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**Official Report  
of Debates  
(Hansard)**

EM-8

**Journal  
des débats  
(Hansard)**

EM-8

**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

1<sup>st</sup> Session  
42<sup>nd</sup> Parliament  
Tuesday 9 February 2021

1<sup>re</sup> session  
42<sup>e</sup> législature  
Mardi 9 février 2021

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Chair: Daryl Kramp  
Clerk: Christopher Tyrell

Président : Daryl Kramp  
Greffier : Christopher Tyrell

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**SELECT COMMITTEE  
ON EMERGENCY MANAGEMENT  
OVERSIGHT**

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

Tuesday 9 February 2021

Mardi 9 février 2021

*The committee met at 1020 in room 151 and by video conference.*

**EMERGENCY ORDERS REVIEW**

**The Chair (Mr. Daryl Kramp):** Good morning, everyone. I call this meeting of the Select Committee on Emergency Management Oversight to order. We have the following members in the room: Tom Rakocevic and Christine Hogarth. We also have the following members participating remotely: Bob Bailey, John Fraser, Robin Martin, Lindsey Park, Sara Singh, Effie J. Triantafilopoulos and Lorne Coe. We are also joined by staff in legislative research, broadcast and recording, and House publications and language services.

To make sure that everyone can understand what is going on, it is important that all participants speak slowly and clearly. Please wait until I recognize you before starting to speak. For recording purposes, it is important that we have that on there, so please also remember to unmute yourself before you begin speaking. As always, all comments by members should be directed through the Chair. Are there any questions at this point?

Seeing none, pursuant to the order of the House dated July 15, 2020, this select committee has been appointed to receive oral reports from the Premier or his designate or 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.

The committee is empowered to meet as follows, as in the past: up to 30 minutes for the Premier or his designate to make an opening statement, up to 60 minutes for members of the recognized parties to pose questions to the Premier or his 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 designate in two rounds of five minutes each.

Following the Solicitor General's opening remarks, we will proceed in a question rotation as follows: We have 10 minutes for the official opposition, 10 minutes for the government and five minutes for the independent member. We also have 10 minutes in the second round for the official opposition, 10 minutes for the government and

five minutes for the independent member. In the third and final round, we have 10 minutes for the official opposition and 10 minutes for the government.

I see we now can welcome Madame Gélinas. Could you confirm that you are here in Ontario and that you are who you are?

**M<sup>me</sup> France Gélinas:** I'm France Gélinas, MPP for Nickel Belt, and I'm in beautiful Nickel Belt.

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

Any other questions before we begin today?

Seeing none, Solicitor General, welcome again. We know this is, as you said, your favourite hour of the month. Please proceed with your introductory comments whenever you're ready.

**Hon. Sylvia Jones:** Thank you, Chair. It's a pleasure to see you and everyone again. I am pleased to join you all for the eighth monthly meeting of the select committee.

I will begin by describing where the government is on our COVID-19 response as of this morning. The declared emergency will terminate at the end of today, and steps are being taken to transition back to the Keeping Ontario Safe and Open framework that was put on pause on December 26, 2020.

However, due to the fact that public health trends are improving in some regions faster than others, the stay-at-home order has been amended. As of February 10, 2021, it will no longer apply province-wide but will apply to individual public health regions. The government is extending the stay-at-home order and all existing public health and workplace safety measures for the vast majority of public health regions across Ontario. This regional approach is based on improving local trends of key indicators in some public health unit regions, including lower transmission of COVID-19 and improving hospital and public health capacity.

Based on these criteria, three public health unit regions will be moving back to the framework on Wednesday, February 10, 2021. These regions will no longer be subject to the stay-at-home order. They include: Hastings Prince Edward Public Health unit; Kingston, Frontenac and Lennox & Addington Public Health unit; and the Renfrew County and District Health Unit.

The stay-at-home order is expected to continue to apply to the remaining public health unit regions until at least Tuesday, February 16, 2021, with some exceptions. For

Toronto, Peel and York regions, the stay-at-home order is expected to continue to apply until Monday, February 22, 2021. Even under this timeline, final decisions will be subject to review of the public health indicators.

The emergency declared on January 12 was a rapid response to an urgent need. New case numbers and outbreaks were increasing at an alarming rate. The variant first detected in the UK, which spreads faster than the original coronavirus, has arrived in Ontario, and our health care workers are becoming overwhelmed. We need to limit mobility to the greatest extent possible during this severe second wave. Put another way, people need to stay home in order to save lives.

Thanks to the collective efforts of all Ontarians staying at home and following public health guidelines, we are now in a position to allow the declared provincial emergency to terminate at the end of February 9. But let me be clear: We are still in the midst of a pandemic. Strict measures like the stay-at-home order are necessary for a bit longer in most parts of Ontario to help limit the spread, protect our most vulnerable and ease the burden on hospitals and ICU capacity.

The stay-at-home order continues to require that people only leave their homes when necessary for specific purposes, such as shopping for groceries, picking up prescriptions, medical appointments, exercise or dog-walking, and reporting to work, for those of us who cannot work from home. All businesses and organizations that are open, subject to limited exceptions, are required to ensure that any person who performs work for the business or organization who can work from home does work from home, rather than go into the workplace and risk further spread of COVID-19.

We are setting up a path to transition back to the Keeping Ontario Safe and Open framework and a gradual reopening. The Keeping Ontario Safe and Open framework laid out a proactive and graduated plan based on the local situation in each of Ontario's public health units. As a reminder, the framework provides for five zones 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 is the Prevent, or standard, measures; Yellow is the Protect, or strengthened, measures; Orange is the Restrict, or intermediate, measures; Red is the Control, or stringent, measures; and Grey, the most serious, is Lockdown. The three public health units where the stay-at-home order is being lifted as of February 10, 2021, will return to the green zone.

To support the province's economic recovery, the government has also updated the framework to allow for a safe approach to retail. Limited in-person shopping in grey zones will be permitted with significant public health and safety requirements, such as limiting capacity to 25%. In addition, public health and safety measures in retail settings will be strengthened for other levels of the framework. As Premier Ford said yesterday, our number one priority will always be protecting the health and safety of Ontarians.

Since the committee last met, amendments have been made to O. Reg 82/20, rules for areas in stage 1, to support changes to in-class learning, movie filming and pet grooming.

Most school boards across the province were gradually permitted to resume in-person learning following the winter break, based on an assessment of public health indicators. O. Reg 82/20, rules for areas in stage 1, has been amended to permit the resumption of in-person teaching or instruction as of February 8, 2021, in all remaining public health unit regions, with the exception of Toronto, Peel and York public health unit regions. Toronto, York and Peel region schools will continue with remote learning until they are permitted to resume in-person teaching and instruction on February 16 of this year. During this remote learning period, schools will continue to be permitted to open for existing prescribed reasons, such as supporting students with special needs, which cannot be accommodated through remote learning. Also, emergency child care will remain available to eligible health and front-line workers.

#### 1030

Changes have been made to safely support Ontario's film industry. The government learned that a number of businesses that are not normally in the business of film and television production reopened by claiming that by filming their activities they are operating a film or television production. These businesses are not following the same health and safety protocols and testing regimes that have been implemented in the professional film and television industry. We have closed this loophole by amending O. Reg 82/20 to allow commercial film and television production to be open in accordance with the conditions set out in the order. We have also amended the regulation to clarify that legitimate film and TV production activities can occur in businesses, facilities and locations that are otherwise closed under the regulation.

Finally, the government has made an amendment to allow pet grooming businesses to operate in cases where grooming is necessary to prevent an animal from requiring foreseeable and reasonably imminent veterinary care or where it has been ordered under the Provincial Animal Welfare Services Act. This service will be provided through curbside drop-off and pickup for the animal only. In addition to curbside rules, services may only be provided by appointment, and only one appointment for one animal at a time is permitted.

As I indicated in January, as of January 20, 2021, O. Reg 75/20, drinking water systems and sewage works, was not renewed.

As usual at this point and in line with the legislative mandate of this committee, I would now like to walk you through the remaining orders that have been extended and are currently in effect until the first instance of February 19, 2021, and have not been amended since the last committee meeting. These updates are being presented in numerical order.

O. Reg 74/20, work redeployment for health service providers: The hospital sector continues to experience

increased demands and pressures as a result of COVID-19. This order, which authorizes hospitals to take measures with respect to work deployment and staffing, is necessary to address surgical backlogs and alleviate health human resource shortages within hospitals and other health care service providers and to ensure that there are sufficient hospital beds during the COVID-19 pandemic.

