens on this. It's apparent—and the evidence is there—that the cases in northern Ontario just keep going up and up. One of the things many of the communities and organizations

have been asking for is the rapid test kits. They're available in urban areas, but they're not getting to northern Ontario. Right now, the elevated cases are in northern Ontario, and that's where we need those. I've listened to fire departments, municipal leaders, and organizations that are looking for these rapid tests in order to help bring some type of comfort to the area that they're having a follow-up—that people who have symptoms have the ability to get the test to make the decision to stay home. We heard, in the initial rollout, that many of them were made available for southern Ontario. I know I personally inquired to the minister and asked him, "When are those going to get to northern Ontario?" The response I get is, "Hang on, Mike. These are going to roll out in our second, third, fourth phase." We're waiting, and we're not getting those tests.

Can you shed some light as to why we're not getting those tests and why they're not being equitably made available in northern Ontario?

The Vice-Chair (Mr. Tom Rakocevic): Two minutes, 20 seconds.

Hon. Sylvia Jones: There's a lot to cover in that, so I'll do my best.

The first thing is, of course, before the students went home for their Christmas break, tests were provided to all Ontario students. That was an added overlay of protection to give some comfort to the families and the students that when they needed to be tested, when they wanted to be tested, they had that available to them. That was the first piece that went out in December.

As we had more supply through the federal government—and, frankly, the supply that came initially and was promised from the federal government did not materialize, so I'm going to give credit to ministries and Premier Ford, who proactively went and purchased for Ontario rapid antigen tests. Those, of course, are now available free of charge through a number of pathways, including pharmacies, including grocery stores—and specifically, some grocery stores that are exclusive to northern Ontario.

I want to speak specifically about the fire—because as you can appreciate, as Solicitor General, firefighters are part of my portfolio. Through the Office of the Fire Marshal and the fire safety council, we actually arranged for rapid antigen tests to be delivered directly to fire halls as they needed them. That allowed, frankly, fire departments that chose to have their firefighters tested on a weekly or biweekly basis—they had access to those rapid antigen tests. It was a very successful model. If you have heard or are hearing that they are not getting it, then I need to know that, because that is certainly not the case and the feedback that I received when I have calls with the Ontario fire chiefs.

Mr. Michael Mantha: I'm not sure how much time I have left.

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

Mr. Michael Mantha: Let's make sure, through our morning discussion, that I get that information to you. I'll be happy to share that with you.

Hon. Sylvia Jones: Absolutely.

The Vice-Chair (Mr. Tom Rakocevic): We're going to be going to 10 minutes to the government side. MPP Pang.

Mr. Billy Pang: I have a question on the enforcement of orders. Given that most of the orders are expiring, why was the order—enforcement of orders, O. Reg. 114/20, which says:

“Requirement to identify

“1(1) A police officer or any other provincial offences officer within the meaning of subsection 1(1) of the Provincial Offences Act may require an individual to provide the officer with the individual's correct name, date of birth and address if the officer has reasonable and probable grounds to believe that the individual has committed an offence under subsection 10(1) of the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020.

“(2) Every individual who is required under subsection (1) to provide a provincial offences officer with their correct name, date of birth and address shall promptly comply.”

So on this particular O. Reg. 114/20, under the ROA—extended until the first instance of April 27, 2022. Why was the order extended?

Hon. Sylvia Jones: The enforcement order would need to be in place as long as there is at least one order on the books. Until those orders expire, we do still need to have the ability to enforce them.

As you mentioned, O. Reg. 114/20, enforcement of orders, grants authority to provincial offences officers. That could be a municipal bylaw enforcement officer. It could be a police officer. It could be an MNRF conservation officer. That authority grants provincial offences officers to require an individual who the officer has reasonable and probable grounds to believe has committed an offence under subsection 10(1) of the ROA to identify themselves by providing their correct name, address, and date of birth. Without this order, there would be no legal obligation for a person who has breached an order under the reopening Ontario act to identify themselves to a provincial offences officer when the officer requests this information for the purpose of issuing a ticket or laying a charge, thereby preventing the laying of a charge and frustrating the ability to enforce orders under the reopening Ontario act; there is also no ability to arrest an individual for committing an offence under the reopening Ontario act.

