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**Official Report  
of Debates  
(Hansard)**

EM-11

**Select Committee  
on Emergency Management  
Oversight**

Emergency orders review

1<sup>st</sup> Session  
42<sup>nd</sup> Parliament  
Monday 3 May 2021

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Chair: Daryl Kramp  
Clerk: Christopher Tyrell

**Journal  
des débats  
(Hansard)**

EM-11

**Comité spécial de la  
surveillance de la gestion  
des situations d'urgence**

Étude sur les décrets d'urgence

1<sup>re</sup> session  
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Lundi 3 mai 2021

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Président : Daryl Kramp  
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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**

Monday 3 May 2021

Lundi 3 mai 2021

*The committee met at 1402 in room 151 and by video conference.*

**EMERGENCY ORDERS REVIEW**

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

We've already confirmed the attendance. The Solicitor General, as you can see, has joined us. We have MPP Sara Singh and MPP Christine Hogarth, who are here in the room, and myself, MPP Tom Rakocevic. We are joined by Bob Bailey, Gilles Bisson, John Fraser, Robin Martin, Sam Oosterhoff, Lindsey Park and Effie Triantafilopoulos. We're also joined by staff from legislative research, broadcasting 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. 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? I see 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 designates on any extension of emergency orders by the Lieutenant Governor in Council related to the COVID-19 pandemic and the rationale for those extensions. The Solicitor General, the Honourable Sylvia Jones, who has been designated by the Premier, is here with us today to provide this committee with that report.

Per the motion, this committee is empowered to meet as follows: up to 30 minutes for the Premier or his 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: 10 minutes to the official opposition, 10 minutes to the government, and five minutes to the independent member. That will be repeated once, and finally, we will have 10 minutes for the official opposition and 10 minutes to the government.

Again, are there any questions before we begin? Seeing none, Solicitor General, thank you for being here. Please proceed with your introductory comments when ready.

**Hon. Sylvia Jones:** Thank you, Chair, and good afternoon, members. I'm pleased to join you for the 11th meeting of this select committee.

I last addressed this committee on April 7, the same day on which the third emergency declaration was made and the province-wide stay-at-home order was announced.

While we have been dealing with a dramatic surge in cases, we have made enormous progress implementing a strategy for distributing and inoculating Ontarians on a large scale, and the vaccine numbers are encouraging. When we last met, more than 2.5 million vaccines had been administered across Ontario. Now, as of yesterday, May 2, more than 5.1 million doses of COVID-19 vaccines have been administered in Ontario, with over 40% of adult Ontarians having received at least one dose of the COVID-19 vaccine.

We've also made significant progress in our rate of delivering and distributing vaccines across Ontario. Our ability to inoculate ever-greater numbers has only been limited by the size of our vaccine supplies. With increasing supplies, we were able to lower the entry age level for receiving vaccinations. We also made it easier for people to find a place to get their vaccine.

Earlier in April, more than 700 pharmacies across the province came on board to help administer the vaccine, bringing the total to over 1,400 pharmacy locations. As of April 20, 2021, we enabled pharmacies and other primary care providers in hot spot regions—as an example, Toronto, Peel and York—to begin booking appointments for AstraZeneca vaccines for individuals aged 40 and older in 2021, and now there are select pharmacy locations in those same hot spot regions that have opened up their clinics 24/7, so that more people can be vaccinated, especially those who may not be able to attend a clinic during regular business hours. As part of that expansion, our government enabled pharmacies to offer walk-in service so that people who may not feel comfortable booking online can speak to their pharmacist directly.

We can be proud of how much we've accomplished, but we can hardly rest yet. Meanwhile, until we reach a critical mass of vaccinations—the percentage of the population that is fully vaccinated and better defended against COVID-19 and its variants of concern—we must defend ourselves as best we can.

The COVID-19 virus that started this pandemic is no longer the same COVID-19 we are seeing in our communities now. The new variants are more contagious and, unfortunately, more deadly. We have to take other stronger measures to protect ourselves and our families.

That's why, in consultation with the Chief Medical Officer of Health and other health experts, the decision was made to declare a third provincial emergency under the Emergency Management and Civil Protection Act.

The stay-at-home order currently in effect requires everyone to remain at home, except for specified purposes, such as going to the grocery store or pharmacy, obtaining health care services—of course, including getting vaccinated—for outdoor exercise, or for work that cannot be done remotely.

The purpose of the stay-at-home order is to slow the rapid transmission of COVID-19 variants in communities, protect hospital capacity and save lives. We know these additional measures are difficult for many Ontario citizens, but when seeing the dramatic surge in case numbers and hospitalizations across Ontario, key indicators and the latest modelling, these measures are critical to contain the rapid spread of the virus, especially the new variants of concern. We need to get vaccines in as many arms as quickly as possible, as that is the key to our future. Until we can achieve herd immunity, people need to stay home, stay safe and, ultimately, save lives.

I will now review the amendments made under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, since this committee last sat.

O. Reg. 82/20, rules for areas in stage 1, was amended to:

- limit the majority of retailers to operate only for curbside pickup by advance appointment and with reduced hours for both operation and the delivery of goods, among other restrictions;

- restrict access to shopping malls to limited specified purposes while including access for curbside pickup by advance appointment;

- restrict discount and big box stores' in-person retail sales to grocery, pet supplies, household cleaning supplies, pharmaceutical, health care, school supplies, household safety supplies and personal care items only, with the exception of stores that sell groceries in a fly-in community; **1410**

- permit the following stores to operate for in-person retail, by appointment only, subject to a 25% capacity limit and restricted operating hours; they include:

- safety supply stores;

- businesses that primarily sell, rent or repair assistive devices, aids or supplies; mobility devices, aids or supplies; or medical devices, aids or supplies;

- rental and leasing services, including automobile, commercial and light industrial machinery and equipment rental;

- optical stores, limited to prescription eyewear;

- businesses that sell motor vehicles, including recreational vehicles, travel trailers and other motorized vehicles, boats and other watercraft;

- vehicle and equipment repair and essential maintenance, and vehicle and equipment repair rental services; and

- retail stores operated by a telecommunications provider or service, which may only permit members of the public to enter the premises to purchase a cellphone or for repairs or technical support.

Other retailers allowed to open but that are not subject to the requirement to make an appointment before visiting the store include outdoor garden centres and plant nurseries, and indoor greenhouses. These are allowed to open to the public, subject to a 25% capacity limit and restricted operating hours. And liquor stores may be open for in-person retail, subject to a 25% capacity limit and restricted operating hours.

