

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**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

1st Session
42nd Parliament
Monday 14 December 2020

1^{re} session
42^e législature
Lundi 14 décembre 2020

Chair: Daryl Kramp
Clerk: Christopher Tyrell

Président : Daryl Kramp
Greffier : Christopher Tyrell

Hansard on the Internet

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

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

Le Journal des débats sur Internet

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

Index inquiries

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

Renseignements sur l'index

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

House Publications and Language Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario



Service linguistique et des publications parlementaires
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

ISSN 2563-4402

CONTENTS

Monday 14 December 2020

Emergency orders review	EM-87
Hon. Sylvia Jones	

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**SELECT COMMITTEE
ON EMERGENCY MANAGEMENT
OVERSIGHT**

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

Monday 14 December 2020

Lundi 14 décembre 2020

The committee met at 1133 in room 151 and by video conference.

EMERGENCY ORDERS REVIEW

The Chair (Mr. Daryl Kramp): Good morning, everyone. I will call this meeting of the Select Committee on Emergency Management Oversight to order. We have the following members in the room: We have Mr. Bisson, Mr. Rakocevic and Ms. Hogarth. The rest of our good folks are on the line, as we see. We only have one committee member yet to join, who will probably be here shortly. Participating remotely, we have Mr. Bailey, Mr. Fraser, Ms. Martin, Mr. Oosterhoff, Ms. Park and Ms. Triantafilopoulos. We are also joined by staff from legislative research, as always, broadcast and recording, and House publications and language services.

As we always say at every meeting, please speak slowly and clearly so that we can all pick it up and record it accurately. Please wait until you are recognized by the Chair before you start to speak, and please remember to unmute yourself before you begin speaking. As always, all comments by members should be directed through the Chair.

Are there any questions? Seeing no questions, pursuant to the order of the House dated July 15, 2020, the select committee has been appointed to receive oral reports from the Premier or his designate or designates on any extension 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, appearing before us several times before, is with us here again today, via Zoom, to provide this committee with that report. So welcome, Minister.

Per the motion, the committee is empowered to meet as follows: Similar to all of our other previous meetings, we have up to 30 minutes for the Premier or his designate to make an opening statement, up to 60 minutes for the members of the recognized parties to pose questions to the Premier or his designate in three rounds of 10 minutes for each party and up to 10 minutes for the independent member to pose questions of the Premier or his designate in two rounds of five minutes each.

Similar to our previous meetings, following the Solicitor General's remarks, we will proceed, then, in the

question rotation as follows: up to 10 minutes to the official opposition, up to 10 minutes to the government and up to five minutes to the independent member. We'll repeat that for the second round and then, in the third round, we will go 10 minutes to the official opposition and 10 minutes to the government.

Are there any questions before we begin today? Seeing none, Solicitor General, please proceed with your introductory comments to this committee whenever you're ready.

Hon. Sylvia Jones: Thank you, Chair. Good morning, committee members. I'm pleased to be joining you all for the sixth meeting of this important committee. This committee plays an important part when it comes to transparency when it comes to COVID-19 orders, and I want to thank committee members for your work and dedication.

As this is, I anticipate, the final meeting of 2020, I'm pleased that we are entering a new year with renewed hope. A vaccine is on the way. In fact, earlier this morning, UHN in Toronto and Ottawa received their first small, but important, shipment. Last week, the UK began vaccinating its citizens, and Ontario's first doses of the Pfizer vaccine, as I've just mentioned, have just begun to arrive. We are at a critical stage in our fight against COVID-19. A vaccine is a turning point between coping with the coronavirus and overcoming it.

Over the coming weeks and months, the following groups will be receiving the first vaccine doses as part of the largest immunization program in the province's history: residents, staff, essential caregivers and other employees of congregate care settings, such as long-term-care homes and retirement homes; health care workers, including hospital employees and staff who work or study in hospitals and other critical health care personnel; and adult recipients of chronic home health care.

This mass immunization is a complex logistical undertaking. It is being carried out with military precision and is guided by recommendations from the COVID-19 vaccine distribution task force, chaired by retired general Rick Hillier, and the National Advisory Committee on Immunization.

As more vaccines become available and as more information is shared from the federal government—which is responsible, of course, for procurement and approval—immunization will become more widespread. In the meantime, we continue to need the orders continued

under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, and it is critically important for Ontarians to continue following public health guidelines. Wear your mask; keep your distance; wash your hands: These remain our strongest lines of defence to limit the spread of COVID-19, keep schools open, reduce the strain on hospitals and health care workers and, of course, protect our most vulnerable citizens.

As the committee will recall, the government amended O. Reg. 82/20, O. Reg. 364/20, O. Reg. 263/20 and O. Reg. 363/20 to implement a new, scalable COVID-19 response framework. The Keeping Ontario Safe and Open framework lays out a proactive and graduated plan based on the local situation in each of Ontario's public health units. The framework provides for five zones or stages to which public health unit regions may be assigned under O. Reg. 363/20: Stages of Reopening, based on certain threshold public health indicators: Green—Prevent, or standard measures; Yellow—Protect, or strengthened measures; Orange—Restrict, or intermediate measures; Red—Control, stringent measures; and, finally, Grey—Lockdown.

1140

A scalable framework ensures the public health measures in response to COVID-19 are targeted, incremental and responsive to local needs, while keeping schools open, maintaining medical care system capacity and protecting vulnerable people, including those in long-term care. Public health unit regions are placed into stages or zones based on the number of threshold indicators, such as weekly incident rates, percentage of positive tests and hospital capacity, including but not limited to ICU beds. Trends in public health data are reviewed weekly. Assignments to the current levels are expected to last for a minimum of 28 days, or two incubation periods, at which time the status of these public health unit regions will be reassessed on a weekly basis. If more stringent measures are needed, they are considered sooner.

As of today, Ontario's public health units are placed into the following zones:

The green zones, or Prevent, include the district of Algoma health unit, the North Bay Parry Sound District Health Unit, the Porcupine Health Unit, Renfrew County and District Health Unit and, finally, Timiskaming Health Unit.

The yellow zones, or Protect, include the Chatham-Kent health unit; Grey Bruce health unit; Haliburton, Kawartha, Pine Ridge District Health Unit; Hastings and Prince Edward county health unit; Kingston, Frontenac, Lennox and Addington health unit; Lambton health unit; Leeds, Grenville and Lanark District Health Unit; North-western Health Unit; Peterborough county-city health unit; and, finally, the Sudbury and district health unit.

In the orange zone, or Restrict, the following health units are included: Brant County Health Unit, the city of Ottawa health unit, Eastern Ontario Health Unit, Haldimand—Norfolk health unit, Huron Perth health unit, the Niagara regional area health unit, the Oxford—Elgin—St. Thomas health unit and, finally, Thunder Bay District Health Unit.

In the red zone, or Control, we include the following: The city of Hamilton health unit, the Durham regional health unit, the Halton regional health unit, Middlesex-London Health Unit, Simcoe Muskoka District Health Unit, Waterloo health unit and, finally, Wellington-Dufferin-Guelph health unit.

Grey—Lockdown zones include the city of Toronto health unit, Peel regional health unit, Windsor-Essex County Health Unit and, finally, the York regional health unit.

In addition to zone reassignments, the following amendments were made to O. Reg. 82/20, rules for areas in stage 1, which applies to areas in lockdown on December 4 of this year: The order has been amended to clarify that indoor farmers' markets that primarily sell food items are permitted to be open in lockdown zones, and that restaurants, bars and other food or drink establishments in these markets may open for takeout or delivery service only.

O. Reg. 82/20 has also been amended to set the limit for in-person instruction and exams at 20 individuals, with physical distancing, for post-secondary institutions in lockdown zones, for specified programs critical to support the health care workforce response to COVID-19. There was a concern that reduced capacity limits for post-secondary institutions in lockdown zones could reduce the supply of essential workers, such as health care practitioners and lab technicians.

On December 11, O. Reg. 82/20 was amended to ensure that driver certification programs and organizations continue to provide in-person commercial training and testing to commercial drivers and to allow private career colleges to provide in-vehicle instruction for commercial drivers in lockdown zones. Allowing commercial driving instruction supports industry in maintaining the movement of goods and services during the pandemic.

Extended orders: As usual, at this point and in line with the legislative mandate of this committee, I will now walk us through the remaining orders that are continued until January 21 without amendment. These updates are being presented in numerical order.

O. Reg. 74/20, work deployment for health service providers: The hospital sector continues to experience increased demands and pressures as a result of COVID-19. An extension of the order authorizing hospitals to take measures with respect to work deployment and staffing is necessary to address surgical backlogs and human resource shortages across long-term-care homes and to ensure sufficient hospital beds during the pandemic.