O. Reg 76/20 relates to electronic service. This order allows document service in legal matters to be handled electronically instead of in person. 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 staffing shortages and address outbreaks. It remains necessary, because flexibility to recruit and reassign staff remain 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, so that they can respond quickly to the care and safety needs of residents. The order is extended to ensure long-term-care homes continue to provide care and safety of 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 families during the COVID-19 pandemic. This order is in place so that consumers can continue to file complaints with the Ministry of Government and Consumer Services about price gouging with respect to the necessary goods set out in the order, some of which remain in short supply.

O. Reg 114/20, enforcement of orders: Effective enforcement is essential under the reopening Ontario act, 2020, to limit the spread and effects of COVID-19. This order ensures that 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 reopening Ontario act. Without disclosure of this identifying information, provincial offences officers would be unable to effectively enforce orders under the ROA.

O. Reg 116/20, work deployment measures for boards of health: As the province progresses through the response framework, there continue 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, prevent and alleviate the COVID-19 pandemic.

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 critical to help to prevent and manage outbreaks and to ensure stability and quality in resident care, especially with the increase 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 allows developmental service agencies and intervenor service providers to continue to have the authority and flexibility they need to redeploy their staff to support critical services for vulnerable individuals. Streamlined quality assurance requirements continue to be needed so developmental service agencies can alleviate staffing pressures 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 through technology. Stakeholders have indicated that they are still relying on this order to ensure wills and powers of attorney can be safely executed, as there are no alternate 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 a police service to perform duties involving use of force and to carry a firearm if the member has successfully completed the required training within the previous 24 months of this authorization, instead of the annual training requirement under the Police Services Act. This order allows police personnel to continue to be deployed to keep our communities safe despite delays in annual training due to COVID-19.

O. Reg 141/20, temporary health or residential facilities: The Ministry of Health, hospitals and municipalities need adequate capacity in our hospital sector and emergency shelter system to address current and potential outbreaks of COVID-19. The order enables the set-up of temporary facilities and to suspend Ontario building code requirements for permanent facilities to permit their reuse as new temporary health and residential facilities and to convert existing buildings for this purpose. This order will be needed until there is no shortage of COVID-19-related capacity in the hospital sector and emergency shelter system and 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 enables residential violence-against-women and anti-human-trafficking service providers, as well as crisis lines under the violence-against-women support services program to continue to have the authority and flexibility they need to redeploy their staff to support critical services for survivors of violence against women and victims of human trafficking.

#### 1040

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 to other homes or health care settings. This order is 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, such as Ontario Works, child care, emergency shelters and homelessness services, play a vital role in responding to COVID-19 and supporting community recovery.

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 for the order is based on ongoing staffing issues at long-term-care homes and retirement homes.

O. Reg 157/20, work deployment measures for municipalities: In response to requests from municipalities, we issued this order to provide flexibility for municipalities 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 retirement home staff from working in other retirement homes, long-term-care homes and 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 addictions providers work to maintain in-person services during the second and any 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, violence against women and anti-human-trafficking sectors 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 health 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 COVID-19 outbreaks. Hospitals continue to experience increased demands and pressure as a result of the COVID-19 pandemic, making continuation of this order necessary.

O. Reg 195/20, treatment of temporary COVID-19-related payments to employees: This order ensures that any temporary COVID-19-related payments, including temporary wage enhancements for personal support workers and direct support workers received by employees in relation to work performed while the order is in effect, are excluded from the maximum increases in compensation set out in the public sector for future generations act during the moderation period.

O. Reg 210/20, management of long-term-care homes in outbreak: This order enables the director, under the Long-Term Care Homes Act, to order the placement of interim management, where appropriate, to more 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 outbreak should an operator be unable or unwilling to manage operations of the home.

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

O. Reg 263/20, rules for areas in stage 2: The regulation outlines the measures for the Red-Control zone under the framework. It needs to remain in place as public health unit regions may be reclassified to this zone.

O. Reg 364/20, rules for areas in stage 3: In the same way, the regulation outlines the measures for the Green-Prevent, Yellow-Protect and Orange-Restrict zones under the COVID-19 response framework. It needs to remain in place as public health unit regions may continue to be reclassified into this zone.

O. Reg 345/20, patios: This order helps municipalities quickly pass or make changes to temporary-use bylaws, allowing restaurants and bars to extend their patios to facilitate appropriate distancing and maintain public health measures. The order needs to remain in place to help restaurants and bars get ready for the spring patio season, support small businesses across the province, and help maintain and create new jobs to overcome the economic impacts of COVID-19.

These orders have been extended against the backdrop of the largest and most complex immunization program in Ontario's history. Now is not the time to let our guard down, as COVID-19 remains ever-present and the additional variants will force us to stay alert for longer still.



We have laid a strong foundation for vaccine deployment, ready to be scaled up when we receive greater and more consistent allocations from the federal government. Even so, I am pleased to report that phase 1 of the immunization is well under way and that planning for phase 2 has shifted into high gear.

Today, over 398,000 doses of the Pfizer and Moderna vaccines have been administered across the province, including to remote, fly-in First Nations communities. We are getting vaccines into the arms of priority populations as quickly as we receive shipments of new doses. We need to work together to get from where we are today to where we want to be in the fall.

The worst medical crisis to hit the province in a century has brought out the best of the people of Ontario. I am talking about the health care heroes, the front-line responders, the caregivers, the essential service workers, those who kept our grocery stores and pharmacy shelves stocked, and the public, who protect themselves and reach out to help others. We have come so far, and we have accomplished so much.

We all want our classrooms filled with students, our hospitals able to cope, doors to our small businesses and restaurants open, and our economy performing at full speed. All of this is within our reach. Now is not the time to slow down. Now is the time to press forward with every tool at our disposal to get us through the next few months. This includes continuing the orders under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020.

I look forward to your questions.

1050

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

We will now proceed in the question rotation as previously expressed, so we will open up 10 minutes to the official opposition. Mr. Rakocevic.

**Mr. Tom Rakocevic:** Thank you so much, Minister, for being here again today and answering our questions. It's much appreciated.

We've all heard how important information is. It's certainly key in fighting this pandemic. We've seen that the province does share data when it comes to long-term-care facilities. We've seen that they share data when it comes to schools. But many individual municipalities are being forced to have to share data when large places of employment experience outbreaks. One such place is a meat-processing factory in my community where every day we're seeing more cases appear. We're now just under 100, with 10% of those being the far more transmissible variants. In fact, there are about 10 cases of those now in that facility.

So the question is: Why, if we're providing that enhanced information around LTC facilities and schools, are we not doing the same for large workplaces, where many, many workers are going in to make money, earn money for their family and are being potentially put at risk without any information as to what is going on there?

**Hon. Sylvia Jones:** Thank you for the question.

I think the big difference between an outbreak that occurs at a school or a public venue—a long-term-care

home or a retirement home—is that they are available and accessible to the public. As you had pointed out, there are a number of public health units that have made decisions, based on their community, to release that information. But I think it's really important that we don't get into naming and shaming. Even if there is an outbreak within a school, they make sure that the individuals, the parents, the family members who are impacted—i.e., they have a child in that class—are notified, but they don't want to get into a scenario where they're naming specific students or specific individuals.

**Mr. Tom Rakocevic:** Yes, but again, I don't see this as naming and shaming. I don't see this as naming and shaming a school. If you have a facility that has hundreds of workers that are there, they're going in with a blindfold every day to work and leaving. They just don't know what the status is in that facility, of whether there are outbreaks or illnesses. I don't see why you believe that to simply state that a place is experiencing an outbreak is to shame them. This is about information. This is about keeping people safe.

**Hon. Sylvia Jones:** As I say, individual health units are making determinations on how they want to release that information to the public. Some have made decisions on announcing when the variant is showing up so they make that information related. I will leave it to the experts who are working on the ground in those individual public health units to make a determination on when it is appropriate and necessary to notify the public.

**Mr. Tom Rakocevic:** I'd like to talk about sick days. I know this is something that we're hearing about constantly. We're hearing about it from medical experts—even, in fact, medical experts sitting at the tables that the government is supposed to be listening to. Why are we almost a year into this pandemic and we're still not seeing sick days for the workers in Ontario being implemented?

**Hon. Sylvia Jones:** To be clear, when the pandemic was first declared, when the declaration of emergency was declared in the province of Ontario, the Ministry of Labour made some very immediate changes to the labour act that ensured that if you had to stay at home to either look after a sick child or a loved one or to self-isolate, your job was protected.