Additional public health and workplace safety measures include the following:

- prohibiting all outdoor social gatherings and organized public events, except with members of the same household or with members of the same household and one other person from outside that household who lives alone or a caregiver for any member of either of those households;

- limiting the types of permitted activities or projects in the construction sector;

- reducing capacity limits to 25% in all retail settings where in-store retail shopping is permitted—this includes supermarkets, grocery stores, convenience stores, indoor farmers' markets and other stores that primarily sell food and pharmacies;

- closing outdoor recreation amenities, such as golf courses, basketball courts and soccer fields, with limited exceptions;

- limiting weddings, funerals and religious services, rites or ceremonies to 10 people indoors or outdoors, and prohibiting social gatherings associated with these services, such as receptions, with exceptions based on households; drive-in services are permitted, subject to certain conditions.

The government also amended O. Reg. 82/20 to prohibit elementary and secondary schools, as well as private schools, from providing in-person teaching or instruction, subject to limited exceptions, so learning could only be done remotely following the April break. Child care for non-school-aged children remains open, but before- and after-school programs have been closed. Students with special education needs who require additional support that cannot be accommodated through remote learning are allowed to continue with in-person learning and support.

In addition, the decision was made to not renew O. Reg. 241/20, special rules re temporary pandemic pay, past its then April 20, 2021, revocation date. Since the temporary pandemic pay lump sum and hourly payments to employees for work performed during the eligible time has ended, it was no longer required. The order was revoked on April 20, 2021.

Most recently, amendments were made to other reopening Ontario orders as follows:

O. Reg. 82/20, rules for areas in stage 1, was amended to allow construction activities or projects and related

services that support the operations of or provide new capacity for veterinary facilities within the meaning of the Veterinarians Act to continue; to clarify that parks or recreational areas subject to the shutdown zone rules may be used for activities that involve moving through the park or recreational area, including jogging and biking, and not just walking; to include caregivers in the list of exceptions to the limits on social gatherings and organized public events; to require the person responsible for a business or organization to ensure that people working in the business or organization who temporarily remove their mask or face coverings to consume food or drink be separated from every other person by a distance of at least two metres or by Plexiglas or some other impermeable barrier.

O. Reg. 263/20, rules for areas in stage 2, and O. Reg. 364/20, rules for areas in stage 3, were also amended to include the same requirement for people working in businesses or organizations, when temporarily removing their mask or face covering to consume food or drink, to be separated from every other person by two metres or an impermeable barrier.

O. Reg. 146/20, limiting work to a single long-term-care home, was amended to address ongoing staffing challenges in the long-term-care sector. This order was amended to allow employees who have been fully immunized against COVID-19 to work in another long-term-care home, retirement home or other service health provider.

O. Reg. 158/20, limiting work to a single retirement home, requires retirement home employees to work in only one retirement home, long-term-care home or other health care setting. Like the order for long-term-care homes, this order was amended to allow fully immunized employees to work in more than one location in response to similar ongoing staffing challenges in retirement homes.

Extended orders: As usual at this point in my remarks, and in line with the legislative mandate of this committee, I will now walk through the remaining orders that are currently in effect until the first instance of May 20 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 certain health service providers: This order authorizes specified health service providers within the meaning of the Connecting Care Act, 2019, to take reasonably necessary measures, with respect to work deployment and staffing, to respond to, prevent and alleviate the outbreak of COVID-19, including redeploying staff to another health service provider and to assist long-term-care homes and retirement homes.

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 relates to work deployment measures in long-term-care homes. This order gives long-term-care

homes greater flexibility to identify staffing priorities, deal with staff shortages and address outbreaks. It remains necessary because flexibility to recruit and reassign staff remains critical for preventing and managing outbreaks, and ensuring stability and quality in long-term-care homes.

O. Reg. 95/20, streamlining requirements for long-term-care homes: This order provides flexibility and a reduced administrative requirement for long-term-care homes so that they can respond quickly to the care and safety needs of residents.

O. Reg. 98/20 relates to prohibition on certain persons charging unconscionable prices for sales of necessary goods. 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.

#### 1420

O. Reg. 114/20 relates to enforcement of orders. 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 subsection 10(1) of the reopening Ontario act. Without disclosure of this identifying information, provincial offence officers would be unable to effectively enforce orders under the reopening Ontario act.

O. Reg. 116/20 relates to work deployment measures for boards of health. This order allows boards of health, within the meaning of the Health Protection and Promotion Act, to take any reasonably necessary measures with respect to work deployment and staffing to respond to, prevent and alleviate the COVID-19 pandemic, including redeploying staff within different locations in or between facilities of the board of health.

O. Reg. 118/20 relates to work deployment measures in retirement homes. This order allows flexibility for retirement home operators to recruit and reassign staff. It remains crucial for helping to prevent and manage outbreaks and to ensure stability and quality in resident care.

O. Reg. 121/20 relates to staffing flexibility measures for service agencies, providing services and support to adults with developmental disabilities and service providers providing intervenor services. 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.

O. Reg. 129/20 relates to witnessing of wills and powers of attorney. This order allows the witnessing of wills and powers of attorney to be facilitated virtually, through technology. Many are still relying on the order to ensure wills and powers of attorney can be safely executed, as there are no alternative processes available.

O. Reg. 132/20 relates to 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 required under the Police Services Act.

O. Reg. 141/20 relates to temporary health or residential facilities. This order exempts the construction or conversion of a building from certain requirements of the Building Code Act, 1992, the Planning Act and the City of Toronto Act, 2006, where the building will be used as a temporary health or residential facility for the purpose of responding to the emergency or for health care or sleeping accommodation by or on behalf of health service providers, governments and municipalities. There is a continued need for this provision to be in place to enable the province to respond to COVID-19 care and residential space needs.

O. Reg. 145/20 relates to 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 and support critical services for survivors of violence against women and victims of human trafficking.

O. Reg. 154/20 relates to work deployment measures for district social services administration boards, or DSSABs. 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.

O. Reg. 156/20 relates to deployment of employees of service provider organizations. This order authorizes a local health integration network to request that a contracted service provider organization provide health care and related social services in a setting identified by the LHIN and authorizes the LHIN to fund the services. The need for the order is based on ongoing staffing issues at long-term-care homes and retirement homes.