O. Reg. 75/20, drinking water systems and sewage works: The Ministry of the Environment, Conservation and Parks' one-time reduction in annual training for waste water operators from 40 hours to 10 hours addresses the shortage of available training due to the COVID-19 outbreak. This also allowed operators to remain licensed as they focus on providing proper treatment of waste water.

O. Reg. 76/20, electronic service: The order allows document service in legal matters to be handled

electronically instead of in person. An extension of the order is needed to continue access to justice while reducing unnecessary contact between individuals in order to slow the spread of COVID-19.

O. Reg. 77/20, work deployment measures in long-term-care homes: This order gives long-term-care homes greater flexibility to identify staffing priorities, deal with staff shortages and address outbreaks. It remains necessary because flexibility to recruit and reassign staff remains critical for preventing and managing outbreaks and ensuring stability and quality in long-term-care homes.

O. Reg. 95/20, streamlining requirements for long-term-care homes: This order provides flexibility and a reduced administrative requirement for long-term-care homes to respond quickly to the care and safety needs of residents. Specifically, it takes preventive measures to protect front-line workers from becoming ill and being unable to work, thereby reducing the risk of staffing shortages and further spread of the virus amongst residents. This order is extended to ensure long-term-care homes continue to provide care and safety to residents.

O. Reg. 98/20, prohibition on certain persons charging unconscionable prices for sales of necessary goods: Our government took decisive action against retailers and individuals who exploit consumers by charging excessive prices for goods Ontarians need to protect themselves and their family during the COVID-19 pandemic. The order is extended because consumers continue to file complaints with the Ministry of Government and Consumer Services of price-gouging with respect to the necessary goods set out in the order, some of which remain in short supply.

O. Reg. 114/20, enforcement of orders: Effective enforcement is essential under the ROA to limit the spread and effects of COVID-19. This order ensures a person is required to identify themselves by providing their name, date of birth and address to a police officer or other provincial offences officer if the officer has reasonable and probable grounds to believe the individual has committed an offence under the ROA. Without disclosure of this identifying information, provincial offence officers would be unable to effectively enforce orders under the Reopening Ontario Act.

O. Reg. 116/20, work deployment measures for boards of health: As the province progresses through the framework, there continues to be increased demands on public health units. This order allows boards of health or public health units to take, with respect to work deployment and staffing, any reasonably necessary measures to respond to, prevent and alleviate the COVID-19 pandemic.

1150

O. Reg. 118/20, work deployment measures in retirement homes: This order allows flexibility for retirement home operators to recruit and reassign staff. It remains crucial for helping to prevent and manage potential outbreaks in order to ensure stability and quality in resident care, especially with the increases in cases in recent weeks.

O. Reg. 121/20, staffing flexibility measures for service agencies providing services and supports to adults with developmental disabilities: This order has been extended

so developmental service agencies and intervenor service providers will continue to have the authority and flexibility they need to redeploy their staff to support critical services for vulnerable individuals. Streamlined quality assurance requirements continue to be needed so developmental service agencies can alleviate staffing pressure while responding to challenges posed by COVID-19.

O. Reg. 129/20, signatures in wills and powers of attorney: This order allows the execution of wills and powers of attorney to be completed virtually via technology. Stakeholders have indicated that they are still relying on the order to ensure wills and powers of attorney can be safely executed, as there are no alternative processes available.

O. Reg. 132/20, use of force and firearms in policing services: This order allows chiefs of police to authorize certain members of the police services to perform duties involving use of force and to carry a firearm if the member has successfully completed relevant training within 24 months, instead of the required 12 months under the Police Services Act. It is extended so that police personnel may continue to keep our communities safe.

O. Reg. 141/20, temporary health or residential facilities: The Ministry of Health, hospitals and municipalities need adequate capacity in the hospital sector and in the emergency shelter system to address potential outbreaks of COVID-19. The ability to install new temporary health and residential facilities and to convert existing buildings for this purpose will be needed until there is no threat of new waves of COVID-19.

O. Reg. 145/20, staffing flexibility measures for service agencies in the violence against women, anti-human trafficking and crisis line service sectors: This order has been extended so violence against women and anti-human trafficking service providers will continue to have the authority and flexibility they need to redeploy their staff to support critical services for survivors of violence against women and victims of human trafficking.

O. Reg. 146/20, limiting work to a single long-term-care home: This order reduces the movement of employees between long-term-care homes to minimize the risk of COVID-19 transmission into other homes or health care settings. The order is still necessary, because limiting the number of staff moving across multiple settings is an important component of infection prevention.

O. Reg. 154/20, work deployment measures for district social services administration boards: This order provides district social services administration boards flexibility to address staffing shortages and ensure personnel are being deployed to critical areas of need to respond to COVID-19. Service areas covered under the order play a vital role in responding to COVID-19 and supporting community recovery, such as child care for parents returning to work. The order is extended while boards are being surveyed on the future of the order and to determine next steps.

O. Reg. 156/20, deployment of employees of service provider organizations: This order allows the voluntary deployment of existing home care staff at service provider organizations to provide services such as nursing, personal

support services and therapy to other congregate care settings. The need to extend the order is based on ongoing staffing issues at long-term-care homes and within retirement homes.

O. Reg. 157/20, work deployment measures for municipalities: In response to requests from municipalities, we issued this order to provide flexibility to redeploy staff to ensure front-line services continue to be delivered in critical areas of need. The continuity of service delivery at the municipal level is critical to the health and safety of Ontario's communities and efforts to curb the spread of COVID-19.

O. Reg. 158/20, limiting work to a single retirement home: Like the order for long-term-care homes, this order remains necessary, because limiting staff from working in other retirement homes, long-term-care homes and other health care settings is an important component of infection prevention and control practices in retirement homes.

O. Reg. 163/20, staffing flexibility for mental health and addictions agencies: This order is necessary to give service providers the required authority to maintain health human resource flexibility, especially as mental health and addiction providers work to maintain in-person services during the second and any possible future waves.

O. Reg. 177/20, congregate care settings: The order has been extended so that staff movement across multiple employers in developmental services, intervenor services, and the violence against women and anti-human trafficking sector will continue to be limited. This infection prevention measure protects staff and vulnerable clients. Notwithstanding any targeted public health measures, it is also critical to ensure these measures are still in place to help prevent or manage an outbreak.

O. Reg. 192/20, certain persons enabled to issue medical certificates of death: This order allows registered nurses appointed as coroner investigators to complete medical certificates of death instead of a physician or a nurse practitioner. This order continues to give physicians and nurse practitioners more time to focus on patient care during the pandemic.

O. Reg. 193/20, hospital credentialing processes: Maintaining flexible health human resources is critical for hospitals during the pandemic. This order allows hospitals to quickly appoint, reappoint and grant privileges to physicians and other professional staff where necessary to prevent and alleviate the outbreak of COVID-19. Hospitals continue to experience increased demands and pressures as a result of COVID-19, making continuation of this order necessary.

O. Reg. 195/20, treatment of temporary COVID-19-related payments to employees: The order ensures that any temporary COVID-19-related payment for personal support workers and direct support workers for work performed while the order is in effect are excluded from the maximum increases in compensation set out in the Protecting a Sustainable Public Sector for Future Generations Act, 2019.

O. Reg. 210/20, management of long-term-care homes in outbreak: Long-term-care homes continue to experience

outbreaks. This order enables the director, under the Long-Term Care Homes Act, to order the placement of temporary management to effectively protect residents from COVID-19. Maintaining the management order allows the director to swiftly take appropriate actions to reduce or alleviate harm to residents and staff in homes that are in outbreak.

O. Reg. 240/20, management of retirement homes in outbreak: This order is necessary because retirement homes are still affected by outbreaks. It is important to ensure measures are in place to allow the Retirement Homes Regulatory Authority to act quickly in case of an outbreak should an operator be unable or unwilling to manage operations of the home.

1200

O. Reg. 241/20, special rules re temporary pandemic pay: The order was designed to help facilitate implementation of temporary pandemic pay and to provide clarity to employers and employees regarding eligibility for pandemic pay.

O. Reg. 345/20, patios: This order helps municipalities quickly pass temporary bylaws allowing restaurants and bars to extend their patios while maintaining public health measures, despite winter conditions. The order needs to remain in place for the upcoming spring season so bars and restaurants can plan, continue to operate and overcome the economic impact of COVID-19.