As you know, the federal government has a number of programs specifically related to individuals who have to self-isolate or be off work—that they can apply for \$500 a week for two weeks, consecutive, at times when they need to stay at home and self-isolate.

**Mr. Tom Rakocevic:** But the chair of your own science table has actually publicly stated that we need a far more robust program of paid sick days. So it appears that the chair of your own advisory table is stating that what exists in the province of Ontario isn't robust enough. I know that you're sort of defaulting and going to the federal government, but this is coming from your own experts.

**Hon. Sylvia Jones:** I don't think we're defaulting; quite the contrary. I think we're working together. We have programs in place that the federal government has instituted. We have programs in place that the provincial

government has instituted, as well as our municipal partners. I don't think anybody wants us to be duplicating efforts if other levels of government are doing that. That's what we've attempted to do—by making sure that together we're looking at what programs are needed, what programs are necessary. That's why you see many different programs that end up offering assistance that individuals apply for.

I would hope that individual MPPs who are hearing these concerns are highlighting the programs that are available, like the \$500 per week for two weeks.

**Mr. Tom Rakocevic:** So you're saying that the federal program is adequate; why do you believe that the chair of your own science table doesn't?

**Hon. Sylvia Jones:** I think there are always opportunities for improvement. I have heard, anecdotally, that it is taking too long for the federal government to process some of those applications. I hope that is speeding up. My conversations with Minister McNaughton would suggest that that work is ongoing and that they have actually improved how quickly the federal government is flowing the funds.

But let's be clear: There are programs out there for people who need additional assistance.

**Mr. Tom Rakocevic:** You said that there's the potential for improvement. If you could, how would you improve the situation when it comes to sick days right now? Again, we are hearing medical experts saying that not enough is being done, that people are essentially having to choose to stay home or to go to work sick to pay the bills.

**Hon. Sylvia Jones:** I would suggest that a very immediate and important improvement is, once the application is made, that the funds are flowed quickly to the people who need them. Individuals shouldn't have to wait for weeks and months to get money that is appropriately available to them.

**Mr. Tom Rakocevic:** I know a lot of parents were looking forward to hearing the announcements and were watching very eagerly when it comes to schools. We've heard that schools are set to reopen very soon. We know that there are now new and far more virulent variants of COVID-19 that exist here. Are you preparing schools with any additional measures, considering that these variants can be much more easily caught? We're not hearing anything about class-size caps and whatnot or large-scale asymptomatic testing in our schools. Since we now have variants of COVID-19 that are far more easy to catch here in Ontario, what additional steps are you going to take to protect students and their families?

**Hon. Sylvia Jones:** Well, how much time do I have, Chair?

Minister Lecce has been working literally around the clock with school boards and directors of education to ensure that things like rapid testing are available to schools that are in hot zones or at greater risk. He has made sure that there are additional supports for laptops and other types of programs that children need to make sure that they

can effectively study. He has made sure that there are 600 additional nurses hired within our school system—

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

**Hon. Sylvia Jones:** —to work through both the mental health piece that many of our children have experienced—because they want to be in the classroom with their friends and with their teachers. He has made funds available to school boards to ensure that air quality can be improved. There are so many programs and announcements that Minister Lecce has made.

Frankly, I think we all agree how important it is that our young people, our students, are in the classroom with their peers, with their teachers, for any number of reasons, not the least of which is that we want to make sure that they get the best education process, while continuing to protect them during the pandemic.

**Mr. Tom Rakocevic:** I just want to pick up on something in particular you had said about additional funding. Throughout the pandemic, I've been in contact with school communities in my riding. When you say there's additional funding for, for instance, something like laptops—to my understanding, school boards have had to find money in the small amounts of money that they have to be able to provide these additional supports. So it seems that what you're saying is contrary to what I'm hearing from some of our school communities. Are you saying that there are going to be directed funds for things like laptops and other technologies and whatnot to help? Is this something new?

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

**Hon. Sylvia Jones:** Frankly, those announcements and those investments were made last year, when we initially made the decision that it was critically important that our students who were able to be were able to be in classrooms. The money that was flowed actually happened in August of last year.

1100

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

**Mr. Tom Rakocevic:** Well, I just want to thank you again for answering my questions. All the best to you and yours.

**The Chair (Mr. Daryl Kramp):** We will now go to the government. Ms. Hogarth.

**Ms. Christine Hogarth:** Thank you, Solicitor General, for being here once again. I also want to thank you and the Premier for your hopeful announcement that we had yesterday about the public health measures. We wouldn't get to this point if we didn't thank all the front-line heroes, as you mentioned, and all the people across Ontario who have done such amazing work by staying home, wearing a mask and continuing to social distance. Thank you to everyone across the province for helping us get to this point.

My question is actually about some of the policy you mentioned yesterday. This is about the stay-at-home orders. Can you just explain a little bit more how the regionalized stay-at-home order will work? How will individuals know whether the stay-at-home order applies to them, and how does it interact with the public health

unit's classification under the COVID-19 response framework?

**Hon. Sylvia Jones:** Those are really good questions, MPP Hogarth.

The important message of hope that the Premier was giving us yesterday at the press conference was an acknowledgement that we believe the citizens of Ontario have been doing a really good job, for the most part, staying at home, staying safe and consequently protecting lives.

We have also seen through the numbers, for those of us who track them daily, that there are certain communities and certain public health units that have a higher prevalence of percentage of positivity, that have a higher risk in terms of not a lot of hospital capacity or ICU capacity if individuals must go into the hospital.

So what we've done is reverted back to the framework where your individual public health units would make a determination, based on a number of data points, on whether they were in red, orange, yellow, green, or grey, which is the strictest control zone.

By using the localized data, we're actually able to send a message to business owners and to individuals living in the less-high-prevalence-rate zones that they can start to resume some normal activities. I say "start" because I don't want to give people the impression that everything is on the table and you can start travelling and doing everything that we would have done a year-plus ago. We still have to respect that we don't have sufficient vaccines in the province of Ontario to vaccinate everyone who wants it, so we need to continue to do the masking, to do the social distancing, to limit the spread. But we also believe that there is an opportunity for our businesses and individuals living in the lower outbreak zones to start to resume some of those normal activities.

I hope that answers your question.

**Ms. Christine Hogarth:** Yes, thank you.

I have one more question, and this was actually something that was brought to my attention by one of my constituents in Etobicoke–Lakeshore. She was asking a little bit about the price gouging. We've talked about this in previous committees. She was asking about the effectiveness of the price gouging order. Can you share a little bit with the committee and the people of Ontario if you have any stats around—did it work?

**Hon. Sylvia Jones:** Did it work? Yes, because there were over 35,000 different reported incidents. Of course, all of those don't lead to actual examples of price gouging. Some, upon further investigation through police services, were found to be appropriate based on the limitations of supply or other mitigating factors. But it certainly sent a message to people who thought that they could take advantage of Ontario citizens who were trying to get critical, I'd call it, PPE, personal protective equipment, whether that's hand sanitizer or masks, that they were going to be protected by their government if people unduly tried to price-gouge. The fact that we've had that high a number of incidents reported and the investigations

ongoing would suggest that it is working. My understanding from Minister Thompson is that almost 900 of the most egregious examples have been referred to police for further follow-up and investigation.

**The Chair (Mr. Daryl Kramp):** We will now go to Mr. Bailey to complete the first—

**Mr. Robert Bailey:** Thank you again—

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

**Mr. Robert Bailey:** Sorry?

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

**Mr. Robert Bailey:** Thank you, Chair, and thank you, Madam Solicitor General, for your presence here today and your presentation.

Just before I ask a question, I'd like to put on the record that it's my understanding, from the last time I had a discussion with the Minister of Labour, that approximately 115,000 workers in the province of Ontario have taken advantage of the federal unemployment insurance sick plan, so it's certainly there, as you've said. It's certainly available. All of us, as MPPs, as you have said, should encourage our constituents who write to us—or even promote it, that it's available along with provincial programs.

Anyway, my question, Madam Solicitor General, is about the enforcement of the ROA, the reopening Ontario act. It's a bit of a devolved system, as I understand it—many categories of provincial offences officers, local enforcement personnel, as you said in your presentation. Can you give a sense of what enforcement activities have looked like in the past, during the declaration of emergency? We heard a number of stories early on about confusion over the rules and what powers the police and enforcement officers had in place. Could you elaborate on those, and how did you resolve them?

**Hon. Sylvia Jones:** Good question.

Every time there is a change or an order put in place, we within the Solicitor General's office make sure that an all-chiefs memo is sent out so that all of the chiefs of police across Ontario have the most up-to-date and current information on what the orders are and what the enforcement pieces include.