O. Reg. 157/20 relates to work deployment measures for municipalities. In response to requests from municipalities, we issued this order to provide flexibility to redeploy staff, to ensure front-line services continued 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. 163/20 relates to staffing flexibility for mental health and addictions agencies. This order authorizes mental health and addictions agencies to take any reasonably necessary measure with respect to work deployment and staffing to respond to, prevent and alleviate the outbreak of COVID-19 to maintain health human resources flexibility.

O. Reg. 177/20 relates to congregate care settings. The order has been extended so that staff movement across

multiple employers in the developmental services, intervenor services, violence against women and anti-human trafficking sectors will continue to be limited. This infection prevention measure protects staff and clients.

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

O. Reg. 193/20 relates to hospital credentialing processes. This order authorizes the board of a hospital to take, with respect to any aspect of the hospital's credentialing process, any reasonably necessary measures to respond to, prevent and alleviate the outbreak of COVID-19. This includes identifying medical, dental, midwifery and extended class nursing staff needs and priorities to take action with respect to appointments and privileges, as permitted under the regulation.

O. Reg. 195/20 relates to the treatment of temporary COVID-19-related payments to employees. The order ensures that any temporary COVID-19-related payments received by employees in relation to work performed while the order is in effect are excluded from the maximum increases in compensation set out in the Protecting a Sustainable Public Sector for Future Generations Act during a moderation period. This includes the temporary wage enhancements for personal support workers and direct support workers currently in place until June 30.

O. Reg. 210/20 relates to 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 to effectively protect residents from COVID-19.

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

**Hon. Sylvia Jones:** Maintaining the management order allows the director to swiftly take appropriate action to reduce or alleviate harm to residents and staff in homes that are in outbreak.

O. Reg. 240/20 relates to management of retirement homes in outbreak. This order ensures measures are in place to allow the Retirement Homes Regulatory Authority to act quickly in case of outbreak should an operator be unwilling or unable to manage operations of the home.

**1430**

Finally, O. Reg. 345/20 relates to patios. This order helps municipalities quickly pass or make changes to temporary-use bylaws, allowing restaurants and bars to create or extend their patios to facilitate appropriate distancing and maintain public health measures when those patios are permitted by public health restrictions to be open.

For more than a year, countless people have been working and making sacrifices together in the interests of our collective well-being. Times like this require us all to come together for the greater good. This pandemic is a challenge that we will overcome, but as the proverbial light at the end of this long and weary tunnel begins to



grow brighter, we cannot let a sense of relief blind us to the brutal realities of COVID-19 and all its lingering variants. As we've seen, COVID-19 is not a problem that can be solved easily or quickly. We must remain vigilant, cautious and wary. We cannot afford to let our guard down. Even as more and more Ontarians receive their vaccines, it is critically important that everyone continue to wear a mask, maintain physical distancing and follow public health guidance.

Thank you, Chair, and I will turn it over to you for questions.

**The Vice-Chair (Mr. Tom Rakocevic):** Thank you very much. We will begin with 10 minutes from the official opposition.

**Ms. Sara Singh:** Thank you to the Solicitor General once again for taking time this afternoon to provide these updates.

I have a series of different questions, so I guess I'll start with O. Reg. 114/20, which allows police to collect data when conducting these stops. I think we all watched in horror as the Premier announced, now two weeks ago, sweeping powers to police forces with very little consultation not only with those police forces, but community as well.

I know that, in our March meeting, I did ask a question around collecting race-based data, and at that time, obviously the announcement that was made later wasn't on the radar. So I want to ask the same question again, because it's not clear that your government really, truly understands the implications that these sweeping powers are going to have on racialized communities.

Solicitor General, will you be collecting any race-based data with respect to who is being stopped and the interactions they're having with police?

**Hon. Sylvia Jones:** The Ministry of Health, very early on in the pandemic, said that they would be voluntarily collecting race-based data from individuals who were getting tested for COVID-19. That has been expanded again on a voluntary basis—

**Ms. Sara Singh:** Sorry, Minister, I think you're misunderstanding the question. It's not about who's getting tested; I'm asking about who's being stopped and questioned by police to provide their information, their date of birth, address, all of that information. I'm asking in that respect if police are being asked to collect race-based data, or if your ministry, which is also in charge of anti-racism, will be collecting race-based data.

**Hon. Sylvia Jones:** I think it's important to clarify for the committee that the individuals who are being asked for their name, address and their date of birth are only after a bylaw officer or other enforcement officer, including police officers, believe they are in contravention of the emergency orders, and that has been in place since the beginning because, as you can imagine, when someone is outside of their residence, then in order to actually write up the ticket and fulfill that, they need name, date of birth and address. That has been happening since the enforcement orders have begun, and that will continue because they need that in order to actually write the ticket.

**Ms. Sara Singh:** I think what I'm hearing is, no, you will not be collecting race-based data with respect to who's being stopped and asked to provide this information. We already know that racialized communities are disproportionately impacted through their interactions with the police, and we've already started to hear from community members who are racialized that they are being asked to identify themselves, even doing things like going to work. So I think it is important that your ministry collect that data, but it's clear from your response that that's not the intention.

I'll just move us forward to some other line of questioning here.

The government made announcements with respect to providing paid sick days. We heard from many folks in the community, expert after expert, even the government's own science table—for example, Dr. Steini Brown—indicating that three days simply is not enough to help workers recover any lost income that they're going to experience if they are sick and they need to stay home.

Can you help us understand why, despite all of the evidence, all of the outcry, all of the advocacy from experts around your own science table, your government chose to only provide three paid sick days to workers in Ontario when the recommendation is clear that a minimum of 10 was what was needed?

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

Again, I'm going to clarify for the member, when the federal government initially implemented their 20 paid sick days, what we were hoping for from the April 19 federal budget is that they would actually expand the program because, to your point, individuals who are feeling sick or who have gone off to get a test or a vaccination—we needed to augment and expand upon the federal program. We have done that. In fact, now, between the province and the federal government, it is 23 paid sick days, not the 10 that the member is suggesting are sufficient.

We have also made an offer to the federal government that we will double the amount that individuals who are receiving those 20 paid days through the federal program—it can actually be doubled. So we have done both of those things. I think we all understand that we would have rather have seen it augmented through the federal program and the federal budget on the 19th. That did not happen. Minister McNaughton's announcement goes retroactively back to April 19, and as I said, it's 23 paid days when you combine both the provincial program and the federal program.