In closing, as I've previously indicated, these orders have been extended to January 20, 2021. We have made the decision to extend these orders now, rather than closer to their expiry date of December 21, because these tools continue to be needed, and we want to provide as much certainty and transparency as we can to Ontarians in advance of the holiday season. Nothing is more important than protecting the health and well-being of Ontarians. Since COVID-19 started to impact our world this spring, our government has had a singular focus to take whatever action is necessary to protect Ontarians.

Again, COVID-19 vaccines are a game-changer, but change will not happen overnight. Due to the limited supplies we expect to receive over the next coming weeks, our initial distribution of vaccines will focus on Ontarians who are most vulnerable and at greatest risk, and it may be a while yet before all Ontarians have the opportunity to be vaccinated. We do not have a crystal ball to look into for an end date to this pandemic. This means we may need to keep these orders in place for some time to come, and we ask Ontarians to continue to do what they have been doing. Wearing masks, frequent handwashing, using hand sanitizer, staying at home and physically distancing are the simplest and most effective tools to combat COVID-19, especially now, during the busy holiday season.

Thank you, Chair. I will turn it back over to you to answer any questions committee members may have.

The Chair (Mr. Daryl Kramp): Thank you, Minister. We would like to welcome to the committee Sara Singh, who has joined us in person. Welcome, Sara.

We will now go to the first round of questioning for 10 minutes. We start off with Mr. Bisson, please.

Mr. Gilles Bisson: Yes, I'm going to be very quick—just a statement, then I'm going to hand it over to my colleague Mr. Rakocevic.

I just want to push back on something you said, Minister, in regard to this being a very transparent process through this committee, because clearly, the government controls the majority on this committee and can limit what it is that we can do as far as requesting documents or any other questions that we may have that would provide transparency. So I would say that it's good for you to say that, but it doesn't reflect the reality.

The second thing I would like to say is that it seems to me that the government—and rightfully so. The vaccine is the light at the end of the tunnel; I think we'll all agree on that. But not doing all of the things that we need to do in order to continue to provide what needs to be done to keep our citizens safe across Ontario, in our schools, in our long-term-care facilities and others, is, I think, a mistake, and I think we're seeing it in the numbers.

Donc, ce n'est rien que pour dire que le gouvernement veut dire que tout est bon parce que ce qu'ils sont en train de faire est très clair. Ils sont en train de faire les affaires d'une manière transparente. Ce qui n'est pas très clair, c'est la situation, parce que ce comité est contrôlé par le gouvernement. Il y a des possibilités très limitées quand ça vient à l'habileté d'être capable de garder les pieds de ce gouvernement au feu quand ça vient à ce qui se passe.

Aussi, avant que je retourne à mon ami M. Rakocevic, c'est pas mal clair que le gouvernement met tout son effort dans les vaccins. On le comprend : c'est important. Et oui, c'est où on a besoin d'aller. Mais de ne pas investir dans nos écoles, dans nos maisons de soins de longue durée et autres, je pense que c'est un vrai problème. Puis, on voit ça dans les chiffres d'aujourd'hui.

Mr. Rakocevic, up to you.

Mr. Tom Rakocevic: Thanks for being here, Minister. I just want to draw your attention to a very important article that came out by the Toronto Star this past weekend. I'm going to draw a quote from it. What it's dealing with is mobility post-lockdown of individuals, and it looked at communities across the GTA. The quote is: "Neighbourhoods with bigger proportions of essential workers have higher levels of mobility post-lockdown, suggesting the problem is less likely to be rule-flouting social butterflies and more likely people slipping through cracks in the province's plan."

So really, what we're talking about here is the factor of COVID transmission through workplaces, as well as work-related travel. Is this something that the command table has done a risk analysis on? And would you be willing to table the results of that if you've done that?

Hon. Sylvia Jones: Thank you. While I was not in attendance for the previous select committee that occurred on Friday, I believe that a lot of the discussions and issues surrounding modelling and mapping out where the risks are, where the outbreaks are occurring, were presented to the select committee at that point.

I don't think it would come as a surprise to any of us that individuals who are concerned have had some

hesitancy in coming forward for testing. We need to overcome that. This is not a case of, "Come be tested and we'll track you down for other infractions that you may or may not have." We want people to be comfortable and confident to come forward and get the testing, so that we have a very good handle on the numbers of individuals and where the outbreaks are occurring.

That also leads to a really important piece about contact tracers, ensuring that they get a complete overall picture of where individuals have been so that, again, we can track the outbreaks and ultimately tamp them down.

Mr. Tom Rakocevic: Thanks for that, Minister. That level of detail wasn't really present in the presentation. I'm surprised, because in the last couple of meetings—and I'll do it again—I asked about the issue of travel on crowded buses in a lot of places where we're seeing high levels of transmission during rush hour. In fact, I've put out some visual information on my social media about packed bus routes. Individuals are going during work hours, they're shoulder to shoulder in many cases, and each time I bring this up here it seems like the command table isn't, in fact, looking at this.

I guess the question is: Will this government commit to assisting municipalities where we are seeing large groups of individuals packed on buses, in terms of helping them add more buses to these routes? Because this is obviously a place where transmission can occur. This is something that comes out of the research that the Toronto Star put out.

Hon. Sylvia Jones: Yes, thank you for that. To be clear, there have been a number of investments and financial assistance through both Metrolinx and through our municipal partners, the municipalities who operate transit systems and buses. We have ensured, and Minister Mulroney has ensured, that there is lots of access to PPE for the drivers. There have been modifications to ensure, as much as possible, that safety is maintained. Those financial pieces have been flowed to both GO and Metrolinx, as well as municipal partners that operate municipal transit systems.

Mr. Tom Rakocevic: I appreciate you saying that, but that's not what I'm hearing. The issue, in particular, is that if you have more buses on the line, even if it's temporary, you will have less density of individuals on a bus; therefore, people will be able to do better social distancing. So while I appreciate you're talking about giving PPE to drivers, I'm speaking about something else.

I would also now move on to workplace outbreaks, if I could that—

Hon. Sylvia Jones: If I may: The TTC has, in fact, added more buses. It may be an opportunity for you to follow up to see specifically where those additional buses have been, on which routes, but it is my understanding that the TTC has added more buses to their routes, even though their ridership is down.

1210

Mr. Tom Rakocevic: I'm aware that municipalities are doing what they can and stretching themselves very thin. I'm asking if the government is willing to support them.

They are already working with very little money, and they're being forced to now spread that little money that they have to deal with these situations, so really what I'm asking for is: Is the government of Ontario seeing this as an issue and providing assistance? I'm aware that the TTC is doing its best. The question is whether you will.

But I'd like to move on to workplace transmission. We do have more information when there are outbreaks within schools and in places like that, but there is not a lot of data about workplace transmission. Is this government discussing any possibility of providing more transparency when you have situations where there is transmission that occurs at workplaces?

Hon. Sylvia Jones: What specifically are you looking for? Do you want us to publicly announce where workplace transmissions are? If the general public does not have access to the manufacturer or the business, then what would be the advantage of having name-and-shame, if you will?

Mr. Tom Rakocevic: It's not about shaming them. Look, at the very outset of this pandemic, I was actually heavily involved with a particular medical place where there was an outbreak, and there wasn't information even internally. So it might even be a question of protecting the people that are working there. We don't really know what's going on in many cases when there are outbreaks that are happening within the workplaces. Do you feel that you're shaming a school when you provide information that there was an outbreak in a particular school?

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

Hon. Sylvia Jones: When we publicly explain where there is an outbreak or where an outbreak has occurred, that's to educate the families and the students and the teaching staff who are within that community and that school, as opposed to, frankly, a private business that only has access to their employees. Many of them—I won't speak to numbers, because I don't have that, but many of them are proactively letting their employees know, so that they have the comfort and understanding of where the outbreak has occurred and the follow-up that has occurred, including with the public health unit and of course all of the additional cleaning that would have occurred after the outbreak.

The Chair (Mr. Daryl Kramp): Ten seconds.

Mr. Tom Rakocevic: The last thing is, I think this government needs to revisit the issue of paid sick days. That would affect the travel concerns I mentioned as well as the workplace.

The Chair (Mr. Daryl Kramp): Thank you, Mr. Rakocevic. Now we will go to the government for 10 minutes. Ms. Hogarth?

Ms. Christine Hogarth: Thank you, Mr. Chair, and I'll be sharing my time with the MPP from Eglinton–Lawrence.

Thank you, Minister, for being here today, and for the rollout. Congratulations on the rollout today of starting the vaccinations. It gives a lot of our seniors and a lot of people hope that there will be an end to this crazy tunnel that we've been in for so long.