If I may, Chair, I have to give a shout-out to the municipal bylaw officers, the police officers, who have been very careful about talking about what the specific orders are first, issuing warnings, explaining what the orders are, as they have had to change over the last number of months. That work has ensured that people understand exactly what their roles and responsibilities are, whether that's an individual going into a place of work or a business owner who has responsibilities to protect their staff and their customers.

Mr. Billy Pang: In other words, the officer will give a warning first and let them know about the order before

they issue a ticket—or they come next time to see that happen again, then issue a ticket.

Hon. Sylvia Jones: We don't direct the police in terms of how they do it. What we have asked our municipal bylaw officers and our police to do is to make sure that people understand what the existing orders are. As you can appreciate, early on, before we had vaccines, there were a lot of moving parts and a lot of changes that were happening—as we understood and the pandemic evolved. The first piece was “please educate and inform,” and if there was an interest in not actually following the orders, then this O. Reg. 114/20 gave bylaw officers and police officers the ability to issue that ticket when appropriate.

Mr. Billy Pang: I have a follow-up question. Does the expiration of the orders, under the reopening Ontario act, signal that the province is declaring that there's no longer any concern about COVID-19?

Hon. Sylvia Jones: When we started our measures at the beginning of the pandemic, we were clear that our goal was always to flatten the curve—having our hospitals overrun with cases was a very real threat to our health care system—and the precautions, vaccines and sacrifices have done just that here in Ontario.

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We never expect to defeat COVID through the measures we examine each month; these measures are to ensure that our system is not overrun.

The way we defeat COVID is through medical advances and treatments. We have seen that with high vaccination rates, cases soon drop after. Our government will continue to encourage and offer vaccinations and seek out effective treatments as we continue to live with COVID. It has been around for a couple of years, and it may be much longer before COVID is completely gone, but we are confident that based on the advice of the Chief Medical Officer of Health, we are well positioned to deal with the current caseload.

The Vice-Chair (Mr. Tom Rakocevic): I recognize MPP Coe.

Mr. Lorne Coe: Thank you, Chair, and through you: Minister, what a fantastic job you've done over the last two years. Thank you for your leadership and commitment to keeping everyone here in the province of Ontario safe.

Minister, there are reports that researchers at Pfizer-BioNTech are now studying COVID-19 vaccinations in children as young as six months. In the event that these vaccine trials are successful, what measures would be put in place to protect the youngest in our society?

Hon. Sylvia Jones: As I mentioned, in December 2020, we had one vaccine in the province of Ontario. We now have multiple vaccines and antivirals.

We will continue to monitor and see what Health Canada approves in terms of other types of medication, whether it's antivirals, whether it's new variations of the vaccine; but the lead on approval in Canada is exclusively with the federal government and Health Canada. Once that approval is in place, then we rely on the advice of the National Advisory Committee on Immunization—again, medical experts assessing the newly approved treatment

from Health Canada. They make the recommendations on things like what is age-appropriate.

All of those pieces together drive what the individual provincial medical officers of health then make assessments on—very similar, frankly, to our annual flu vaccine. There is a suite of flu vaccines that are available, and NACI—the National Advisory Committee on Immunization—Health Canada and chief medical officers of health make assessments on which of the flu vaccines would be the most effective for the coming year. That information drives the decision-making that would happen at the Ministry of Health in terms of purchasing, access to and availability of the treatments and/or vaccines—because it could be treatments as well.

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

We know that Ontario has one of the highest global vaccination rates. What impact has this high vaccination rate had on pressures on our ICUs in the hospitals?

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

Hon. Sylvia Jones: Well, it was absolutely a real concern, particularly in January, when we saw the wave coming, the case rates increasing and the hospitalizations increasing.

I don't want to point fingers, but the former Premier Kathleen Wynne has publicly stated that one of her regrets is that she didn't put more investment into our health care system. Frankly, I think that if there had been more of a focus on ensuring that we had sufficient capacity, it would have made a difference in how we dealt with people who got COVID and the ability to treat them when they did.

The Vice-Chair (Mr. Tom Rakocevic): We're at time. Ten minutes to the official opposition: MPP Mantha.

Mr. Michael Mantha: We've talked in the past about specific masks and some of the policies that have been in place.

Interruption.

Mr. Michael Mantha: Is that me? No. All right.

I'm hoping that in the next little while we'll be able to get to that, but I do want to have a chat with you about the medical experts and some of the behaviours. Particularly, Dr. Jūni said that behaviour changes caused by the lifting of the mask mandates have led to this dramatic increase in cases. The easiest way to keep ourselves all safe is with masks. There's a lot of confusion that is out there, and I think—

Interruption.