In addition to that, a similar type of memo is sent out to our mayors across Ontario through the Minister of Municipal Affairs and Housing, Minister Clark, because, as you accurately pointed out, it is not just police who are doing the enforcement; it is bylaw enforcement officers, and it can be conservation authority officers, as well as, of course, our Ministry of Labour inspectors.

In terms of how it has transitioned throughout the pandemic, I think it would be fair to say that, at the beginning, there was a lot of education that was happening. Police officers and special constables and bylaw officers wanted people to understand and know what the rules were before they were slapping on fines, initially. Now we are at a sufficient time when the orders have been in place for quite some time. Now what you are seeing is, frankly, more fines and more enforcement, because there is no excuse for people not to understand what the orders are. So you have seen an uptake, an

increase in the number of fines that have been issued, because we need compliance in order for this to work.

It's very similar to drinking and driving. The vast majority of Ontario citizens would never think of getting in a vehicle and driving impaired; however, there is a small percentage who do, and when they do, we come down hard as citizens, as a community, as police officers, to send a message that that is inappropriate and it's putting other people at risk.

That is the comparison I would make between the reopening Ontario act and the orders. We need people to understand that when you group together, when you do not comply, you're putting others at risk, and frankly, many of those others are our senior elderly. That is not acceptable to me, and I'm sure it's not acceptable to you.

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

**Mr. Robert Bailey:** Could you just speak to the fines and everything that were put in place in places of business where you had to wear a mask indoors? Are those measures still in effect without the declaration of emergency?

**Hon. Sylvia Jones:** Yes, the measures are certainly in place. In fact, Minister McNaughton, the minister of labour and skilled trades, has actually hired additional workplace inspection officers, because we want to make sure as we allow these businesses to open, as we encourage them to operate safely—we've done a number of things, including guidelines specifically related to individual businesses and increased enforcement. Those sometimes happen in the way of warnings and, yes, sometimes in tickets and fines of \$750.

1110

**The Chair (Mr. Daryl Kramp):** Now we will go to the independent member. Mr. Fraser, five minutes.

**Mr. John Fraser:** Minister, thanks again for being here and providing us with a briefing.

I want to start by echoing MPP Rakocevic's remarks. There is a body of evidence and a group of experts who are saying that in order to prevent the transmission of COVID-19 in our communities, we need to have paid sick days, because people are being forced to make choices—between feeding their family and going to work sick. I agree with you that it's a shared responsibility. What I do want to remind you is that employees had two paid sick days in 2018 that were taken away, and they would have been very useful right now for exactly the reasons that I've stated. I just wanted to echo that, and I want to thank my colleague MPP Rakocevic for raising that.

One of the most important things, probably at the top of the list right now in most people's minds, is the rollout of the COVID-19 vaccine. You said that we're getting the vaccines—this morning, you said, "We've done 380,000, and we're getting the vaccines into the arms of the right people." Well, we have some different figures here. We have, actually, just under 400,000 doses have been given—that's not what we have; "have been given." It has been 57 days and we still haven't given a first dose to all the 70,000 residents in long-term care. That is incredible.

I think it's important that we understand how we got there. We all know that vaccinations in long-term care were stopped over Christmas. We know that we're weeks behind other provinces because we didn't take the decision and the advice of Pfizer from December 18 to be able to move the vaccine. That has an impact on residents in long-term care. It's really hard to measure. Vaccines didn't make it on time to Roberta Place. Now that we're coming up to another phase of prioritization and still having to finish the ones in phase 1, it would be really important to understand the process that led to that delayed decision-making, decisions that other provinces made. I need to know how the heck we got there so we don't go through that same process again—and not just me, but my colleagues and all Ontarians need to understand. It is very deeply concerning. Can you shed any light on the process that led to that delay?

**The Chair (Mr. Daryl Kramp):** A minute and a half, Minister.

**Hon. Sylvia Jones:** Yes, I would be happy to. The reality is that because we ensured that we kept the second dose supply in the inventory, it has allowed us to not waste the first dose. Frankly, MPP Fraser, there are some jurisdictions that went ahead because they had a confidence in the vaccine supply that was not appropriate and didn't end up happening. By ensuring that we have held back that second dose and by expanding the timeline—for Moderna, in particular—we have made sure that we haven't wasted any doses. By making sure that we kept the second dose available, we are ready to vaccinate.

And yes, I agree with your frustration. I would love to have a much more robust inventory and supply coming in. I would love to have confidence that the commitments that the federal government, Moderna and Pfizer have shared with us turn out to be true. But until I see it in the inventory, I can't go ahead and, in good conscience, allow first vaccines to be used when I know it's going to waste the subsequent—

**Mr. John Fraser:** Respectfully, Ottawa has finished both their doses; they got the same per capita amount as everybody else.

**The Chair (Mr. Daryl Kramp):** Thank you very much, Mr. Fraser. I'm sorry, but the time is up now. Of course, we will come back to you again in the second round.

We will now go to the second round, with 10 minutes to the official opposition. Ms. Singh, you have the floor.

**Ms. Sara Singh:** Good morning, Chair, and good morning to everyone.

Thank you to the minister for again taking time out of your schedule to help provide some updates and clarity around what's happening here in the province. I know it's not an easy task, so I'll keep my questions brief and maybe on the same line as my colleague MPP Fraser.

There are a lot of concerns at the moment with regard to vaccines—how they're being distributed, who is being prioritized in those vaccine distribution lists. As we learned over the weekend, there are some long-term-care homes where board members, their family members and

friends, for example, have been receiving the vaccine. This is extremely troubling. As we learn that there are still seniors and front-line workers who have not received their second dose—to learn, potentially, that those who are not on a priority list are somehow able to get access is deeply troubling.

Minister, I'm just wondering, now that we know that this has happened and these allegations are coming to the surface, what is your government going to do to ensure that there is a full, public investigation here to prevent this from happening in the future? Will there be any provincial directives that are going to be provided with what happens with those vaccines that are left over in a freezer because they didn't make it into the arm of a senior or a front-line worker?

**Hon. Sylvia Jones:** Yes. The reports are disturbing. The provincial government, through the Ministry of Health, has been very clear that residents of long-term-care homes, high-risk retirement home residents and our First Nations elder homes are the priority right now. Previously, at the beginning, when we thought that we were getting a larger supply, we had included long-term-care staff in that prioritization. As a result of the limitations and the short supply, we had to issue another directive that said that residents are the priority. In terms of if there are examples or allegations of vaccines being removed from the homes where they are supposed to be used for residents, my understanding is that that has been referred to the police for further investigation.

I agree with you: I think it is critically important that the people who get it are the eldest and most at risk because they're living in a congregate care setting. Having said that, I am not prepared to waste vaccines.

When you mix both Pfizer and Moderna, you have, depending on who is doing the mix, four to 10 doses, depending on whether it's Moderna or Pfizer. If there are one or two doses left and someone doesn't show up for their appointment, or there are no further long-term-care residents who are willing to be vaccinated at that time, I would hope that the public health unit would make a local determination to ensure that the front-line staff who are interacting with those residents use that vaccine. I don't want it to be wasted. But we've made it very clear that the priority is long-term-care residents, high-risk retirement home residents and our elder homes.

**Ms. Sara Singh:** I think we're all on the same page, that we certainly want to ensure that those vaccines are getting to the people who need them most, those residents and front-line workers.

In one of these instances, we heard that there was time to call those family members, to call those friends in, yet front-line workers never received those calls to come in and receive those doses that were available to them.

I'm just wondering, Minister, if there is going to be a public investigation here to look into what happened and if those findings will be made available to the public so that there's some transparency around how this happened and so that we can prevent this from happening again. I think it's really critical that we ensure that those vaccines

are being directed to the people they need to get to. In this instance, these allegations are concerning. I think an investigation will help us understand what went wrong here and, more importantly, prevent this from happening again. As the province is still trying to ensure that phase 1 of the vaccine strategy is rolled out, as we scale up the strategy, I think those concerns are going to become even more prevalent. So what is going to be done to ensure that these types of situations don't continue to happen, where there's misuse of the vaccines or folks who are not on the priority list are somehow able to work the system for their friends and families and get those vaccines? Those seniors and front-line workers never received a call, never were told that there were vaccines available to them. I would like to know what that public investigation will look like, who will be chairing that, heading it up, and if those findings will be made public.

**1120**

**Hon. Sylvia Jones:** Again, the allegation—and I would underline that these are allegations at this point—of vaccines being removed from the long-term-care home is, as I understand it, being investigated by the local police services.