The question I have is actually a clarification question with regard to the timing of the order extension. Just recently, you extended the emergency orders. But there was some confusion from some constituents of mine, saying, "What does this mean, January 20? Can you explain?" So I'm wondering, Minister, if you can explain: Why the extension, why now, and what does the January 20 date mean?

Hon. Sylvia Jones: Moving ahead with the extension of the order prior to what would have been our completion, which I believe was December 21, is just to give some clarity and to ensure that people know what to expect. Look, I understand how challenging this is for family members, for businesses, for individuals: Which zone am I in? What are the impacts, depending on which zone I'm in? So it was an attempt to give people some clarity, frankly, in a lead-up to a holiday season where many of us start to get preoccupied with other activities—just really sending a message to people that this is what you can expect and this is how long the extension order has.

Ms. Christine Hogarth: My second question is actually from my constituents as well. Etobicoke–Lakeshore is also in lockdown. I know you're trying to differentiate between businesses, retailers and services for the purpose of opening and closing, and it must be extremely challenging, but people are struggling to figure out and try to keep track of what's open and what's not.

I think it was last weekend we noticed that the St. Lawrence Market opened, so I guess some of the orders were changed. I'm just wondering if there is a systematic way in which these decisions are made and if you could talk a little bit about that so the people understand.

Hon. Sylvia Jones: Yes, thank you. With the reopening Ontario act, when the regulations were prepared, frankly, a lot of the work had been done through the previous emergency orders. So the first piece was basically to go back to those original emergency orders and confirm with each of the impacted ministries. I'll use the St. Lawrence Market example: Once we understood and OMAFRA, the Ontario Ministry of Agriculture, Food and Rural Affairs, confirmed and clarified that as long as there was no dining and it was takeout only—because the St. Lawrence Market can limit who is selling and those goods are all food items, very similar to a grocery store—there was a clarification done.

I think part of the decision point is trying to give as much clarity as possible to both the municipalities and the businesses that are operating. By tweaking that to confirm and basically publicly confirm that the St. Lawrence Market, if they didn't provide in-house dining, if they only did takeout, if the products that the individual vendors were selling were all food-related items, they could continue to operate.

Ms. Christine Hogarth: Thank you. To Robin.

The Chair (Mr. Daryl Kramp): Go ahead. Yes, Ms. Martin, you're up, please.

Mrs. Robin Martin: Thank you, Minister. We had an earlier meeting of this committee—and maybe I should just point out for clarification that the mandate of the

committee was by the vote of the Legislature, of course. Early in this committee, the Premier's designate—and it may have been you, Minister—spoke about the newly created colour-coded levels in the Keeping Ontario Safe and Open framework. My understanding is that regions stay in these zones for about 28 days, or two incubation periods, unless more restrictive measures are needed.

We've seen some more weekly updates now, most recently, actually, this Friday—

Interruption.

Mrs. Robin Martin: Sorry. My battery, of course, is running low just now.

Given the second wave has produced the need for much more frequent changes to the standing of various regions in the province than the first wave did, have you found that this approach with the framework is able to react quickly enough to these changing trends? And, really, will Toronto and Peel continue in lockdown in the grey zone for another incubation period or two? Because people are really anxious to know.

Hon. Sylvia Jones: Yes, that's a really good question. Unfortunately, I don't, nor does anyone else I've spoken to, have a crystal ball. Probably the most important thing for people to watch and look at is, as I mentioned in my opening remarks, the positivity rate, as they call it, the number of positive cases. But the other piece, which is the other part of the decision-making point or the decision point, is hospital capacity, and not just ICU beds but ICU [inaudible].

You will remember, of course, parliamentary assistant to health, that early on in the pandemic, most elective surgeries were cancelled to ensure that if we needed the capacity within our hospital system for beds, that would be available to us. This wave, because we cannot continue to delay very important surgeries, there has been a decision made that we need to restart all of those other surgeries that are keeping Ontarians safe. As a result, tracking the available number of beds and the ICU beds becomes a more important piece of the decision-making model, if you will. I hope that helps.

The Chair (Mr. Daryl Kramp): You have three minutes left.

Mrs. Robin Martin: Yes, thank you, Minister. It does help.

I know that we negotiated the Safe Restart Agreement with the federal government, which supported municipalities to a very large extent; I know that issue has come up. I know that the feds, amongst other things, have the Canada Recovery Sickness Benefit, which is available to people who have an illness as a result of COVID. I just wanted to get those couple of things on the record.

1220

With respect to the modelling presented last time, could you explain how the government is using the modelling to make its decisions about what changes to orders might come?

Hon. Sylvia Jones: The modelling, frankly, gives us a bit of an opportunity to look at the what-ifs, the different scenarios. If we did nothing, what does the modelling show us? Again, that includes things like: What does that

do to our hospital capacity? Because again, you would know only too well, serving as parliamentary assistant to health, that we can't magically appoint hospital physicians and nurses who are already working or are already at capacity.

It's really important for us to track all of the data points, which include available personnel, available spaces and where they occur, because again, it's not consistent across Ontario. Every community doesn't have the same number of ICU beds. Every community doesn't have the same per capita number of hospital beds. And, to your point, as we've already seen very clearly, certain communities have been impacted in a much more dramatic way.

In terms of the number of supports that are available, I think it is a bit confusing because, to your earlier comment, you have some programs being administered by the federal government, you have some being administered by the province of Ontario—

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

Hon. Sylvia Jones: —and you have some that are administered by individual municipalities, and many of them are working together. I'll point to one thing that we did, which was a single portal for businesses to be able to apply for both the \$1,000 PPE, personal protective equipment, as well as the relief that we are offering for both hydro and the municipal taxes.

We've tried to simplify it as much as we can, but it's still really important for everyone to be able to communicate to their constituents that there are a number of opportunities and they should be exploring all of them.

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

Now we will go to the independent member for five minutes. Mr. Fraser.

Mr. John Fraser: I guess it's almost "good afternoon," Minister. Thanks for being here. Thanks for all your work.

I just want to begin by saying that I was pleased that the Legislature unanimously supported using this committee to have a response to the vaccine rollout, and also to regular reporting and to clarity and transparency around that. It's an opportunity for us to talk about what you said is the most important thing for us right now, which is to get this vaccine rolled out.

I'm going to ask you some questions. I can appreciate that your job is a mile wide and there are a lot of things, so I don't expect answers, but what I would hope is that those questions might go back, and should go back, and we can get some answers to them in whatever form they come in. We all need to have certainty, for all of our ridings and the people that we serve.

I'm going to repeat a question that I asked last week that we didn't get a clear answer on, and that's the leadership structure regionally. Here in Ottawa, public health is leading the vaccine rollout. It's a team effort, but you need a leader. My question is really around if that's reflective of what's happening across Ontario, or is there a plan for that?

Hon. Sylvia Jones: I think I understood your question to be, in terms of the vaccine rollout itself, how it is being approached—

Mr. John Fraser: Our regional structure. In other words, public health is leading it here. I don't know who is leading it in Windsor. It's critical that you have trusted voices, because the rollout is not just the logistics, but it's public education. It's decisions around who gets vaccinated—I'll go into that a bit more. That's why I'm asking that question.

Hon. Sylvia Jones: Okay. If I may, let's start at how, first, there's very, very limited supply. Today, right now, the two leads in Ottawa and Toronto are actually hospital leads. The reason for that is that we want to watch UHN and Ottawa Hospital to do the limited rollout in control, because, as you've already pointed out, we're not going to have enough of the first tranche to be able to vaccinate everyone who wants to. So we will use those two regional centres as a way to monitor and find out the best practices, what worked well, if there were any hiccups or bumps in the road, as General Hillier likes to say, and then the continuing rollout will very much depend on what our supply is.

At the end of the day, when the supply is consistent and abundant—and we continue to receive assurances from the federal government that they have ordered sufficient supplies for Canada—then I believe you will see a COVID vaccination plan that is very similar to a shingles vaccination or a flu shot vaccination, where family docs will have access to it, pharmacists will have access to it, health units will have access to it. But we can't get there until we have a sufficient supply. And right now, as we all know, very, very limited: 3,000 in Ottawa, 3,000 in Toronto.

Mr. John Fraser: I get it. I understand that the sites in Toronto and Ottawa are both hospitals, but I do know, factually, that the public health unit is driving—the leadership of that has been—it may be happening in a hospital, but that's who is responsible for the vaccine rollout.

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

Mr. John Fraser: I think that's important. You need a trusted voice. So a quick question: Public education campaign, when is that going to commence?