**Ms. Christine Hogarth:** Point of order.

**The Vice-Chair (Mr. Tom Rakocevic):** Point of order?

**Ms. Christine Hogarth:** Do sick days have to do with the regulations?

**The Vice-Chair (Mr. Tom Rakocevic):** I think we discussed this at the previous committee, and to my understanding, that falls within discussing the orders. It's part of how the pandemic is being dealt with.

**Ms. Christine Hogarth:** But it's not an order. It's not part of the orders.

*Interjections.*

**The Vice-Chair (Mr. Tom Rakocevic):** In conferring with the Clerk, it seems fine.

We're also at four minutes.

**Ms. Sara Singh:** Four minutes remaining?

**The Vice-Chair (Mr. Tom Rakocevic):** Yes.

**Ms. Sara Singh:** Thank you.

Thank you, Minister, for that response. It's clear that your government doesn't want to use every tool it has at its disposal, whether that's by stepping up and providing paid sick days to workers in this province or ensuring that hot spot communities like Peel are receiving their fair share of vaccines. Maybe I can ask some questions around that, because I think there are still a number of concerns for communities like mine and the one that you also represent with respect to our fair share of vaccinations.

I understand that a recent announcement was made by the government that there will be increased allocation of doses happening to hot spots—still not near what the science table is recommending. It's not clear why the government chose to go with 114 postal codes versus 74, which is what the science table recommends.

Can you maybe elaborate a little with respect to the decision-making process on how the allocation and distribution process was determined for those hot spots?

**Hon. Sylvia Jones:** Yes, I'm happy to. But I'm going to start with reminding everyone that five million Ontario adults have received a vaccination as of start of day today.

In our own region of Peel, of course, there are more than 133 different vaccination sites and opportunities, including 10,000 doses with primary care practitioners and 41,000 doses with pharmacy locations, including a number that are operating 24/7.

The amazing part of how we have done the vaccine rollout is to try to make it as convenient and easy as possible. Of course, we started going directly into long-term-care and retirement homes when we were able to move Pfizer. As of last week, we have done a number of workplace on-site vaccinations: Maple Leaf, Maple Lodge Farms, Amazon. A number of others will continue to come online that the province has been working with, in conjunction with the region of Peel. So the more convenient it is, the more options that people have—the ability to continue to aggressively increase, speaking again of Peel region in particular.

1440

Of course, when we received news of almost a doubling of the amount of Pfizer that was going to be coming into Ontario, we immediately put into planning that the 114 hot spot neighbourhoods that were located in 13 public health units across Ontario would receive the largest percentage of that, 75%. That was done based on medical experts showing us that when you put the vaccinations in those hot spot neighbourhoods and offer that vaccination to individuals, you are actually protecting a larger group of people.

In terms of how the hot spot FSAs were chosen, it was a combination of testing numbers historically over the past year as well as positivity rates, hospitalization rates and historic data that the public health units had on those neighbourhoods that showed they were at a higher risk, either because of data that included other predeterminants of health or just access to the vaccines.

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

**Ms. Sara Singh:** Okay. I'll save it for the next round.

**The Vice-Chair (Mr. Tom Rakocevic):** All right. We'll now move on to the government side, beginning with MPP Hogarth.

**Ms. Christine Hogarth:** Thank you, Minister, and congratulations. This weekend, 40% of the population being vaccinated, that's good news for everyone—although we still have to be cautious, wear our mask and social distance, but great news across the province, absolutely.

On that note, I just really want to talk about hot spots. We had a lot of information and positive news today that if you live in a hot spot area and are 18 years of age or older, you can get vaccinated using the government portal.

Some of the postal codes in my riding are hot spots and some are not, so we get a lot of questions on, "How come my postal code?" and "How come mine is not?" I'm wondering if you can clarify: What are the criteria that went in place to decide the 114 postal codes?

**Hon. Sylvia Jones:** Yes, it's a great question.

I will start with echoing that 40% of Ontario adults as of Friday have received at least one dose of the vaccination. Now, as of start of day today, over five million Ontario citizens have received a dose.

In terms of hot spots, it was a combination of data points. One was a low testing rate over the past year, which would suggest potentially a vaccine confidence issue, coupled with what kinds of positivity rates we had been seeing over the last 12 months, hospitalization rates, unfortunately, and ultimately, historic data that related to socio-economic communities.

I think it's really important to remind people there while there are 114 hot spots located in communities across Ontario, now, because we have been able to expand eligibility for people to book vaccines, in fact, the hot spot designation becomes less and less critical. Of course, starting Thursday, we're going to be able to offer vaccine bookings for more individuals who fall under the cannot-work-from-home category, which is an important piece to capture our essential workers who do not have the opportunity and ability to be able to work remotely.

So there are lots of pieces that relate to it, and I would just encourage you and your constituents to continually track as we lower the age ranges and learn more from Health Canada and NACI in terms of which vaccines can be used for which age cohort. I hope that helps.

**Ms. Christine Hogarth:** Thank you very much, Minister. That is very important information for not just my riding, but for everyone across Toronto and Peel.

My second question is actually more of a clarification. I understand earlier, you answered the question—last week, it was suggested about Peel not getting its fair share, and you answered that today. But I was really concerned after the last meeting, when we talked about Sudbury. Often we talk about the GTA, but this province is a big province, and we always have to think of our northerners and rural Ontario. It was mentioned at the last meeting that the Sudbury pharmacies were not getting their fair share of vaccines. It was actually said that they were not getting vaccines at all. Now, I notice there is a pharmacy in Lively, Val Caron, and right at the Four Corners, which is a great location with tons of parking, especially for our seniors. Can you share with us: In places like northern Ontario and the Greater Sudbury area, are the pharmacies actually receiving vaccinations, so the pharmacists can give those out?

**Hon. Sylvia Jones:** That's a great question—and frankly, a shout-out to the public health of Sudbury and district. They're actually ahead of the provincial average. They've been able to vaccinate over 42.7% of adults over the age of 18. Their primary care practitioners have already distributed 79% of the doses that they were given to their patients. Their pharmacy locations have used 96.3% of their vaccines. This started on March 29. There were three pharmacy locations that came online on March 29, and then two additional in April. As you mentioned, it's not just in Sudbury. There is one in Lively as well. So, we're spreading it out over that health unit.

Again, it's a good-news story, when Sudbury has been able to actually beat the provincial average and, as of yesterday, has been able to vaccinate 42.5% of their adults over the age of 18.

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

**Ms. Christine Hogarth:** Thank you, Minister. I'm sure that will relieve some of the anxiety that some people had. I'm going to pass it off to my colleague Bob Bailey.