Through our vaccine task force, we have twice-weekly meetings with the heads of the public health units as well as the CEOs of the hospitals that are administering the vaccines. Those meetings actually happen together, so that everyone who is administering the vaccines is getting the most up-to-date, the most current information so that we could pivot, frankly, to—when we realized we weren't going to have sufficient numbers of vaccines to vaccinate all of the long-term-care workers as well as the residents, we made sure that everyone got that information at the same time. It was reinforced strongly that it is critical, because of the limited supply, that they must focus on long-term-care residents and high-risk retirement-home residents. Frankly, that has happened in the vast majority of the cases. As there are incidents where that has not happened, either the individual hospitals or the public health units are dealing with them—but they are very limited, and I trust that with the reinforcement of the message of how limited the supplies are, that they make sure that the most vulnerable are at the front of the line.

**Ms. Sara Singh:** This is one, maybe two homes that we're being made aware of, with these types of allegations coming forward. Is the ministry or is the vaccine strategy task force aware of any other homes where there may be a misuse of the vaccines? And will there be an investigation to determine whether this is happening in other places that we simply just aren't aware of at the moment?

**Hon. Sylvia Jones:** Anecdotally, I can share that there was a concern raised with the hospital in my local community. It was dealt with at the administrative level, and that person is no longer working at the hospital.

So they are being dealt with if they happen.

Again, I'm going to reinforce: If we had sufficient vaccines, many of these problems go away.

The time that is taken on prioritizing, establishing who should be the priority—that work has been done, and we

will continue to use that prioritization framework to ensure that our most at-risk citizens get the vaccines first.

**Ms. Sara Singh:** Chair, how much time do we have left?

**The Chair (Mr. Daryl Kramp):** You have just a little under two minutes.

**Ms. Sara Singh:** Thank you so much. I appreciate that.

The other question that still remains on the table is around interventions in long-term-care homes. We've seen new variants devastating many of these long-term-care homes. Earlier, as you were listing off many of the emergency management orders, there was one that focused on the power that directors have and management has in long-term-care homes—I'm sorry; I couldn't jot down the number of the regulation. But I know that there is a regulation that allows managers the power to alleviate pressures that they may be facing to protect the well-being and safety of the residents and staff in those long-term-care homes.

In addition to the powers that managers have, what is the framework for the province to be stepping in when we know, in fact, that a home is in outbreak, perhaps facing staffing pressures? What is it going to take to call in, for example, the military in those homes, and is there a regulation or threshold in terms of the number of cases that have to be present in those homes for us to actually act as a province?

**Hon. Sylvia Jones:** It's a very good question, actually.

One of the unintended positive consequences of the pandemic is that our critical care health system has been able to work very closely together. Again, I will give a local example: My local paramedics were called on and stepped up to assist a long-term-care home that was in outbreak very early on.

Now, working with the Ministry of Health and the Ministry of Long-Term Care, what we have is every long-term-care home in the province of Ontario—

**The Chair (Mr. Daryl Kramp):** Thank you, Minister, but we're a little over the time. I'll certainly let you finish that on your next round or opportunity.

**Hon. Sylvia Jones:** If I remember.

**The Chair (Mr. Daryl Kramp):** Yes, should you remember. I'll try to remind you.

We will now go to the government. Ms. Triantafilopoulos.

**Ms. Effie J. Triantafilopoulos:** Minister, I understand that only some public health units will be moving out of the stay-at-home order and the province-wide shutdown restrictions this week. Could you elaborate on what criteria went into deciding which public health units were allowed to move forward sooner, while others with low case counts, like Halton region, as an example, were not?

**Hon. Sylvia Jones:** That's a really good question. As you accurately pointed out, it is not one data point only. It is a combination of the broad number, in terms of what the positivity rate is. It is the percentage by population. It is access to hospital beds, and, in particular, ICU. As you would know very well in your own community, ICU beds are at a premium. We could use a lot more of them in

Halton region and some of the GTA communities and ridings. So all of those pieces, as well as if we have discovered—or if the public health unit, more accurately, has discovered—the variants, because, as was already pointed out, one incident of the UK variant basically made Roberta Place very at risk. So all of those pieces together are the determinations in terms of when we return to the colour framework, I would call it, wherein our individual health units are going to be placed.

I hope that answers your question.

**Ms. Effie J. Triantafilopoulos:** Thank you. It does.

I am sure all of us appreciate the need for health care workers and residents in long-term care to get the COVID-19 vaccine first. Many people in our communities who are waiting for their turn in line are asking us—I'm having lots of calls and emails coming into my constituency office—what is the actual date they can expect a vaccination, where will they be able to get the vaccine, and how will they find out? Could you update us on the preparatory work to implement mass vaccinations once Ontario has the vaccine supply to do so? When will we be able to give people a better idea about exact dates and how they will be notified?

**Hon. Sylvia Jones:** Thank you for the questions. There is a lot to unpack there, but I'll start with the date.

Frankly, I don't give people dates, because what we have discovered is that when we get notification from the federal government that there is a supply of Pfizer or there's a supply of Moderna—as we all know, those didn't materialize. So I'm very reticent to provide constituents a date of when they will get vaccinated.

What I can tell you is, in terms of prioritization, we have done all of that work. I don't think it would come as a surprise to anyone on this committee that the most at-risk individuals are older. So the prioritization first starts with age and, in addition to that, the congregate setting. The comparison that I would make is, I have a mother-in-law and a father-in-law who are older, but they live at home. So they are able to self-isolate and protect themselves easier than two individuals who are of the same age but living in a long-term-care or a retirement home, because they have the congregate settings, because they have group dining—all of those pieces. Age pretty much trumps everything else, and then we get into the nuances: Are they in a congregate-care setting? Do they have an existing, pre-existing chronic-care component? Are there home care staff coming into that home who would put them at a higher risk? All of those pieces factor into, as we get more vaccines, who is going to get them. I can assure you that that work has been done.

**1130**

Frankly, it is my hope that we are not going to be needing a lot of the prioritization piece because we have sufficient vaccines—but it's essential workers, workers who are front-facing in patient care, individuals who are more at risk because they have a transplant or are waiting for a transplant, and our alternate-level-of-care patients who are currently in a hospital bed but at some point, hopefully in the not-too-distant future, will have the

opportunity to move to a retirement home or a long-term-care home.

I hope that helps.

**The Chair (Mr. Daryl Kramp):** We will now go to Ms. Park for a little over four and a half minutes.

**Ms. Lindsey Park:** A common question I'm getting from my constituents, Minister, is about exactly when they'll know for sure, when they're transitioning into the framework, what colour code they will be in. I know details are probably still to be confirmed over the next couple of weeks, but could you explain what you know now about how that's going to happen?

**Hon. Sylvia Jones:** The first thing I will say is, don't look at what your public health unit was on December 26. It doesn't matter.

What we are looking at is—again, back to those many different data points in terms of ICU prevalence rates and if there is a variant that has been discovered in the public health unit. That information is fed from the public health unit to the Ministry of Health—I believe it is twice a week—and then the determination will be made. It is work that happens both at the local public health unit as well as the medical table with Dr. Williams and the Ministry of Health. There is an agreement—a concurrence, if you may—between the data that is informing the decision, as well as an agreement from the local medical officer of health and Dr. Williams within the Ministry of Health.

**Ms. Lindsey Park:** That's helpful.

Under the leadership of Dr. Robert Kyle in Durham, we have a pretty good data tracker online, on the Durham region website. In fact, they created a tab on the website—anyone who is interested should look it up—that's called the Ontario framework. They actually show some of those key factors so that Durham region residents can have a sense of where we're at and best predict where we might land—of course, with all the final approvals still necessary. Right now, if you look at that tab, it looks like Durham has a lot of the indicators that would line us up with the red area of the framework.

When can they expect to have confirmation that, in fact, they will be in the red framework, or orange or grey, depending if the numbers were to change significantly?

**Hon. Sylvia Jones:** You will have, I'm sure, seen that over the weekend there was a suggestion that North Bay and Timiskaming would also be coming out and going into the green zone as of the 10th. In fact, that is not the case, because over the weekend the variant and a pretty serious outbreak happened in North Bay.

So, unfortunately, there's not going to be a lot of notice.

The additional piece that wasn't in place or wasn't a factor in December for the determination of when you move up or down within the framework is the variants. As much as I understand that people would like as much notice, particularly businesses, as possible to prepare, it really is very challenging, because you literally are monitoring the positivity rate and the transmission rate on a daily basis.