Hon. Sylvia Jones: Frankly, a lot of it occurs every time Minister Elliott, the Premier and General Hillier stand up and speak to the public about what they can expect. There is a campaign that will commence, in terms of the other, more paid piece, but at this point, I think it's really critically important for us as leaders and communicators to talk about how limited the supply is. I think the worst thing that we can do is promote a COVID vaccine when, at this point, we do not have a lot of details from the federal government on how many we're going to receive in the coming months—

The Chair (Mr. Daryl Kramp): Thank you, Minister. We've exhausted the time on that round, then, now. Thank you, Mr. Fraser.

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

Ms. Sara Singh: Thank you so much to the Solicitor General for taking time out today to share with us some of

these updates. I guess for me and many people across Ontario right now, we're continuing to watch numbers go up. Many regions are in lockdown and still not able to contain the spread of the virus. What the data really shows us, too, is that in many of the areas where there are these hot-spot communities, like in Brampton or in Scarborough, it's large numbers of essential workers, many people living in low-income situations, and there are real economic disparities in those communities, underlying factors that might be contributing to the spread of COVID-19, whether that be housing or other factors.

I think what a lot of people are very concerned by is perhaps the lack of understanding from the government's perspective on how to meaningfully address those underlying factors and help us actually stop the spread, implementing things like paid sick days or perhaps a ban on residential evictions.

So, Minister, I guess I'll start off by just asking why something like a ban on residential evictions, which was something that was done earlier on in the pandemic, isn't something that your government has chosen to implement as we manage a second wave.

Hon. Sylvia Jones: Thank you. There are so many programs that have been rolled out by ministers and ministries across the provincial government, including and in part with assistance from our federal partners. The municipalities, as an example, were given \$15 million for cleaning transit. The city of Toronto received \$7.8 million of that. We have funded our municipal partners to allow them to ramp up and offer additional assistance to individuals who are experiencing social assistance challenges. In my own community in Dufferin county, we received a second investment just this week of over \$400,000, in a municipality of 50,000 people.

1230

There are many, many partners who are assisting our most challenged citizens, who have been impacted, to your point, in a larger way because of any number of reasons: precarious work; the social determinants of health are something that we have talked about for years as a government, and we understand that there are impacts; multi-generational homes; people who have vulnerabilities in terms of their compromised health. All of those play a role and a factor in whether you contract COVID and ultimately are more impacted by it.

But I can assure you that the number of investments that the Ministry of Municipal Affairs and Housing, the Ministry of Health and the Ministry of Transportation have done has assisted. Is it perfect? No, but point me to a program that is perfect. We've had to make sure that people got the assistance as quickly as they could. That's why we made the changes and rolled out those investments to allow our municipal governments to react very quickly. Respectfully, I would say the vast majority have done a really good job.

Ms. Sara Singh: Thank you very much for that response, Minister, but the reality is that in communities like Brampton, we haven't received the investments that we need. As you mentioned, you are a member from the

Peel region, and a part of your riding does include Dufferin county, which is in a very different state than, let's say, Brampton is. We haven't seen the investments that we need to, even though your government is sitting on \$12 billion worth of resources that could be allocated to help us do things like create an isolation centre.

In your response, I didn't actually hear you address the lack of a ban on evictions. It's wonderful to help support programs in the community, but we can prevent people from becoming homeless in the first place. I think that is worth its weight in gold rather than dealing with them once they're in crisis.

Can you help us understand, as you alluded to—there are a number of different factors that would contribute to the spread. Again, when we look at those communities, whether it's economic disparity that they're facing or other challenges—those essential workers, for example, whether they're afraid they're going to be evicted from their home because they may not be able to make rent—your government hasn't done anything to help that. You haven't banned the evictions, but you also haven't implemented paid sick days, which would help those workers stay home if they needed to, to isolate. Can you help us to understand why that hasn't been a priority for your government?

Hon. Sylvia Jones: Let's talk about the isolation centres, to start with. When there was a severe outbreak in southwestern Ontario, in Essex region, with migrant farm workers, the city of Windsor, with the assistance of the federal and provincial governments, immediately set up isolation centres to ensure that those workers who had to self-isolate, who needed to be separated from individuals who did not have COVID—it was ramped up very quickly. It was only recently that the city of Brampton was able to secure the approvals from the federal government to start its own isolation centre.

I don't like pointing fingers, but it's important that we all work together. This is not an Ontario problem, this is not a Canada problem, this is not a Peel problem. The more that we work together collectively to come forward with those solutions—an isolation centre is not needed in every community, but the communities that need it, need it immediately and need to have the assurance that that will be there when their citizens need it and want it.

As much as I understand your role in opposition is to find the opportunities and point out the flaws, we also need to appreciate that federal governments, provincial governments and municipalities need to work together to make sure that we know where the outbreaks are. Once we have that information, we can pivot very quickly to protect the most vulnerable.

Ms. Sara Singh: Thank you, Minister. In my role as an opposition member, not only have we been critical of the response, I think we've also proposed several solutions and policy perspectives that could have been implemented that perhaps actually could have helped us prevent lockdowns in regions that are currently forced into lockdown.

Maybe we'll segue a little bit into that conversation around how the decisions were made to move certain

regions into lockdown, noting the impacts that had on local business communities there. Can you help the committee and perhaps Ontarians understand why the choice was made to allow big box stores to operate and yet small businesses, mom-and-pop shops, are forced to close their doors, many forced into bankruptcy, again with no support from this provincial government? I can recognize and understand the important role that both the federal and municipal governments play here, but I think, as my colleague also noted, the province plays a really important role, and unfortunately, we haven't really seen this government step up to the plate in areas that it could have, like providing direct support.

I guess my question is, (1) how were the decisions made to decide which businesses were allowed to stay open and which ones were allowed to close; and (2) why wasn't any direct financial support provided to those businesses in lockdown regions that were forced to close their doors?

Hon. Sylvia Jones: Oh, there are so many things to unpack there. So first of all, we're in December, and the fiscal year, as you know, doesn't end until March.

The Chair (Mr. Daryl Kramp): Just over a minute.

Hon. Sylvia Jones: So the importance of having some funds available to be able to pivot and provide the supports that are needed is critical.

Second, to suggest that the Ontario government has not provided any assistance to businesses is just factually wrong. There is a program in place, and has been for over six weeks, that offers \$1,000 to businesses to provide PPE, personal protective equipment, for their staff. There is a fund in place from the Ministry of Finance that offers full hydro relief for any business that is in grey, or lockdown. There is a fund from the Ministry of Finance that provides municipal tax relief, real quantitative municipal tax relief, from paying municipal taxes.

Those are three examples, right off the top of my head, that we have been able to do as a provincial government. Frankly, if you are suggesting as an NDP member that we should have spent all the money in May, June, July—

The Chair (Mr. Daryl Kramp): Thank you, Minister. We will now go to the government for 10 minutes. Mr. Oosterhoff, you're on, sir.

Mr. Sam Oosterhoff: My thanks to the Solicitor General for appearing before the committee and answering the questions that I know have been coming from many of the different members. I appreciate all her time and effort in responding as factually and as accurately as possible.

I also want to thank again the minister for being in Niagara over the weekend and making an important anti-human-trafficking supports announcement with myself and the minister for women and children's issues. It's a vital issue and one that I know you've shown a lot of leadership on as well, so thank you for that.

My question is with regard to some of the other backlogs we're seeing as a result of COVID-19 and the changes that we've had to make in our health care system to ensure that we're responding to those needs. There have been backlogs of surgeries and backlogs in other areas, and I'm wondering what's going to be done to address

that. Because that's something that—a hip surgery: You can push it off a few months, but if you're pushing it off years, it starts to create real problems.

Could you talk about the plan around that and how we're going to be addressing that?

Hon. Sylvia Jones: Thank you for the question. It's really important. I think that when the Minister of Health, Minister Elliott, made the decision that even with a second wave, it was important that we continued to have the surgeries go ahead, it spoke to exactly your point that delaying three months for a hip surgery might not have the impact that delaying a year or two years would have. Part of the decision point is knowing that if we wanted to continue with those surgeries, the non-COVID-related health that still continues to impact our friends and family, we had to make sure that there was capacity within the health care system, within the hospitals.

1240

The Minister of Health has made a number of announcements very specifically to increase the number of beds in Ontario hospitals, which has been a wonderful announcement, to ensure that some of those beds that hadn't been used previously have now been able to reopen and expand. It's a very easy and immediate fix, but it's also a really important balance, because having a hospital bed doesn't necessarily say that you have sufficient doctors, nurses, PSWs and nurse practitioners. The balance between expanding the number of hospital beds has to be done understanding that there are limited human health resources as well. I think that Minister Elliott's announcements in the past number of months have spoken to that. But the opportunity for us to continue those elective surgeries, if you may, is an important part of the health piece that she is managing with the Ministry of Health.