**Mr. Robert Bailey:** Thank you, Minister, for being here today again and for your update.

We've had a lot of talk for the last month about paid sick days. With the minister's announcement, as recent as last week, with three paid sick days, more than any other province—at this time, anyway—in Canada, which has set a precedent, maybe something that other provinces can emulate or exceed, even, if they want, I wondered if you could speak to a number of the other benefits that are in place, in conjunction with those three paid sick days, to help people replace income if they take time off to either get a vaccine or if they're not well.

**Hon. Sylvia Jones:** Thank you, MPP Bailey. I have to say that the Minister of Labour, Minister McNaughton, has really been leading on this since the beginning. When the pandemic was first declared in April, he and our Ontario jurisdiction were the first to introduce unlimited job-protected leave so that nobody had to choose between their job and their health. Of course, this includes, now, individuals who are taking time off to get vaccinated and family members who need to look after their children.

Last week, of course, our COVID-19 Putting Workers First Act passed unanimously—thank you, members of the opposition—to ensure flexible paid sick leave, including the allowing for no sick notes needed. We've done a number of things.

We continue to work with our federal government. As I've said, we have offered now to double the amount of support for individuals who are tapping into that federal program of 20 days to \$1,000. We're not asking the federal government to pay for it. That would be for them to distribute, but we would reimburse the federal government, give them the money so that it could flow quickly. Of course, the other gap in the program that we saw was those first three days. So, in fact, a 20-day program has now been expanded to 23—and if and when, I hope it is “when,” the federal government agrees to distribute Ontario's commitment to double the amount from \$500 per week to \$1,000 per week. So there has been a lot of work on this piece.

The other thing that I think is really important to remind people of is: We have also increased the amount of labour inspectors who are now going into businesses and manufacturing, and making sure that (a) they understand what the rules are to keep staff and their customers safe and (b) when they see infractions—to be levying fines, and making sure that we protect as many people as possible through the workplace inspections. And those have been done regionally, through blitzes.

1450

**Mr. Robert Bailey:** I don't know how much time I have left.

**The Vice-Chair (Mr. Tom Rakocevic):** We're at a minute and a half.

**Mr. Robert Bailey:** Okay, I can get it out real quick, then.

One of my colleagues mentioned the region of Peel, which I think you represent—part of it, anyway, the northern part. If you could tell us everything that's being done in Peel, because it was a hot spot and has been identified as that because of the numerous cases there—if you could just elaborate on a number of the resources that have been developed and seconded to that region to help combat COVID.

**Hon. Sylvia Jones:** We often talk about Peel region, but again, I will say that there are hot spot neighbourhoods in 13 public health units. Toronto and Peel are often highlighted, but they are not the only ones.

In terms of some of the additional resources—this is why it was such an opportunity, when we are receiving almost double the amount of Pfizer that we normally have, as of this week. What we've done is, that allotment, which is, as I say, almost a doubling of what we'd normally get per week—we are driving it into those 13 public health units that have hot spot neighbourhoods. The allotments are given based on how many hot spot FSAs or neighbourhoods are located within those public health units. That allows regions like Toronto and Peel to do more of those pop-up clinics that really bring the vaccines directly to where people live or work.

The other thing—

**The Vice-Chair (Mr. Tom Rakocevic):** Sorry, but we're at time. I'm sure you'll be able to get into that with the next round of government questions.

Also, before we move on to the independent member, I'd like to remind everybody to turn notifications off on their phones. The noises can be a bit of an issue for the interpreters.

Let's move on to our independent member for five minutes.

**Mr. John Fraser:** Minister, thank you very much again for being here and for your presentation.

I do want to make a comment about paid sick days. I think we can agree that after 400 days, workers have some measure of protection, and I agree with the science table that it's not sufficient. The real story is, it took 400 days, and for 400 days, too many people had to make the decision about going to work sick or putting food on the table. So too much damage has been done.

Having said that, I want to make some comments about MPP Singh's question to you regarding carding. I was quite surprised as well to see carding as a major announcement, and the reaction was very, very swift. Police forces turned you down. Intuitively, the people who needed to be out on the streets are the essential workers. What the police were saying to you and to your government was, "We're here to help people, not to hinder them." It was an incredible abrogation of rights.

I want to talk to you about another right that you've written a regulation for recently, and the Minister of Health just announced it, and that's the regulation that hospital patients can be moved to long-term-care homes without their consent. They can be told to leave and be sent somewhere. I appreciate the minister's response in saying, "Very rarely would that have to happen," but what I do know is the minister and you, Minister, aren't going to be there for the more than 1,000 people who your government is trying to move. It's a lot of power, just like carding.

What I need to know, and I think what Ontarians need to know, is, what are the guardrails? What are the things in that regulation that provide a basic overview of a person's rights to things like language—making sure they go to a place where they can be served in their language, where there would be appropriate care? A lot of the homes that have space now are homes that were hardest hit. And I know, Minister, that—I trust both you and the minister wouldn't want things not to go right. But I'm concerned that they won't go right, because it's a lot of power to give people, and we saw what happened in the first wave in terms of moving people out of the hospital into long-term care. So what I think people need to know is, what are the guardrails to protect? What's the oversight over granting that power to someone in the hospital?

**Hon. Sylvia Jones:** I think the member opposite has raised a really important question and so I want to cover it in a number of different ways.

First of all, the good news is, as of last week, 343 people who were currently waiting to leave hospital have successfully been moved to another facility, whether that is a retirement home or a long-term-care home, and all of

them did it with consent. I think it's important for people to understand that that is our first goal in terms of working with the family and the individuals, and that has successfully happened—in the same way, I might add, with patients moving from ICU beds to other hospitals that have more capacity. Again, all have been done, to date, with the patient's and the family members' consent.

The ability to match willing and able retirement homes and long-term-care facilities that have the available space and have the available staffing with the opportunities and offers for individuals to go to those facilities is an ongoing conversation. I want to reassure the member that when hospital discharge planners and CEOs embark on these conversations, they do it in a very respectful way. The Minister of Health actually specifically referenced that individuals who have a first language that is different from French and English would be matched with a home that could appropriately serve their needs.

As well, in terms of the protections in place, there is now, through the Ministry of Health, a phone line pathway so that if a resident or their family feel that there are challenges or that the transfer was not as successful and that patient is struggling—then there is a pathway to have a conversation about how we can make that better and improve it.

**The Vice-Chair (Mr. Tom Rakocevic):** We're out of time. Sorry. You'll have to do it in the next round.

We're up next with the official opposition. Mr. Gilles Bisson.