Mr. Michael Mantha: I'm not sure why I'm getting some feedback here, but I hope it's not bothering anybody's ears or earpiece.

There's a lot of concern that is coming in that we removed the mask mandate too quickly, particularly in certain areas like in our hospitals and our long-term-care homes.

The easiest way to protect ourselves and keep ourselves from spreading the virus and keep our families safe is with the mask.

Why did we not maintain the mask policy that we had in place—at the very least till mid-April or even the end of

April, with our children who were off on March break and who did come back—when the scientific table and the medical experts were advising this government that masks should be kept in place for a little while longer? They weren't, and here we are now looking at elevated cases.

Hon. Sylvia Jones: I want to put the masking discussion in context. Ontario was the last jurisdiction in Canada to lift the masking mandate. It is a choice that people will make. There are exceptions. Those exceptions, of course, include those high-risk areas, as the member opposite mentioned: long-term care, congregate settings, hospital health care settings. We know, because we are learning, that the individuals in those congregate settings are at a higher risk, so we have kept the mask mandate in place for those higher-risk settings.

I mentioned in an answer to a previous question that the TTC and Metrolinx, our transportation partners, have kept masking in place because they see the value of it.

At the end of the day, Ontario was the last jurisdiction to lift the mask mandate. We have not seen a serious illness spike as a result of the change. We have also seen that people are making personal decisions based on their personal situation. Perhaps they have a loved one who is in a long-term-care home and they don't want to put that individual at risk, so they continue to wear their mask. That is a personal choice, a personal decision that people can absolutely make and, I am confident, will continue to make as we move forward dealing with the COVID-19 outbreaks.

Mr. Michael Mantha: Minister, with all due respect, I will strongly disagree with what you just said—that the spike we're seeing right now is not significant. We're seeing that COVID cases are on the rise, and masks would have definitely helped during that period.

One of the things that you benefit from, as a member, is participating in other committees. This week, I had the opportunity to put questions to professional individuals who are in the field of providing PPE and masks. I want to take the time to give you what was shared with me. The information is available, if any of the members want to go back in some of the committee work and the minutes in Hansard that were there.

The masks that are being provided in our hospitals and also in our long-term-care homes are the basic three-ply blue masks. I put the question to one of the producers who was here—I asked them, “On a scale of 1 to 10, what is the protection that the blue mask is providing to those who are going into these homes, for the individual and for those who are in the hospital or in a long-term-care home?” Would you be surprised if I told you that his response was zero, or at best, on a scale of 1 to 10, he was into the 0.000s? The efficiency of the actual blue mask, the surgical mask, is to protect from splashing, is what he explained to me.

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This is what was confusing—and I put the question to him. I said when individuals like myself—I wear an N95 mask, and when I go to the hospital, they're asking me to remove my N95 mask, which has greater protection not

only for me but for those who are in the hospital or those who are in long-term care. They're disarming me, and they're asking me to put on something that will not protect me or those who are inside that home. It just puzzled me.

If we know the simple step to protecting ourselves and those in long-term-care homes and in hospital, and it has been widely reported in all media, and it's very well known by the medical experts, why are we resistant to providing N95 masks in long-term-care homes and in our hospitals?

Hon. Sylvia Jones: I'm going to start with stating the obvious, which is that I am not a medical expert. That is why we, as parliamentarians, rely on the advice of the National Advisory Committee on Immunization and the Chief Medical Officer of Health. The information that we are being provided suggests that there has been, from the high in mid-January, a decrease of 81% in hospitalizations.

If we know, as a result of very high immunization rates in the province of Ontario and the ability to have access to other treatments, like antivirals, that we are in a place where we can deal with COVID-19 in our population—that is the determination and recommendations made by the Chief Medical Officer of Health and all of the medical experts who are working in this field.

There is no doubt that what we know about COVID-19, its transmission rate, its ability to impact people of certain ages—

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

Hon. Sylvia Jones: —is much better than what it was in January 2020. We are using that knowledge, as a government, to give the information to the people of Ontario as quickly and as clearly as possible. It is why, at the beginning of the pandemic, we had Premier Ford saying that we are never, as a province, going to be caught short-handed and scrambling for personal protective equipment. It is why investments have been made so that now you have manufacturers like 3M that are building and making personal protective equipment in the province of Ontario. Those things that were missing when we began this pandemic are being dealt with by our government with proactive changes, to make sure that we're never in a situation where we are scrambling—truly scrambling—and bidding against other countries on PPE, personal protective equipment.