Mr. Sam Oosterhoff: Thank you. Perhaps, responding to that, we had a fantastic presentation—it helped me, at least, to understand some more of the modelling and the realities underscoring that modelling. Very important and, of course, informing your decision, I'm wondering if you could talk about how you come to that decision about which model to base your decisions on. What I mean by that is, there were a number of different paths that were laid out. There were a number of different options that were given in the models. Of course, each change has an impact, social, economic and otherwise, but there are also health impacts. You're really trying to balance all these needs and recognizing—I'm not going to call them competing interests, but trying to find a sweet spot.

Could you talk a little bit about that process and how you came to the decision of which path to follow?

Hon. Sylvia Jones: Yes, again, a really important question. If Ontario and Canada have had a slight advantage, it is that we were not on the leading edge of the COVID explosion in the pandemic. Part of our modelling and part of our decision-making could be viewed through other countries and other regions that had experienced it. We could look at, for example, countries that had imposed certain restrictions and how that impacted the spread or the

flattening of the curve. We looked at that a lot. We looked at Italy; we looked at some of the other countries around the world that had the COVID pandemic at their borders six months before Ontario did. We were able to look at their best practices and say, “Did that shutdown make a difference? How has that impacted how they are moving forward?” That's part of it.

The other part is, again, back to our colleague MPP Martin's comment, there is not an infinite supply of hospital beds and hospital health care practitioners. Knowing what Ontario already had in its inventory, so to speak, was also part of the modelling. I will use jails and institutions as an example. If we are operating our institutional correctional facilities at 100%, then how do we manage that? How can we make changes? How can we quickly pivot to ensure the vast majority of people can be safely incarcerated and the staff can remain safe?

Lots of pieces in the pie to review, but I think probably the biggest advantage that we had was that we could look at other jurisdictions and how they had approached it in terms of the restrictions or the limitations.

Mr. Sam Oosterhoff: Thank you. I believe my colleague MPP Triantafilopoulos is also going to have some questions. Thank you, Minister.

The Chair (Mr. Daryl Kramp): Ms. Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: Good morning, Minister. Thank you so much for being with us. I have a quick question I'd like to have your response to, and it's specifically about O. Reg. 95/20, streamlining requirements for long-term-care homes. I don't believe it's been asked about specifically by this committee so far. Can you elaborate further, beyond what you mentioned in your opening remarks, on why it would be important to streamline requirements, specifically for long-term-care homes, during a health pandemic that impacts long-term care?

Hon. Sylvia Jones: So it's really the ability to pivot very quickly when there is an outbreak. The requirements that we put in place—whether it's hospitals, long-term-care homes or retirement homes—are important, but often they are based on the assumption that you can have months and years of planning.

Part of the ability for these regulatory changes is to allow a long-term-care home that has experienced an outbreak or is in the middle of an outbreak to very quickly be able to pivot, change and modify their practices in order to ensure the vast majority of their residents and staff remain safe. Some of that is really important to make sure that, once we've discovered an outbreak—and keep in mind that an outbreak in a long-term-care home is one individual, so the ability to quickly make sure that that one individual is protected and removed from the resident population and the other staff population becomes very important because, as you would know, seniors and individuals who have compromised health otherwise are more at risk of getting COVID and having more repercussions as a result.

I hope that answers your question.

The Chair (Mr. Daryl Kramp): A little over a minute.

Ms. Effie J. Triantafilopoulos: A decision made earlier in the pandemic related to the temporary delivery of alcohol, a decision that the government has now made permanent, which I think is an extremely positive development for small businesses like bars and restaurants. I know we also have this question around virtual signing of wills and powers of attorney and electronic servicing of documents that had been discussed before, so I wonder if there's an update on whether something like that might actually be a permanent change as well.

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

Hon. Sylvia Jones: I think Minister Downey described it best when he said that the justice system has come 100 years in 30 days. I think that it surprises a lot of people that we didn't have the ability to do e-signatures, electronic signatures, on wills. My own father passed away this summer, as you know, and I'm now dealing with that. I'm pretty sure that the lawyer, who happens to live in a different zone than the one that I am in, is very happy that we can do a lot of these virtually.

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

We will now go to the independent member for five minutes. Mr. Fraser, sir.

Mr. John Fraser: Thank you very much, Chair, and I'll try to use my five minutes as best I can, Minister.

I do want to go back to the public education campaign. The reason I raise it is that there's a number of issues that are very important, that need to be addressed, so maybe this can be a take-back. I'm sure it's being discussed, but one of the things is that there are issues around vaccine hesitancy and there are issues around the expectations of how life will be after the vaccine. I think the earlier that we do that, the better. I don't think we'll create an anticipation or a great demand for the vaccine. There are some real serious issues around vaccine hesitancy with some groups, and the work to address that is really, really important, so that's why I raise that.

The other reason why I raise regional structures has to do with vaccine distribution. I think the government has done a good job of initially saying, "Here are our priorities," the right priorities that are in line with Canada and many, many other jurisdictions. But you will have noticed sort of at the bottom of that line, it says, "Then the vaccine is available to all Ontarians." I think we need to communicate early that, I would hope, like BC said, for instance, we're going to do everybody over 70—just people living at home—in five-year increments going backwards. That was their example of what they were going to do.

1250

I know that, for instance, in my community in Ottawa South, I have one area of the city that has three times the rate of COVID infections, so that's why I mention that regional structure and regional leadership: because once we get past this first piece, we're really going to have to think about how we're going to do this, and the document doesn't show that, this initial document in the plan. I think the more clarity we get around that, it will help to manage people's expectations, because it's not there right now.

For instance, when it becomes available, I think we have to ask ourselves the question here of whether Albion-Heatherington should be done as one of the first parts in the city, because, again, three times the transmission. That's kind of a take-back. I don't expect you to answer that, unless you have one.

Interjection.

Mr. John Fraser: You do? Okay, go ahead.

Hon. Sylvia Jones: If it's not clear, I apologize, but very much, first vaccinations would go to the grey-lockdown and red-control areas of the province, and that, to your very point, is very strategic in terms of: Let's make sure that the people in the regions that are most impacted and most challenged are getting access to the vaccine.

I would be very, very concerned about promoting a vaccine that—frankly, we have no control as to when the federal government will approve the incoming one. We're hoping that Moderna is going to be within weeks, but we have no confirmation of that. So while I understand and appreciate that there is some vaccine hesitancy in a percentage of the population, I also don't want to build big expectations of, "I can have a crazy Christmas celebration because I'm going to be able to get the COVID vaccine in January." It's simply not the case, and we have to temper that.

Overlying all of this are strong assurances and reassurances from the Premier and Minister Elliott that this vaccine is not going to be mandatory.

Mr. John Fraser: Thank you. In a public education campaign—I'd just ask when we were starting. British Columbia has—Alberta has done that. We've all seen that they have public education. They've got a particularly dire situation; we have a dire situation in some areas.

I don't think a public education campaign is going to create some vaccine anticipation or a charge, but I think people need to know what reasonable expectations are. If there's clarity and transparency around that, I think that's part of public education. It can be local, as well. My question is just: What's the plan? I think we'd like to see a bit more of that.

How much time do I have left, Chair?

The Chair (Mr. Daryl Kramp): Ten seconds.

Mr. John Fraser: Perfect. Thank you, Minister.

The Chair (Mr. Daryl Kramp): Thank you for respecting our time, Mr. Fraser—much appreciated.

We'll now go to 10 minutes to the official opposition. Mr. Bisson?

Mr. Gilles Bisson: Let me just start off by saying that one of the frustrations of the public—and certainly those working in various institutions provincially—is that as a government, the government has been somewhat slow in making the kinds of investments that we need to make in order to ensure that we're able to work our way through this pandemic safely.

For example, the long-term-care situation: We all saw this happen last spring in the first wave. Clearly, most governments in Canada and across the world were not ready for that. I don't fault you as a government; what you inherited is the system that was there. But with the second

wave coming, we've really not adjusted the long-term-care system in order to deal with the second wave as effectively as we could.

It's the same thing with our schools. The government has been very reluctant to reduce class sizes. The government says, "Oh, yes, but we've hired more teachers. We've done this, that and the other thing." Sure, where enrolment has gone up, you've seen more teachers, but in communities like mine where enrolment hasn't gone up, and in fact has gone down in some cases, you don't see reduction in class sizes. If anything, our grandchildren—we have four of them—are in school systems that actually see higher class sizes than last year.