**Mr. Gilles Bisson:** Minister, I have only 10 minutes, and I've got a bunch of questions I would like to ask.

I just wanted to report back. The last time we were meeting like this, I told you I would be doing a survey in regard to the satisfaction or dissatisfaction of people when it comes to the program that your government set up in order to help small businesses, that \$20,000 that was available on the various rounds. We did that, and 66% of the businesses that responded—and we had a lot of local businesses respond—were not satisfied.

The complaints were that when they called the 1-800 number, often they would get disconnected, couldn't get through. They were denied. They were not given an ability to even get an appeal as to why they were denied. In some cases, business A would get money and then business B would not get money, and they were the same types of businesses doing the same kinds of things. So there's a lot of frustration on the part of the small business sector when it comes to this particular program.

I just got one back today, yet again: a curling club. They were refused funding. They were not given a reason why. And that's, in our case, the McIntyre Curling Club in Timmins. Yet other areas in other communities got funded. That leaves the question as to why. So I'm just letting you know.

We have been dealing with Minister Fedeli, who says there's no problem, everything is fine, and all we have to do is get a hold of him and he'll fix it, but it would appear that when people call his office, that's not exactly the way that things go down. Just to let you know that that did not

work out too, too well—and we're just going to continue trying to plod along in helping those small businesses.

**1500**

So then I'll go to my next question, which is—we saw that announcement that was made on the Friday and then removed on the Saturday in regard to extraordinary powers given to the police. As you know, I'm your critic—the Solicitor General critic—and I had an opportunity to speak to police chiefs and police associations around Ontario. Some of them say they were never consulted on the Friday announcement, some of them say they were consulted on the Saturday announcement, and it was pretty clear that, essentially, the government moved on this without very much consultation with either the police or the communities that it affects. Why would you do that? Those were extraordinary powers you were giving the police. Why would you even go there if you didn't have buy-in from the police and the community?

**Hon. Sylvia Jones:** To be clear, on Friday, before the announcement was made, Premier Ford and myself had a conference call with Ontario chiefs of police to inform them of the regulation that was coming forward.

Of course, we refocused O. Reg. 8/21 to—

**Mr. Gilles Bisson:** Refocused? You had to back it out. The police weren't going to enforce it. They didn't want to go there.

**Hon. Sylvia Jones:** Chair, may I answer, or are we going to let people interrupt?

**Mr. Gilles Bisson:** My question is, why would you do it if they didn't buy in?

**Hon. Sylvia Jones:** May I answer now?

**Mr. Gilles Bisson:** Yes, yes, please.

**Hon. Sylvia Jones:** Okay, great. We have refocused O. Reg. 8/21. It ensures that when enforcement personnel, including bylaw enforcement officers and police officers, see that people are not maintaining the health measures that are in place with the stay-at-home order, they have the ability to lay that ticket, to engage and to show that we are serious. At the end of the day, this is about protecting people's health, and these are the recommendations that allow us to make sure that we can limit the spread and ensure that, for the vast majority who are respecting the public health measures, we can enforce and ensure that the small minority who are not are appropriately dealt with.

**Mr. Gilles Bisson:** But my question was—it was clear in talking to the police, police chiefs and to the associations after that announcement on Friday that a lot of them were taken off guard. I guess my question is, if you're going to give police those extraordinary powers, which they didn't want, why would you do that without consultation with them and getting buy-in before you ever made that announcement on the Friday?

**Hon. Sylvia Jones:** The one thing that the COVID-19 pandemic has shown is the need to react quickly. It is, frankly, why, once we started seeing variants of concern that were not very prevalent in the province of Ontario, we shut down to non-essential travel the Manitoba and Quebec borders. We are willing, as a government, to act quickly to protect our citizens and to try to limit the

variants of concern from coming in. All of these public health measures are really about making sure that the majority of people can stay safe while continuing to go about their essential business and things necessary.

**Mr. Gilles Bisson:** I think we'll all agree as committee members that government has to take actions, and sometimes fairly quickly.

I think what you've confirmed for me is that there wasn't all that much consultation with the police, and that's why we saw the backlash on the Saturday, where police chiefs and police were saying, "No, I ain't going to do this."

You know as well as I do that our police officers and our police forces are excellent here in Ontario compared to a lot of other places in the world. We have the most professional policing that you can get. Given the training that they have, they've very adept at what they do, but it was heartening to us to see that the police, in this case, said, "No, I don't want to go there."

I just think it's rather sad that that was done without consultation and buy-in by the police or the community, because the side effect of that, as my colleague Ms. Singh has raised and as Mr. Fraser has raised, is a lot of people in various communities feel rather—how would you say—exposed when it comes to the possibility of the use of carding, and I think that a lot of police officers are inside that that's not where they want to go either. I've just got to say, these are very touchy issues, and I think the government could have done a much better job.

My last question—because I probably have about five minutes, Chair?

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

**Mr. Gilles Bisson:** Three minutes. Okay.

My last question is going to end on this point, and that is the question of paid sick days. Your own experts are saying that three days is not enough. Dr. Brown came out and said, in fact, three days doesn't cut it. The federal program, which gives you \$500 a week for up to four weeks for sick leave, is not being taken up by a lot of workers, because they can't wait for the bureaucratic time it takes to have their money processed and have money in their accounts, and often, the \$500 doesn't cut what they are going to lose when it comes to being off work. Three days doesn't allow them, should they have to isolate for 14 days, to be able to do that without loss of pay.

Why is your government so reluctant to do what your own experts and other experts in the health care field and others are telling you to do? Why are you so resistant to paid sick days?

**Hon. Sylvia Jones:** Clearly, we're not. We have expanded the federal program: 20 days federally—we've added an additional three days up front, which amounts to 23 days. As you pointed out, most quarantines are for 14 days. And I agree with you: \$500 is not sufficient for most workers. So we have offered to the federal government that we will pay the additional \$500 per week, which would double the employee's ability to protect themselves and their families and make sure that they get coverage.

I will say, in terms of timing that, initially, you're right: There were many complaints that the federal government program was taking too long to actually get money into people's accounts. In fact, what we're hearing now is that the average wait is two to three days. Adding three days up front through the provincial program and offering to double the federal program of \$500 per week up to \$1,000 per week speaks to where we saw the gaps.