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

**Hon. Sylvia Jones:** What they can do—and you referenced it, MPP Park. The Ontario COVID-19 website is excellent for, “What can I do if my public health unit is in the green, the orange, the yellow, the red or the grey?” I would encourage people to monitor that, because then, as the announcements are made, you will have a much better idea of what are the allowable activities within your current health unit.

**The Chair (Mr. Daryl Kramp):** You just have 30 seconds.

**Ms. Lindsey Park:** Can you give some highlights of what it means to be in the red zone, off the top of your head?

**Hon. Sylvia Jones:** How about I go to the grey, because that's the zone that both sides of my riding are in? The main change that happens in the grey or control zone is, we are actually going to allow small businesses to open with 25% occupancy, which is an acknowledgement that we believe our small businesses can operate safely, even when we're still dealing with the spread.

**The Chair (Mr. Daryl Kramp):** Mr. Fraser, you have five minutes again, sir.

**Mr. John Fraser:** Again, thank you, Minister, for being here.

I'll just finish up what I was trying to say earlier: Less than one in five doses of the vaccine has gone to our most vulnerable population—less than one in five, and we're still not done. Other provinces are done. The city of Ottawa got the same amount per capita. They finished their second doses in every long-term-care home last Friday. Ontario is still not finished the first dose. That's why I'm concerned about prioritization. It's not just looking back at what happened; it's knowing how we got there.

I'm really glad you brought up prioritization for the next phase, because there is not a lot of clarity right now as to who is the priority. Is it an essential worker? Is it an older adult? And that's not just in the general public, in calls to my office and everyone else's office; it's in public health units, and they have to make a plan for vaccination.

What would really be helpful to this committee, I think, is to understand what the prioritization is, to know older adults living in the community, some with chronic conditions who aren't getting home care—if you take a look at the state of Israel, the way they approached it is they did it by age, and they've had some success. Having some simplicity in the vaccine rollout I think is important. But I know that greater minds than I are thinking about how to do this. It just needs to be transparent and open so we know that those really vulnerable populations that are out there—we know older adults are at the greatest risk of dying and hospitalization.

Would you share that prioritization with the committee? I know we asked for the vaccine task force, in a motion before Christmas, to appear before this committee and to do some regular reporting. But can you commit to giving that to this committee so that we can understand what the prioritization is? It's perhaps the most important

COVID-19 measure that we're going to take right now to protect our most vulnerable.

**Hon. Sylvia Jones:** Well, Chair, I don't know how much clearer I can be: long-term-care residents, high-risk retirement home residents and elder homes in Indigenous communities.

Yes, the city of Ottawa did a fabulous job. Why did they do a fabulous job? Because they, along with the city of Toronto with the University Health Network, were ahead of all of the other public health units. Those were the two pilot projects. They had the vaccinations sooner, and frankly, they did an excellent job.

The prioritization piece had to be modified when we realized that we were not getting the vaccines that had been committed to us. Absolutely, long-term-care health workers were initially on the first rollout. They had to wait and they had to be patient because once we realized we did not have sufficient vaccines to do all of Ontario's long-term-care residents and retirement homes, we pivoted and we said, "You must pivot. You must only do your residents." Frankly, the vast majority of public health units did an excellent job of that. But the pivot is what happens when we do not control or have the sufficient amount of vaccines necessary to get everyone who wants a vaccine to have one. Things change. This is a very fast-moving vaccination rollout, and the variant has put another—

**The Chair (Mr. Daryl Kramp):** Thank you, Minister. Mr. Fraser wishes to interrupt your last point.

Mr. Fraser.

1140

**Mr. John Fraser:** Thank you, Minister. As you know, I only have five minutes.

**The Chair (Mr. Daryl Kramp):** You have one minute left, Mr. Fraser.

**Mr. John Fraser:** Chair, I would respectfully request that we ask in writing for that list of prioritization, because—respectfully, Minister—I am not hearing that older adults living in the community with a chronic condition are going to be prioritized, or that older adults who are living in the community will be a higher priority than essential workers. I think clarity around that is really important, because I don't think the first phase—I know that Ottawa did the right thing. They moved the vaccine into long-term-care homes quicker than Ontario moved to do that, and that's what has made the difference. So, Chair, I'd like to know if we could request that in writing.

**The Chair (Mr. Daryl Kramp):** The Chair can make the request, and we will see what kind of response we get. We are out of time right now.

We will now go to the official opposition for the third round, the remaining 10 minutes. Ms. Gélinas.

**M<sup>me</sup> France Gélinas:** Thank you, Minister, for answering questions.

I think I'm going to start in the same line, with the vaccine. We have 78,000 residents times two—we'll put it at 180,000 doses. We have given 386,171 doses, and yet I still have long-term-care homes in my riding that haven't had a first dose. It is really hard to explain that the government has pivoted and they've put long-term-care-

home residents at the top of the priority and yet not one single dose has made it to retirement homes in my riding. How do you explain that?

**Hon. Sylvia Jones:** Are you talking about long-term-care homes or retirement homes? Because even retirement homes—

**M<sup>me</sup> France Gélinas:** Long-term care.

**Hon. Sylvia Jones:** Thank you. The commitment has been made, and the distribution is such that the long-term-care homes in your public health unit should have or are receiving the vaccine. I am happy to follow up with the vaccine task force to make sure that is the case.

Back to the numbers: Initially, in December, when we were told we were going to get X number of vaccines, we said, "By all means, long-term-care workers, health care workers who are front-facing with patients—vaccinate them, please." Then, as the supplies dwindled and as we realized we were not getting a sufficient quantity to do everyone, we went to the long-term-care residents, high-risk retirement home residents and elder homes. As we receive more, those priority staff, those priority individuals who are receiving home care in the community are absolutely on the first phase. But I can't give what I don't have, and we simply do not have enough to cover everyone.

The priority of over-80 residents is also there, but as you no doubt know, there are over 600,000 Ontario citizens who are over the age of 80, so even when you pull out the long-term-care residents and the retirement home residents, there are a lot of over-80 Ontario citizens who are waiting and in need of that vaccine.

**M<sup>me</sup> France Gélinas:** So you're telling me that since mid-January, when Pfizer and Moderna started to say we're not going to get the full—since then, only long-term-care homes have been receiving the vaccine and giving out the vaccine? The numbers don't add up, Minister. You tell me that those are the priority, I see every day how many doses have been given out, and yet we have long-term-care homes that have received zero doses.

**Hon. Sylvia Jones:** Again, I am happy to make the commitment to follow up with your particular public health unit. But I have been assured, and we have shared the information with all of the public health units across Ontario, that when they give us their numbers of how many residents they have in long-term-care homes, they will have vaccines sufficient to vaccinate them. All I can do is follow up on your specific question.

The redistribution occurred because we had to pivot away from—I'm sorry, but if you're a long-term-care worker, you're going to have to be patient until we get sufficient vaccines. Our priority must be, and continues to be, the residents within the long-term-care homes, and of course, the high-risk retirement home residents and elder homes.

**M<sup>me</sup> France Gélinas:** We had a date—that all 78,000 long-term-care residents were supposed to be done by January 31. Then it moved to February 5. Then it moved to February 10, which is tomorrow. Are we still on with February 10, or am I going to have news tomorrow that the



date has been pushed again for the first dose for all 78,000 residents of long-term-care homes?

**Hon. Sylvia Jones:** Thank you for putting “the first dose” in there, because, of course, there is a time between when you can have the second dose after you’ve had the first.

It is my understanding that sufficient vaccines have been distributed to public health units to ensure that their long-term-care homes and high-risk retirement home residents can be done by February 10.

**M<sup>me</sup> France Gélinas:** Okay, switching: The news yesterday was that businesses are allowed to do 25% of business—no more than this. How do we reconcile the “I’m in a stay-at-home public health unit area, yet the hairdressers and the nail salons can operate at 25%”? How do you enforce a stay-at-home order when all of those businesses are open?

**Hon. Sylvia Jones:** First, I would encourage you to look very closely at the framework. In fact, not all businesses are going to be allowed to open as of the 22nd. Toronto, York and Peel, of course, are still in a longer lockdown. And there are restrictions even within the framework. So I would encourage you to work with your local businesses once you know where your local public health unit falls in the colour framework, and that you make sure they understand what the restrictions are.

It is an acknowledgement that we believe the small businesses in Ontario, the individuals who work with them and the citizens of Ontario can continue to do some gradual reopening while continuing to protect their friends and neighbours. I don’t think any of us want to be in a situation where we are permanently preventing people from going about and visiting their favourite bookstore.