The example is the same. It seems to me that as we are now moving into this phase where vaccines are made available—and we'll all agree the vaccines are going to be what, at the end of the day, is going to deal with this. Nobody is arguing that we should not be putting all efforts into making sure we have a robust system when it comes to making sure that everybody gets vaccinated.

However, it seems that the government is putting all of its eggs in the vaccine basket, and saying, "All right, let's put all of our attention over here. Let's look at the vaccine. Vaccine over here. Everybody look at the vaccine," and we're not doing the kinds of things that we've got to do in our school system, our long-term-care system and others. So I guess my simple question is, has the government given up on making those investments that we've got to make to get us through to the other side of this? Because even if we do everything right, the vaccines are not going to have the full effect for at least eight to 12 months, from what we hear from experts. Why is the government not being more aggressive in long-term-care and other institutions to make sure that we make people safe?

Hon. Sylvia Jones: I'll begin by saying that I agree with your initial opening statement that we did not have, in the province of Ontario, a lot of empty long-term-care beds. What we have done, very quickly, is the ward rooms—we have not returned to those four seniors living in a ward room together. We've proactively ensured that that cannot happen again.

The Minister of Long-Term Care, Minister Fullerton, has been working around the clock. I'm sure you will recall that there was an announcement of, I believe, four fast-builds for long-term care. Unlike the example that I gave where there were some hospitals that were not using all of the hospital beds that they had built and so Minister Elliott was able to reopen those beds, give them the funding necessary for the local hospitals to reopen those beds, we did not have that same pathway in long-term care. So we are working very quickly, as quickly as possible, to make sure that the access and the builds occur and move forward.

The other thing that Minister Fullerton has done is expanded the community paramedic program. This is to ensure that individuals who are waiting for long-term-care beds can get regular visits, regular updates—touch points, if you will—from their local community paramedics. I can

speak from personal experience that one of the communities in my riding has been using the community paramedicine model for a number of years as a pilot, and is thrilled to be able to expand it to the long-term-care residents who are in a home waiting to go into a long-term-care bed.

So there are lots of pieces that are happening, both on the build side of expanding the number of physical structures, which I'm sure you can appreciate does not happen quickly, but, as well, with programs like the paramedicine program.

Mr. Gilles Bisson: I'll agree with you, Minister, that those investments are important. For example, Extendicare in Timmins was rebuilt with a new facility about four years ago. The Golden Manor in Timmins is just about to be expanded by almost 100 beds, as far as redevelopment. But those things take time.

I guess the question I'm asking you is—it would appear that the government has now shifted to looking at the vaccine as being the place to put all of the emphasis to deal with this pandemic. I agree; vaccine, absolutely. We need to get there. But there are investments we need to make today. For example, with the long-term-care facilities in the community that I represent, you still have a shortage of staff in those units, you've got staff moving from one unit to the other, which could possibly spread the virus should it get inside the unit, and we're not doing the kinds of things that we need to do to staff up those units so that in fact we can make seniors safe.

So I guess my question to you is, why is the government not also focusing, at the same time as on the vaccine, on the types of investments that we have to make in our public institutions such as long-term-care facilities, hospitals and others in order to make sure that we're able to beat this as we wait for the vaccine to take effect?

1300

Hon. Sylvia Jones: I would simply ask that you look at some of the Ontario regs that I referenced in my opening comments. Those were related to: Let's not stop training; let's make sure that our health care practitioners who are trained and getting to the end of the practicum can get into the system. So there are lots of pieces that are happening in Colleges and Universities, as well as Long-Term Care and Infrastructure Ontario. All of those ministries are working together.

I have to disagree that we are completely fixated and focused on the vaccine.

Mr. Gilles Bisson: It looks that way.

Hon. Sylvia Jones: Absolutely, it's a wonderful opportunity for us to have another piece in the tool kit, but it is by no means the only tool that we are focusing on as a government.

Mr. Gilles Bisson: Listen, we're all going to agree that the vaccine is so important. If we can get everybody vaccinated within a short period of time, that would be great. Obviously, we need to put emphasis on that.

But I look at what is practical on the ground, in the communities that we represent. It will be the same in yours as it is in mine. We still have problems in our long-term-

care facilities. We still have problems in our schools. We still have problems in all of those systems because we have not learned from the first wave to adjust to the second wave. So we have overcrowded classrooms. I've got four grandkids who are in the school systems, all of which have higher class sizes than they did last year.

When I look at long-term care, it's the same. There is a shortage of staff in those long-term-care facilities. We've not hired the PSWs as they've done in British Columbia and other provinces.

I guess my recommendation is: Yes, focus on the vaccine, but the government also has to focus on what needs to be done now in order to be able to make sure that we lessen the impact to the people who are affected by COVID-19.

The Chair (Mr. Daryl Kramp): Just a little over a minute.

Hon. Sylvia Jones: I don't disagree, but I will say that we have been doing that. Again, if you look at the regs that I referenced in my opening comments, you'll see the ability for work redeployment. Why do we do that? Because we want to make sure that the long-term-care homes or the retirement homes that are most in need have the ability to ensure that those staff are there and in place.

We have utilized, and I thank the federal government for this, the request for assistance for both the Canadian Red Cross, when needed—we don't overuse it, but when there is a need in a particular long-term-care home, we make sure that we reach out to the Canadian military and to the Canadian Red Cross to utilize some of those existing work redeployments, those existing staff to make sure that we can target in a very specific way where the outbreak is and allow the staff who may have contracted COVID to be able to safely stay at home and have staff in the homes ready and able to continue to serve the long-term-care residents. At the end of the day, that's what we're all—

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

We will now go to the final round of questioning: 10 minutes to the government. I see Mr. Bailey.

Mr. Robert Bailey: Thank you, Minister, for being here today. I had a couple of different questions. And I want to say, right off the get-go, that I'm sharing my time with MPP Park. I hope the Chair will make sure I don't run over. I'll ask my couple of questions right now, and then, Minister, you can answer them as you see fit.

I want to ask about the COVID-19 task force. I don't think anyone has maybe touched on it too much. Maybe you could give us a little bit of background on how the members were chosen and what skills and experience they brought to the table for the province. This will be one of the most extensive and, hopefully effective, immunization programs in the country, especially in this province. I'm old enough—I won't say how old, but I remember the polio vaccine when I was very young, taking part in that. This kind of reminds me of the same thing, only a little broader, with adults as well. That's the first question.

Then, as the whole world, especially Ontario, starts up and heads to the vaccine, have you given thought at the table you're with about potential emergency powers that

might be related to vaccine distribution? Those are my questions, Minister.

Hon. Sylvia Jones: Thank you for that. In terms of the makeup of the vaccine task force, you're absolutely right: We basically looked for the best and the brightest. Many ministries, primarily, of course, the Ministry of Health, have already been mapping out what a vaccine rollout could do. What we did by bringing together the task force was to get that outside set of eyes, that outside view, if I may. The focus, really, was on distribution, so we got some experts who had logistics and distribution in their CVs. Then we looked at the medical efficacy and the ethicists to ensure that, again, we distribute the vaccine safely, equitably.

There were lots of conversations about how, even though, as an example, some remote and fly-in communities didn't necessarily see large outbreaks, because they have done such a great job of protecting their citizens and ensuring no one comes into their community, they also have a more challenging medical system in terms of if COVID is discovered. Do you fly them to another, more urbanized centre to provide that health care? So there were conversations surrounding, perhaps, how they need to be in the early stages of the rollout.

All of this is done with the understanding that we really don't have hard numbers on how many vaccines we will be receiving and, probably equally important, when we will be receiving them. We are very much in the hands of the federal government, which did the purchasing, the original procuring. What we have been given in assurances from the federal government is that, as you know, Ontario is 38% of Canada's population, and the federal government has announced that they will distribute it based on per capita. That piece we know, but the vaccine task force was really about bringing the brightest minds to assess and make sure that all of the work that had been done with the Ontario public service staff within the Ministry of Health and other ministries was not missing anything. I have to say, it has been a joy to see how people have been able to bring forward ideas. It's really double-checking the work that we've already been doing.

I hope that helps.

The Chair (Mr. Daryl Kramp): Thank you, Mr. Bailey. We will now go to Lindsey Park.

Ms. Lindsey Park: Thank you. I'll just ask some follow-up questions. I guess the vaccine distribution task force is a new development since our last committee meeting, and so I thought I would ask: There are so many people involved in the province's planning to fight the pandemic. I just wanted to get some clarity around where this task force fits in. Maybe you can describe the vision for the task force a little bit, who they report to and how they interact with different ministries.