**The Vice-Chair (Mr. Tom Rakocevic):** One minute.

**Hon. Sylvia Jones:** We saw that, with the federal budget, it was not solved, so the provincial government stepped up. I have to give Minister McNaughton a lot of credit for working with his federal counterparts and ultimately solving that problem.

**Mr. Gilles Bisson:** There are only 30 seconds left, so I'll just say this: I don't give Mr. McNaughton as much credit as you do. The reality is, you're saying you're prepared to top up the federal government by 500 bucks. Why don't you do that and dovetail it onto the program that you've already got? You know the federal government is not taking you up with the \$500, so this is a promise where you don't have to spend the money. In the end, it's the workers—they're the ones being let down. You should do the right thing, because employers and employees need this, and we need this to help stop the spread in this province.

**The Vice-Chair (Mr. Tom Rakocevic):** That's time.

**Hon. Sylvia Jones:** Well, I think it would be terribly unfortunate if the federal government—

**The Vice-Chair (Mr. Tom Rakocevic):** Sorry, Minister. We're out of time.

We're going to move on to the government side. MPP Martin.

**Mrs. Robin Martin:** Thank you, Minister. Please feel free to finish that comment, if you wanted to. You were cut off there.

**Hon. Sylvia Jones:** I just wanted to say, I think it would be terribly unfortunate if the federal government didn't accept our offer to double their program from \$500 a week to \$1,000. Thank you, MPP Martin.

**Mrs. Robin Martin:** No problem. I agree with you.

It's interesting to listen to the comments coming out of my fellow committee mates here. I was especially intrigued that the former parliamentary assistant to the Minister of Long-Term Care was complaining about people not having long-term-care spaces and having to be in hospitals, and now, we're forced to try to get their consent to move them out, when they didn't build any long-term care. Anyway, I guess that's just something else that we're dealing with, which is the legacy of that government.

Something that has come up a lot in my riding is concern about the rationale behind saying that outdoors is safe and people can go for walks and things like that, and yet still making golf, basketball and tennis out of bounds for people. People don't really understand the rationale. I'm wondering if you could just maybe share some of what the thinking is, what the rationale is, behind that.

**Hon. Sylvia Jones:** Thank you for that. I'm having a lot of the same kinds of conversations.

Look, it's pretty obvious that the transmissions happen much more likely inside. However, the stay-at-home order and the science experts and medical experts have told us that limiting mobility is one of the keys to keeping people safe and limiting transmission. So while the activity of a game of basketball or a game of golf is not necessarily a pathway for transmission, moving people from community to community, region to region, is a cause for concern. What we have done with limiting those activities is to say the stay-at-home order says only go out if you absolutely need to—groceries, pharmacies, getting a vaccine, going to work if you cannot work from home. Again, we've been very consistent about saying, "If you have the ability to work remotely, please do so," because it is the pathway of going from place to place that opens this up for more transmission rates.

I hope that helps.

1510

**Mrs. Robin Martin:** Thank you, Minister. Yes, it does help somewhat. I just think people are desperate to be able to get back to some sort of normal life and also to get outside because of the therapeutic benefits of being outside. I appreciate your explaining the rationale a bit.

I think we're nearing the end of what was our six-week stay-at-home order, which we planned April 7. We're approaching the end of that six-week stay-at-home-order, so I'm just wondering if you can provide us with some sense of what might happen after it ends.

**Hon. Sylvia Jones:** On May 20, the emergency orders under the reopening Ontario act would expire. Again, we'll have to be tracking the numbers and the data to see what the transmission rates are, what the rates of positivity are, what our hospitalization and ICU capacity is and make determinations as legislators at that point.

The declaration of emergency itself is scheduled to expire on May 5, but of course, we have tabled a motion in the Ontario Legislature to extend that by a period of time so that we can, again, continue to reach those plateaus of 500-plus Ontario adults getting vaccinated—and watching that, as a result of that work, we're going to see transmission and positivity rates decrease. But it takes time between when you receive the vaccination and when we start to see decreasing numbers. This is very much a data-driven exercise, with the advice of medical experts.

**Mrs. Robin Martin:** Thank you. I'll pass it on to my colleague MPP Triantafilopoulos.

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

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

**Ms. Effie J. Triantafilopoulos:** Thank you, Minister, for being with us today.

We learned last week that 90% of the average daily cases in Ontario are variants of concern, the same ones that fuelled the third wave in our province.

We saw what happened with the outbreak of the UK variant at Roberta Place in Barrie. Every one of its 129 residents contracted COVID and, tragically, more than half died.

Now that the Indian variant of concern is in Ontario, why is it still important to protect Ontario at the borders from variants of concern and variants of interest?

**Hon. Sylvia Jones:** Frankly, I think that your opening remarks speak to why it's so important. When the long-term-care home in Barrie had the variant of concern that was first discovered in the UK come in by—it's important—one person who came into Ontario, then that long-term-care home and the residents and families were devastated.

It is why, finally, I am pleased that the Canadian government has limited travel from India and Pakistan. I believe strongly that they should be doing more.

We have done our part. Actually, it was Ontario that began the testing of international visitors at Pearson, because we were concerned that there were individuals who were positive, and perhaps asymptomatic, who were getting into our communities and impacting and infecting people.

I think the most disturbing part of the variants of concern that we are seeing is how quickly and how easily they transmit. Minister Elliott said it very eloquently when she said that the COVID we had in March 2020 is not the same COVID-19 that we have now with these variants.

As I said, we have done what Ontario can by protecting our interprovincial borders, but we need the federal government to do more at the testing level, both for domestic and international. They're doing international testing, but they're not doing domestic. We know that British Columbia, in particular, is having different variants of concern that, frankly, we don't want to have in Ontario. The land borders are not protected at all currently, and what we are seeing is people bypassing—they'll fly into Buffalo or to another jurisdiction's airport and then have someone pick them up or arrange for transport into Ontario, again, perhaps unknowingly, perhaps asymptomatic. We need to make sure those loopholes, if you will, are protected more aggressively.

**Ms. Effie J. Triantafilopoulos:** I share your concern, and I know constituents in my community are concerned with the weak border measures that could allow new variants into the country.

The Premier has said that if he had it in his power, he would in fact close Pearson airport immediately. We understand that Ontario can only do so much with the hundreds of planes landing at Pearson airport everyday, both international and domestic flights into Ontario.

So what more are we doing to encourage and to ensure that the federal government actually does take action to protect Ontario citizens and bring in stricter measures at these borders?

**Hon. Sylvia Jones:** It's an excellent point because, of course, Pearson and the GTAA are located in Peel region—so again, you have a hot spot that is potentially a pathway through for our domestic or international visitors.