So please make sure that you have a good understanding of what the framework is and where the limitations are, because even within the colour-coded framework there are limitations on what is allowed. The Ministry of Labour has sent out some excellent guidelines, over 100 from my last reading, that show specifically, if I am in business A and this is what I sell and operate, what the rules and regulations are to keep my employees and my customers safe.

**M<sup>me</sup> France Gélinas:** It is really difficult to be able to answer all of those questions. The minute the press conference was finished yesterday the phones started ringing non-stop. Does that mean I am allowed to open following the guidelines that—what is the easy way to answer those questions? You started your talk by saying that businesses are allowed to start at 25% of capacity throughout Ontario, following the rules that apply—you didn’t say that?

**Hon. Sylvia Jones:** No. In the grey zone.

Again, the two most important documents we, as MPPs, can share with our communities and our business leaders are O. Reg 82/20 and the colour-coded framework. Between those two documents, you will know what your public health unit will expect and what you have to do to comply with the rules, and then whether you are on the approved list and what you have to do as a small business

and an employee. That’s what I would encourage people to do—make sure you have both of those documents when you are working with your constituents and your small businesses.

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

**M<sup>me</sup> France Gélinas:** Can we expect better communication of this to go out at some point? Simply referring people to websites—I will remind you that I’m in a northern riding; 40,000 people in my riding do not have access to the Internet, and cell service is just as bad. When is this information going to be made available to all of us so that small businesses feel confident that, “Yes, I’m following the protocol; I can be open, yay”?

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**Hon. Sylvia Jones:** The two documents that I referred to, the colour-coded framework and O. Reg 82/20, are of course public documents. The only piece that is missing is where your individual public health unit will fall within the framework. As I said to MPP Park, that very much depends on a number of data points. It will be a decision that happens, frankly, very close to when they move into the framework. So there’s not a lot of lead time on that, but everything else in terms of preparation—the Ministry of Labour has guidelines if there are questions about, “I operate a bookstore. I operate a salon. What can I do? What can I expect?” so that your small businesses can prepare for that alternate reopening, whatever it looks like in your particular region.

**The Chair (Mr. Daryl Kramp):** We will go to the closing 10 minutes to the government side. Mr. Coe.

**Mr. Lorne Coe:** Thank you, Chair. Through you to the minister: Thank you, Minister, for your presentation.

During yesterday’s announcement, there was a term used a couple of times: an “emergency brake.” That caused a few people in my riding to call to get an explanation. For the benefit of those who might be watching today, could you explain how this is different from the previous framework categorization system, please?

**Hon. Sylvia Jones:** Absolutely. It’s an important point to raise because it is new, similar to the variant.

The emergency brake really is a very quick intervention that the Ministry of Health can do if they see a serious outbreak, if they see the variant coming into the community, because they want to be able to—instead of having you move up and down the colour framework over the period of 14 days, we could do it quicker to ensure that we lock down. Again, unfortunately, I will point to Roberta Place, because they were the first long-term-care home that experienced that UK variant. We all saw how devastating it was to that home and those residents who were living there. We have to be able to respond faster than waiting for 14 days’ worth of data and then moving you up or down the colour-coded framework. The emergency brake allows us to—basically, if we see the variant or an outbreak, we can move very quickly to the lockdown and not have to wait those 14 days.

**Mr. Lorne Coe:** I’d like to turn to a different area right now, and that is airport testing. Could you provide an update? Has this been found to be an effective tool in stopping travel-related cases of COVID-19?

**Hon. Sylvia Jones:** Yes, it absolutely has been found to be an effective tool. As you would know, we put in voluntary testing in the airport in December because, frankly, we were not getting a lot of co-operation from the federal government to institute the testing. Then, of course, in January we went to mandatory testing for international people flying in to Ontario through Pearson. It has been effective. I don't have today's numbers, but my understanding is that we have found over 10 variants. These are international visitors to Ontario who are flying in to Pearson. Most, if not all, have been tested before the flight. But even with that testing at country of origin, through our mandatory testing, we have discovered positive cases. Every one of those positive cases is a Roberta Place averted—every one of those positive cases is protecting the people of Ontario.

The only other thing I would say is that there were some comments made about, "How are you going to compel international visitors to do the testing?" I'd like to reassure the committee that the compliance rate for people willing to be tested is very, very high, which suggests to me that people want and understand how important it is to get that testing so that they can confidently and comfortably engage with friends and family who may live in Ontario or go about their business.

**Mr. Lorne Coe:** Thank you, Minister.

Through you, Chair, to MPP Martin, please.

**The Chair (Mr. Daryl Kramp):** Ms. Martin, you have almost six minutes.

**Mrs. Robin Martin:** Thank you, Solicitor General, for being here to answer our questions. I'm getting a lot of questions about businesses and essential businesses, so I want to ask you a few things about that.

We have a list of essential businesses, like we had in place in the spring. Naturally, the placement of a business into or out of this list of what is essential has a great impact on the livelihood of Ontarians and, frankly, whether the physical workplace can stay open or has to be closed. I think it's really important to explain the reasoning that goes into those decisions. I wanted to ask you, is there some way within this reasoning to ensure fairness for the sectors that have successfully followed our public health guidance and tried to avoid cases?

**Hon. Sylvia Jones:** Yes, thank you for raising this. I had a conversation with one of my local businesses and the comment was, "Don't suggest to me that my business is not essential." So I understand exactly where they're coming from.

The decision about whether a business should be declared essential or not is very much based on what do the citizens of Ontario, what do the people in our communities need to make sure that we don't have food shortages, that we don't have runs on products because we've limited the supply or limited the supply chain. It's very much driven by food and food supply, access to medicines, whether through pharmacies or physicians—the whole health practitioner module. The decisions literally are reviewed by the health table, with the assistance of input from organizations like the CFIB and input from businesses.

I'll give a very specific example. You no doubt noticed that initially, pet grooming was not included as an essential business. As the minister responsible for the animal welfare act, it became abundantly clear that, in fact, many of the types of services that are offered at a pet grooming business actually are needed to ensure that an animal doesn't become more distressed, for any number of reasons. When we discovered that, when we made further investigations through veterinarians and my own animal welfare officers, we made the case and explained why pet grooming, in very specific examples, needed to be included as essential.

So there is tweaking that happens along the way in case we have missed something or there is an interpretation issue. We have done that through constantly updating the famous O. Reg 82/20.

**Mrs. Robin Martin:** I've spent quite a lot of time with O. Reg 82/20 under my pillow etc., trying to absorb its contents. It is something I refer to regularly.

I know pet grooming is a bit different than people grooming. We aren't in the same kind of physical distress, possibly, or medical distress as a result of not having grooming, but I think we could all use some grooming ourselves. Hopefully, that is coming soon to a part of Ontario near you.

I just wanted to build again on the question of businesses being classed as essential or not, and I wanted to look more at a long-term perspective. People are very concerned in my community and, I'm sure, in other communities about whether work we will have in the future—what that new normal will look like for work in the future, whether there will be work there, frankly, when our reopening Ontario act closures are no longer really necessary.

Can you elaborate a bit on what the government is doing to try to make sure that we're making life easier for hard-working people, who just want a good job to support their families? How are we going to help people get back on their feet?

**The Chair (Mr. Daryl Kramp):** A minute and a half.

**Hon. Sylvia Jones:** That's a really important question. This is why we're doing it as a government-wide approach.

**1200**

You will know that there have been a number of programs specifically related to allowing small businesses to reopen safely—the small business support grant, where \$1,000 can be provided to small businesses that apply, specifically related to personal protective equipment, because we want people to safely be able to operate and protect their staff and their clients and customers. It is, frankly, why we allowed curbside delivery to continue. While it is no replacement for a full opening of a business, at least it allows the business to operate for some of their loyal customers who still want to get the items that they love and miss. The supports related to Minister Fedeli in economic development, through finance, where we have opened up a one-stop portal where people can apply for the PPE grant, where they can apply for assistance—

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

**Hon. Sylvia Jones:** —on their hydro and propane, as well as, of course, rent relief—all of those pieces together are an important consideration. We want our small businesses there when we can reopen.

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

Minister, just before you're excused, Mr. Fraser had a request for clarification.

Mr. Fraser, would you like to do a written request to the ministry yourself, or are you looking for a motion to come before committee that would have to be approved by all of committee? Can I have some direction from you, sir?

**Mr. John Fraser:** I think all of us here are concerned. It's an issue that's important to our constituents—providing clarity and transparency. I'd like for this committee just to write the vaccine task force to ask for the detailed prioritization of the next people to receive vaccines and that they provide that to this committee in writing.