Hon. Sylvia Jones: Thank you, MPP Park. As members would know, the task force is chaired by General Hillier, and they report to the Minister of Health, Minister Elliott, and myself as Solicitor General.

The role of the task force is to advise and recommend. At the end of the day, the decisions, as always, will be

made by cabinet, but their advisory role is really critical, because I believe that once we set up a distribution process that is working—and we've seen that today, of course, with the arrival of the vaccines at UHN in Toronto and Ottawa—we will then start to see that the more we get, the more we can expand it.

We have done much of the initial work in terms of where the other sites are going to be, how quickly they can roll out once it has happened, because, as an example, we need to have health personnel to be able to administer—so, again, back to this health human resources piece.

1310

Security is a critical part of this whole discussion. I describe the vaccine right now, because it's so limited, as liquid gold. We have to make sure that the sites that are ultimately going to get these very limited amounts have the appropriate security protocols and safeguards in place. The conversations, when the Premier, General Hillier, Minister Elliott and I toured UHN, gave us all a great deal of comfort because the deep-freezers were there, they had a backup system, they had—I think, at the end of it, I counted six different fail-safes in terms of making sure that they keep the vaccine safe, protected and ultimately able to be distributed as quickly as possible. So I hope that helps.

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

Ms. Lindsey Park: Yes. Maybe just to close off—I think you referenced it—obviously, the province has a role in this and the federal government has a major role in this, so much of the success of the distribution is going to depend on the steady flow of information from the federal government. I just wondered, is it the task force that's interacting directly with the federal government, or how does that work? Who is talking to the federal government?

Hon. Sylvia Jones: A lot of the pressure is happening at the first ministers' conferences with Premier Ford and other Premiers with the Prime Minister, to get the clarity that we need. Depending on which aspect of the distribution we are looking at, there are direct conversations—you know, is there a need for assistance from our Canadian Armed Forces, for example? So different conversations are occurring regularly. We have had direct conversations with, at this point, Pfizer—because, of course, it is the only one that has been approved by Health Canada—to get exact specifications on where it can be used, how it can be used and who has access to it.

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

Hon. Sylvia Jones: At the end of the day, this will be successful if the people of Ontario, our friends and our neighbours, continue to do what we all need to do, and that's practise social distancing, wash our hands and use hand sanitizer. That will be the most important thing that we as leaders in our communities can communicate to people. This is not a time to let our guard down. This is the time to double our commitment to keeping our friends and neighbours safe. And I get it; I know how challenging that can be with many holidays coming up. But it is so important until we get a handle on how many people would be willing to be vaccinated and how much access we will have to that liquid gold.

The Chair (Mr. Daryl Kramp): Thank you to all the members, both present here and by Zoom, for your questions and certainly thank you to the minister for appearing before the committee today, the Solicitor General. You are now excused, Minister.

Interjection.

The Chair (Mr. Daryl Kramp): Excuse me, yes?

Mr. Gilles Bisson: I just wanted to wish everybody a merry Christmas and a happy new year. I realize all of us have been working flat out, and I think it's important that we all take the time to enjoy each other's company with our families and wish each other a very merry Christmas and a happy new year.

Hon. Sylvia Jones: Just do it safely.

The Chair (Mr. Daryl Kramp): Mr. Bisson, your comments are certainly in order, sir.

Okay, thank you. Thank you, Solicitor General. You are now excused.

Interjection.

The Chair (Mr. Daryl Kramp): Oh, yes, Mr. Fraser. Before we head away, yes, sir? Or before we go into report-writing.

Mr. John Fraser: Merry Christmas and happy new year to everyone. I hope everybody has a good time within the bubble that they're in.

I do want to ask you about—we talked last Friday about other committee meetings with regard to keeping with the motion. I don't know where we want to discuss that, but I just wanted to raise that with you right now.

The Chair (Mr. Daryl Kramp): I don't have a schedule before me. I already talked to the Clerk with regard to the timeline that we have to have it done by—I believe it was January 13. I will be in communication with the government, obviously, to see when they have the witnesses available to deal with that, and I will certainly report back to all the members of the committee.

Yes, Mr. Bisson?

Mr. John Fraser: Just in keeping as we have—we've got two tracks going here right now: We have the Solicitor General coming to make a presentation, and we have the Minister of Health and whoever else from the vaccine task force. So what you're saying is the next meeting should be the week of January 13, in there?

The Chair (Mr. Daryl Kramp): Let me just confirm with the Clerk—one second.

The confirmation is that the 13th is the absolute latest that the meeting could be, so it will probably be before that. But we'll have to find when it's convenient, both for our witnesses coming and certainly with all the colleagues on this committee.

Mr. John Fraser: Okay. I would imagine, because we'll be doing emergency orders as well as the vaccine, that we'll have those two meetings as well. In other words, we have two meetings—

The Chair (Mr. Daryl Kramp): No, no, no. Mr. Fraser, it's not up to us at this particular point to determine the agenda of that. Of course, the Premier's designee will come before the committee and we can certainly ask questions of them at that particular point.

Mr. John Fraser: I just want to clarify something. The unanimously passed motion of the House talked about monthly reporting with regard to the COVID-19 vaccine. I am pointing out that whatever happens at the next meeting, the indication of the House was, “We’d like this reported on every month.” I’m just pointing that out. I’m not trying to—

The Chair (Mr. Daryl Kramp): Mr. Fraser, I can remember you pressed a motion quite a while ago requesting additional witnesses beyond, at that particular point, the Solicitor General. I do believe the government accommodated that, and we have had a number of witnesses come before the committee. The Chair cannot designate exactly who those witnesses can or will be, but the spirit of your motion was respected in the past and I’m hopeful going forward that we will have the same kind of co-operation.

Mr. John Fraser: That’s all. I wanted to raise that, sir. Thank you, Chair. I appreciate it.

The Chair (Mr. Daryl Kramp): Thank you.

Mr. Bisson?

Mr. Gilles Bisson: To the committee and to my good friend the independent member from Ottawa Centre, I believe it is, or whatever the riding is: Listen, this is a government-controlled committee. Don’t be surprised you’re not getting the answers that you’re asking for in the process. That’s why, as the official opposition, we thought this was the wrong way to go. It should have been the

Legislature to deal with this and not the committee, so do not be surprised that we’re in this spot.

The Chair (Mr. Daryl Kramp): Mr. Bisson, you’re out of order. Mr. Bisson, very quickly, you can have that debate in the Legislature, not here. This committee is hearing the testimony of the witnesses before it and you can question them. The verification or the veracity or how and why and when this committee shall meet and of their purpose, that was discussed in the Legislature. That is not our job or my job to do.

Yes, Mr. Fraser?

Mr. John Fraser: Thank you very much, Mr. Chair. I just wanted to make sure that that was my understanding. I understand your limitations, but I just wanted to do that in a public way, because I think it’s important that we work together. There are many different ways we can do this. This is one of these ways. I appreciate your indulgence and your patience.

The Chair (Mr. Daryl Kramp): Well, as you know, Mr. Fraser, I’ve tried to accommodate as much as possible.

Mr. John Fraser: I know.

The Chair (Mr. Daryl Kramp): I think we’ve had some movement forward, so let’s try to continue this co-operation together.

Mr. John Fraser: I am pleased with that.

The Chair (Mr. Daryl Kramp): Okay, thank you very much. We will now pause just for a moment, then we will go into closed session for report writing on today.

The committee continued in closed session at 1318.

SELECT COMMITTEE ON EMERGENCY MANAGEMENT OVERSIGHT

Chair / Président

Mr. Daryl Kramp (Hastings–Lennox and Addington PC)

Vice-Chair / Vice-Président

Mr. Tom Rakocevic (Humber River–Black Creek ND)

Mr. Robert Bailey (Sarnia–Lambton PC)

Mr. Gilles Bisson (Timmins ND)

Mr. John Fraser (Ottawa South / Ottawa-Sud L)

Ms. Christine Hogarth (Etobicoke–Lakeshore PC)

Mr. Daryl Kramp (Hastings–Lennox and Addington PC)

Mrs. Robin Martin (Eglinton–Lawrence PC)

Mr. Sam Oosterhoff (Niagara West / Niagara-Ouest PC)

Ms. Lindsey Park (Durham PC)

Mr. Tom Rakocevic (Humber River–Black Creek ND)

Ms. Sara Singh (Brampton Centre / Brampton-Centre ND)

Ms. Effie J. Triantafilopoulos (Oakville North–Burlington / Oakville-Nord–Burlington PC)

Clerk / Greffier

Mr. Christopher Tyrell

Staff / Personnel

Ms. Heather Conklin, research officer,
Research Services

Ms. Monica Cop, research officer,
Research Services