We have to have a robust health system, a protective system, and information and knowledge to understand, if and when something similar were to happen—a world-wide pandemic—we're better prepared to protect Ontario and Canadian citizens. I think we've done that, frankly, with a lot more investment on the personal protective equipment side and building that capacity so that we have it here in our province to protect our citizens.

Mr. Michael Mantha: With the limited amount of time that I have—

The Vice-Chair (Mr. Tom Rakocevic): You have 17 seconds.

Mr. Michael Mantha: —I would task the minister to go and find out the difference as far as the protection that is provided on the very basic N95 masks that are available to this government, that are being produced here in Ontario, versus the surgical masks. I think it would change your perspective as far as what could be done, what steps can be taken, to bring greater safety and greater care to individuals in our hospitals and long-term-care homes. I'm going to leave with that.

The Vice-Chair (Mr. Tom Rakocevic): Ten minutes to the government side, beginning with MPP Pettapiece.

Mr. Randy Pettapiece: Thank you, Minister, for being here today.

These are great things to get the news off of—and I hope most people don't do that. I have three sons, and they have two children apiece, and they're always wondering about their children and how they're going to keep them safe. A lot of the information coming down to them is confusing. You think it's coming from reliable sources—at least, you hope it is—and then you'll see another opinion over here, and there's fearmongering going on, if you do this and that and whatever else. It gets very stressful, if I can put it that way. The kids—their ages are from three to 17, so that's the spread we're dealing with. Some can get vaccinated; some can't. It's sometimes difficult to keep this information, for the ordinary person, straight in your mind—what is the best course to take.

I wonder if you could address that information. You are familiar with the data on COVID, and I wonder if there's anything you have seen that could relieve some of these concerns that parents have.

Hon. Sylvia Jones: I think it's a really important point.

I remember, when my children were very young—and you spend a lot of time reading and trying to make the right decisions, as a parent.

The first and probably most important piece of advice I have for parents who are trying to decide whether they want their children to be vaccinated—what are the options, what are the treatment pathways etc.—is to stay away from social media. We have experts in the province of Ontario, whether it's through public health units—34 across Ontario—who will give you that information and answer those questions, and primary care practitioners, who are reading those medical advisories and medical journals. Go to the people who actually understand the implications. And, I would say, it is emerging—I said it once already. We had one vaccine in December 2020. We now have multiple vaccines, and we have antivirals, and we're waiting for Health Canada approval on some other treatments. This is emerging. This is changing. We need to make sure that if you have questions, if you have concerns, if you just want to have a conversation—don't do it looking on social media. Go to your primary care practitioner. Have a conversation about the pros and cons.

Immunocompromised individuals have different treatment pathways than individuals who are different ages—I've spoken previously. Unfortunately, we see that the vast majority of deaths occur as an individual ages. So knowing that information and having those conversations

is going to give parents, I hope, a comfort level in making the right decision. When they are ready to vaccinate their children, when there is an appropriate vaccine for that age group, then they will have the comfort level, because they've spoken to the experts and not dealt with social media. I'll just leave it at that.

Mr. Randy Pettapiece: Yes, I can agree. Our local health team is very good. You call them up, and a nurse will call you back and tell you if you have an ailment. They'll go through the symptoms and all this type of thing. I think that's the best advice you can have—or a public health unit.

Hon. Sylvia Jones: Even with our provincial booking system, there is a pathway, so that if you have questions there is an ability to be referred to a medical expert in your area. So you can even do it through the provincial booking system. If you have questions, if you have concerns—"My child is X age. They have these preconditions. What are the appropriate pathways? What are the risks? What are the benefits?" And those conversations really need to happen individually, because we don't all start with the same pre-existing health concerns.

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Mr. Randy Pettapiece: Many of our small businesses have reopened across the province, as you know, and they're now facing new challenges with the easing of masking and vaccination requirements. I wonder what actions our government has taken to create an environment of success as these businesses try to land back on their feet.