**Hon. Sylvia Jones:** It is my understanding that that is a public document, but I will confirm and get back to you, Chair.

**Mr. John Fraser:** The public document that's there does not provide the level of clarity that we're talking about. That's why I'd like the committee to make that request. If, in fact, the task force thinks that that document is sufficient, then they can send it back to us. But I don't think it's sufficient. I don't know if any of my colleagues have similar concerns, but they're concerns that I've heard expressed by a number of people, even including a member of the vaccine task force, with regard to the prioritization of age. That's why—

**Hon. Sylvia Jones:** I can assure you, over-80 is prioritized in phase 1 when we have sufficient vaccines.

**Mr. John Fraser:** I'm talking about phase 2.

**Hon. Sylvia Jones:** Over-80 is in phase 1—

**The Chair (Mr. Daryl Kramp):** All right, Mr. Fraser and Minister. The mandate—

*Interjections.*

**The Chair (Mr. Daryl Kramp):** Mr. Fraser, thank you. The mandate of this committee is just to receive documentation as requested. If you want to bring forward that motion to this committee, the Chair will certainly request that, but it will be up to the minister and the department whether or not they wish to respond to that. The minister has already responded, of course, that that is public information, so that will be up to them. But if you would like to put forward a motion, the committee can discuss it today, or if you would just like to forward a letter to the committee Chair, the committee Chair will forward it to the ministry for consideration. What would be your preference, sir?

**Mr. John Fraser:** I think let's start—we're all here and the committee is here. What would you need me to do to prepare a motion?

**The Chair (Mr. Daryl Kramp):** If you wish to read it out, the Clerk will try to capture it. Just please read it out slowly, and then we will obviously have a discussion on

this at committee. Please go ahead, Mr. Fraser, and the committee Clerk will try to capture it.

**Mr. John Fraser:** I move that the committee request from the vaccine task force the specific prioritization in phase 2 of the vaccine rollout in writing. That's it.

**The Chair (Mr. Daryl Kramp):** Thank you. We will take conversation on this before we come to a vote. Is there anybody who wishes to speak on this matter, other than Mr. Fraser? The motion is before you.

**Mr. John Fraser:** I think if we take a look at the concerns that we're hearing in our community right now, and not only from the residents who are calling and asking about what is going to happen next, but even from our public health units, there is no clarity on how we're going to move forward. We know that the prioritization of older adults has occurred in other jurisdictions and that even a member of the vaccine task force has actually put forward that information. Numerous epidemiologists are saying we need to get the priorities right. So I think it's a fair request, as it is one of the most important emergency measures of which we have oversight.

It's not entirely clear from the document whether essential workers are prioritized over older adults in phase 2. The reason that I'll say this—I think it's important—is the people who are at greatest risk of death and disease and hospitalization are older adults. The evidence is clear. What's not clear in the document the minister was referring to is where those older adults sit in priority. It looks like essential workers are being prioritized over older adults, if you look at that document.

I think we need, as a committee—because we're hearing different things from the minister than we're seeing in the documents and there is no clarity or transparency—to know how we are going to protect the most vulnerable populations in our province and where they fit. What happened in phase 1 was that the most vulnerable of the populations, residents in long-term-care—and we all agreed on them and we all knew—some of them haven't gotten their first dose. Actually, a member of the committee just told us it hasn't happened in their long-term-care homes. That's why I think this is a really important request. The minister can say, "We're not going to respond," but I think we need to make that request, because I think if we're going to provide oversight for maybe the most important measure that is currently in Ontario right now, vaccination—if we're going to have oversight over it, we need to know what's going on, and there's no clarity or transparency right now in that regard.

I would ask my colleagues to support the motion.

**The Chair (Mr. Daryl Kramp):** Thank you, Mr. Fraser. Two points: Number one, obviously, is, that is your opinion on that. The minister had a difference of opinion. However, it is the right of everybody to agree or disagree.

I would just point out that this is, of course, the designation of the committee—that the Select Committee on Emergency Management Oversight be appointed to receive oral reports from the Premier or his designate. There is no mandate at all to present any written report, but your request certainly is in order.

I will now go now to Ms. Hogarth.

**Ms. Christine Hogarth:** With all due respect to my colleague Mr. Fraser, I'm looking at covid-19.ontario.ca, under "Timing."

"March to July 2021, depending on availability of vaccines

"Who will be vaccinated"—this is a public document.

"Approximately 8.5 million people from the following groups will receive vaccines," and the first bullet is, "older adults, beginning with those 80 and older and decreasing in five-year increments over the course of the vaccine rollout"

I just wanted to share that.

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

Then we have the motion. Whether it is deemed necessary or not, Mr. Fraser has requested the motion, and I will just—

*Interjection.*

**The Chair (Mr. Daryl Kramp):** Oh, excuse me. I don't see it on the screen here.

I'm sorry, Mr. Fraser. I didn't have you on the screen here, but I will just read the motion, and then I will certainly go back to you, sir, so I don't have to re-move it again.

It is moved by MPP Fraser that the committee request from the vaccine task force the specific prioritization in phase 2 of the vaccine rollout in writing.

I will go back to you, Mr. Fraser, once we pull it off the thing—but that's what we'll be voting on, then.

Mr. Fraser, go ahead, sir.

**Mr. John Fraser:** Thank you very much, Chair. I'll just say there is no clarity, because if you look at other documents and decks with regard to the prioritization, they're different. I talk to public health units, and they're not sure what's going to happen. And we're probably a few weeks away from vaccines increasing.

I won't belabour the point. I hope that the government and my colleagues in the NDP can support the motion.

**The Chair (Mr. Daryl Kramp):** The Chair will just make one comment, Mr. Fraser—and this is not a partisan statement, just a personal perspective on this. We're in unsettled, unusual, unpredictable times. If there is perfection, it certainly can't be found anywhere in the world. But I know your motion is meant in good favour, and I think the government, quite frankly, has tried to deal with this to the best of their ability with the same kind of openness.

So I don't think that there's anything to lead from either your statement or the government on this, but it will be before the—I see that I have one more speaker, and then hopefully we will go to a vote on this, and we must move on to our other report stage.

Mrs. Martin.

**Mrs. Robin Martin:** I just wanted to say that of course I think it's important that information about the vaccine priorities is publicly available, and I think that the government has done a good job of making that

information publicly available on websites. Also, the vaccine distribution task force—I think it was in early January—presented information to the public at a media conference and answered questions about the priorities that they had set out. Of course, a lot of this is also affected by how many vaccines we get in at any one time, which we're hoping will pick up quickly and we'll have a whole lot of vaccines.

That is what I wanted to say, and also that the mandate of the committee is to receive reports from the Premier and to ask questions about them. I think this is outside of the mandate of the committee. The government is already doing this through other channels.

**The Chair (Mr. Daryl Kramp):** Ms. Gélinas.

**M<sup>me</sup> France Gélinas:** The minister made it clear that in phase 1 they had to pivot. They started with residents of long-term-care homes and the staff who work there. They had to pivot to focus solely on residents of long-term-care homes. But there's still a lot of confusion out there as to when the staff who work in long-term-care homes will be done, when the health care workers who work in other health care settings will be done. They were all in phase 1, and now they're in limbo.

If we could ask the task force for the specific prioritization of phase 1 and 2—I'm still interested in phase 1, because it is not clear up here as to when those will be done.

**The Chair (Mr. Daryl Kramp):** Mr. Fraser.

**Mr. John Fraser:** I'm happy to add that into the motion.

**The Chair (Mr. Daryl Kramp):** Okay, thank you.

The Chair will only make one other suggestion here now. Perhaps clarification would be available at some point from a representation from the vaccine task force. I had requested them to come before this committee. It wasn't available right now, but I'm hopeful that will take place in our next committee meeting. I hope that will be maybe some consult to all the members on this committee, because it might—if there's any ambiguity, hopefully they will clear that up at that particular point. So that might also be there.

Mr. Fraser.

**Mr. John Fraser:** Thank you very much, Chair, for making that request for the vaccine task force. I just wanted to say that that will be a month from now, and that's why I'd like the support for this motion. But I really do appreciate you asking for that on behalf of the committee.

**The Chair (Mr. Daryl Kramp):** Okay. We will go for a vote on this motion now. You've had it before you. All in favour, please raise your hands so the Chair can see them. Opposed? Raise your hands, please. Defeated. It lost.

Thank you very much. We will pause for one moment now, and then we will go into closed session for report-writing in just 30 seconds or so.

*The committee continued in closed session at 1214.*







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