Hon. Sylvia Jones: Well, since the beginning of the pandemic, we have offered a lot of support, particularly for businesses that were the most hard hit—i.e., when they had to close down their physical location and only go to curbside delivery. The ability for the provincial government to give relief on energy costs, delaying tax bills, municipal relief—there was an entire suite of provincial assistance to businesses that had to shutter their doors when the pandemic was hitting us the most aggressively, including, frankly, a straight-up grant that they could use for either modifying their workplaces or purchasing personal protective equipment for their employees. Many of those supports have been there since the beginning, because we knew this was going to be a very challenging time for people to change how they were providing service to their clients and customers, while keeping their staff safe. Those supports have been ongoing, and they changed as the shutdown occurred or we were able to open up. I'm sure it is not a surprise to anyone here that many businesses and manufacturing proactively made a lot of changes internally to how they mapped out their set-up and protection, in terms of shield barriers. Those types of things were assisted through government funding and government programs, and we should be proud of that.

We should also be proud of the businesses that were able to pivot and very aggressively change how they approach business and how they were approaching serving their clients and their customers.

The change in allowing for takeout to include alcohol has made a difference to some of those restaurants being

able to get that little bit of extra business that made the difference, in terms of offering a service that their customers wanted.

We have changed the purchasing piece in terms of alcohol, so restaurants can now purchase wholesale instead of retail. It may seem like a small thing—

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

Hon. Sylvia Jones: —but for businesses that were trying to pivot and provide added service, added benefits to their customers who wanted to support and do that buy-local piece, it truly made a difference. Many of those changes have now been embedded and will be permanent, because we've seen the benefit and we've seen how both the business and the customers embrace those changes.

Mr. Randy Pettapiece: It's interesting how resilient businesses can be, with the help we've given them.

I want to tell you a story about a restaurant in Listowel, which is—talk about resilience. Just after we started lifting the masking requirements, they were doing takeout, but now people can go into the restaurant. A transport truck lost control and drove through their front window and put them out of business again for a couple of days. The lady—I know her quite well—swept it up and put a false front on so they could open the doors again, and they're back in business again. I got to thinking of that poor lady. Restaurant owners don't make a lot of money; it's very small margins. Just when we start building her up again—and I don't know why the truck rammed through the window, whether the guy got sick or whatever it was. But, yes, he took her front window out and smashed her front door, so it was too bad that happened.

Thanks so much for your answers today.

The Vice-Chair (Mr. Tom Rakocevic): We have 20 seconds left. Are you fine? Okay. So that ends the final round for the government side.

We have a final 10 minutes for the official opposition.

Mr. Michael Mantha: I want to go back to the masks. I know you talked about, in some of our last response, some of the procurement that the government is looking at so that we're not in the same position that we were caught in this time. Initially, when we were hit with this pandemic, we found that our supply had expired. We were scrambling, as far as making decisions: Do we destroy it? Do we get rid of it? What do we do with the outdated and expired PPE that we had? The government made the decision that it's best to utilize it for what we have, because we were going through an entire process of trying to secure more supply—and you're right. The call was put out to many here in Ontario as far as, "What do you need to tool up, in order to provide that PPE?" There are many companies that are out there that made the changes, that made the investments into their companies in order to make sure that Ontario wasn't caught in the position as it was.

Through earlier work I did on committee, I was able to find out that there are presently four companies in Ontario that are producing masks. Unfortunately, as you've seen—I rushed out of here to try to grab my notes from that work

at committee, but I have some great staff who put those minutes away and I can't find them, so I hope I can find them before you leave tonight and I'll be able to put those questions to you. Three of those entities are producing here in Ontario—Ontario businesses. However, the unfortunate part is, those three companies are only producing the blue surgical masks. The blue surgical mask has very limited protection for the individual wearing the mask and those around that individual wearing that mask.

There is one company which we talked about a little bit earlier, 3M—3M is producing the N95 mask. The N95 masks—and again, I put the question to you and I put you to task, Minister, to please, please, please, do your homework in regard to the difference in quality and protection of an individual wearing the blue mask versus an N95 mask, because it is significantly different. I am told that that information had been provided at the government's cabinet table. I can only go by what I am told, and I hope that it gets there. But I would challenge you to go out and get that information.

I want to come back to 3M. 3M does have a producing company in Ontario. However, the 3M entity is an American-based company.

I want to inform the minister that there are Ontario-made products that are here in Ontario. This is a good-news story for everybody in this room. N95 masks are being produced in my riding, and they're being produced in First Nations. One of them is Sagamok First Nation on the North Shore, and the other one is Wiikwenkoong First Nation on Manitoulin Island. Their corporation is First Nations Procurement Inc. They have both those plants that have opened up, creating over 45 jobs at each plant. They want to participate in growing Ontario's economy. They want to participate as far as providing PPE for Ontario needs in long-term-care homes, in hospitals, in schools and so on. Their partner is Dent-X, which is just a stone's throw away from us, in Vaughan.

I think I asked this question to the minister before. We have not even purchased one single mask from that Ontario-made product—one that we should be proud of, one where Indigenous communities have stepped into the role of providing PPE for this province. Can the minister help me out in understanding why we haven't purchased one single mask from those entities?

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Hon. Sylvia Jones: I'm actually very familiar with the Manitoulin example.

As we've talked about previously, personally, we've been purchasing them since the fall. There is rightfully and appropriately a competitive procurement process that has to occur in the province of Ontario, and with personal protective equipment generally, as a group of products, there are going to be different types of PPE, as we call it, depending on the need and the end user.

In the province of Ontario, whether COVID-19 disappears forever or stays with us, there is still going to be a need for personal protective equipment in our hospital systems—through our paramedic system, that has always been there; through our firefighters, that has always been there. So that work will continue. The difference that we

have been able to do, as a government—is to ensure that we are not purchasing all of our PPE from outside of Ontario, and often, frankly, outside of Canada.

I remember and I'm sure members in this committee room remember that there were truly bidding wars going on at the beginning of the pandemic, where countries were bidding against each other while the personal protective equipment was on a plane on the tarmac. As a result of the good work and the process that we have in place, we as Ontario residents and Ontario government never got caught with some of the operators who were less than forthright and honest about what they had. There were other jurisdictions that literally—to your point, MPP Mantha—bought junk that they had to destroy before being used.

The need and the motivation for doing “homegrown” personal protective equipment was very much driven by how we do not want to always be beholden to someone else when those crises and pandemics occur. The need for PPE will happen and will be part of Ontario's purchasing and procurement pathway for years to come, because we do use it over the course of other needs and other ministries.

Centralizing and making sure that we have open, competitive procurement is one way that we ensure we protect the taxpayers. We offer and we request bids for—“We need X number of this product,” and the individuals and the businesses who wish to bid on those go through a procurement process. That's to protect the taxpayers. That's to ensure that we have quality control through the pathway.

The work, the investment that Minister Fedeli has done—

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

Hon. Sylvia Jones: —through, as an example, the 3M plant in Brockville will mean that, moving forward, we're less beholden to other jurisdictions that, when there's a worldwide pandemic, have the same needs and, of course, drive up the cost of all of these products that everyone was scrambling for.

Mr. Michael Mantha: I'm going to leave you with this, Minister: Again, I would ask you to do your due diligence—and I know you will.

These Ontario companies did their homework, and they were contacted by Mohawk Medbuy, which was a sub-purchaser for the province under Ontario Together. Am I saying that right?

Hon. Sylvia Jones: Well, if it was health PPE it would have been through the Ministry of Health—

Mr. Michael Mantha: It was them. So they were there.

Here's the challenge: These companies that responded to the call—they were actually like, “Give us your specs. We want to know what you're doing and how to buy.” So when the question was asked, “Who is Mohawk Medbuy?”—we couldn't get a return call. Then we started questioning: “Well, are our standards not up to par for this province? Tell us. We want to know, because if our standards aren't there, we want to know what we need to do to correct that so that we can meet the PPE

requirements of the province.” There wasn’t a call that was returned. “Let’s talk about our price. We want to be competitive as well. What do we need to do in order to have a competitive product priced so that this province could look internally to make sure that we have that PPE so we are not in those same challenges that we have been? How can we be part of that economic engine?”

Again, I want to stress the fact of how difficult it is for Indigenous communities to participate in Ontario’s economy, where they’ve divested themselves and they’ve created these employments in order to do that. My frustration is—

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

Minister, thank you very much for appearing before the committee today, and thank you very much for your hard work, especially during these difficult times. You are now excused.

Hon. Sylvia Jones: Thank you.

The Vice-Chair (Mr. Tom Rakocevic): We will pause for a moment as we move into closed session for report-writing.

The committee continued in closed session at 1946.

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