It's the same, frankly, in Windsor. The Windsor public health unit has hot spot neighbourhoods, and we have people moving across the border into Ontario.

Minister Elliott and I have written and urged the federal government with very specific suggestions on what they

could do better. Frankly, it includes testing. It includes, particularly on our land borders that have no restrictions right now, to have a three-day quarantine period and to have individuals tested when they first arrive in Ontario. I'm open to working with Minister Blair and others in the federal government to do the right thing, but we'll continue to advocate for that. Ultimately, I think it will end up being a conversation about how we can best protect Canadians and Ontarians from these variants of concern coming into our communities.

**The Vice-Chair (Mr. Tom Rakocevic):** We have 15 seconds.

**Ms. Effie J. Triantafilopoulos:** Then I'll pass. Thank you, Minister.

**The Vice-Chair (Mr. Tom Rakocevic):** Okay, so we're going to now move on to our final round of questioning from—

*Interjection.*

**The Vice-Chair (Mr. Tom Rakocevic):** Yes. Moving into the final round for the independent member—five minutes. I was going to say that.

**Mr. John Fraser:** I just want to add that what's really disturbing is failing to take the advice of the science table and opening up too quickly and not taking the further measures they've asked you to take to prevent community spread. I think that's pretty disturbing and something that we need to address.

I want to go back to my previous comments, and I just want to clarify—I do understand there will be a helpline for people who were already transferred. What I'm asking for, and what I've asked you to advocate for, because I think there's risk there, is that when people go to use that power, there is some check and balance in the provincial government that says, "We're going to force Mrs. Smith to go to this home, so now I have to make sure that I'm doing this in an ethical way and following all the rules and ensuring that when she gets there, we're not going to have to use that other line, or if we do, it won't be for something that's necessarily dire." I would ask you to bring that forward because I know that's not there.

The other thing I wanted to talk to you about is vaccinations. It's good to hear that Ontario is at 40%. It's really hard to square the government complaining about the vaccine supply but now touting getting 40% of Ontarians done. They're kind of connected. But that's not the piece I'm interested in. By any objective measure, getting a vaccination appointment has been very frustrating for people. All you have to do is listen to a news report, look at social media. It has really been a big conce

This morning, the minister mused about the second dose, how that might come earlier and how we're going to administer that second dose earlier. There was some discussion about it being done manually. I don't know if the minister mentioned that. I'm concerned that we don't have the tools that we need to get this right. The website was late. We have a company in Ontario that's actually providing a website and a tool in Nova Scotia that's very successful. CANImmune is the name of the company; I'm sure you're familiar with it. They actually did work for the Ontario government. They had a connection.

1520

So I guess my question is twofold: (1) How is it that CANImmunize was never contacted about providing a made-in-Ontario solution, and (2) how are we going to ensure that those second doses, if they come earlier other than what they've been booked, can come?

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

**Hon. Sylvia Jones:** A couple of points to unpack: Again, I will say yes, the vaccine supply has been our biggest limiter to get more people vaccinated. You know very well, Mr. Fraser, that in February, there was no Pfizer coming in because the manufacturer was being retooled. Moderna, three times now, has either been delayed or has cut in half their commitment coming into Ontario. As of May, to have the news that Pfizer vaccines are almost doubling for three weeks is an incredible opportunity for us to offer more vaccines to more people.

I've got to disagree that having different pathways and opportunities for people to get a vaccination is confusing. If we had limited it to only mass vaccination clinics, we wouldn't have been able to go into the long-term-care homes and directly vaccinate not only residents and staff, but essential caregivers. So having those different pathways has actually made it more accessible and available to people.

In your own community in Ottawa, the pharmacy pathway has used up almost 87% of the vaccines that they were given in less than a month.

Primary care practitioners: People who have questions about the vaccine and want to talk to their physician or their primary care practitioner before receiving the dose—another pathway to let people get in.

Of course, Ottawa was one of the two pilot projects—to use their hospital sites, which has proven to be very successful.

And now, particularly in Peel region, but it will roll out across Ontario, there are opportunities to bring vaccines directly to employees in the workplace.

We can only do that when we have sufficient supply. I am pleased that, as of this week, we're getting those additional supplies. That's still with the caveat that we don't have a line of sight in how much AstraZeneca is coming in and when, or Moderna.

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

Back to the official opposition, beginning with MPP Singh.

**Ms. Sara Singh:** Thank you, Minister, for some of the responses this afternoon.

I've been listening intently with respect to trying to understand the rationale behind the postal codes and how those were determined, and I understand that it's based on testing, it's based on positivity rates in some of these communities.

The science table recommended that 74 postal codes be prioritized, and if those 74 postal codes were prioritized over 114 in those hot spot communities and postal codes, perhaps those communities could be vaccinated within—I believe it was 25 days. But the approach that your

government has taken is to expand the allocation to 114 different postal codes, which means that those 74 hot spots may not be receiving the numbers of doses that they need to vaccinate their population as quickly as they possibly could. Can you help us understand why you expanded it to 114 versus the 74 that your science table recommended?

**Hon. Sylvia Jones:** Again, I will remind the member that with the hot spot FSAs, hot spot neighbourhoods, so to speak—that was historic data, that was testing data, that was hospitalization rates and socio-economic data that the local public health units had.

I'm going to highlight again Peel region, because of the need to actually have people comprehend what additional vaccine allocations means. In the region of Peel, it's a 92% increase in the number of vaccines that are available in the region of Peel. There is an incredible, exciting opportunity for places like Toronto and Peel that have, frankly, had to struggle and deal with a lot of limitations and a lot of lockdowns because of their high positivity rates. A 92% increase in the number of doses available to vaccinate everyone over the age of 18—to make sure that they have different pathways, whether it's the convenience of going to a pharmacy that is open 24/7 or whether it's the convenience of having access to a vaccination where they work. We've started doing that, because we have the supply increasing.

You know very well that Maple Leaf and Maple Lodge Farms started last week. Amazon has begun. We have other businesses that are willing and want to be able to vaccinate their employees as quickly as possible, and now, with the sufficient supply, we can do that.

Again, for the region of Peel—over the age of 18 in a hot spot FSA: Book your vaccine today. That's what we need to be telling people, and that's what we need to be encouraging, so that they can get protected and protect their neighbours and friends.

**Ms. Sara Singh:** Thank you so much, Minister. With all due respect, we are certainly encouraging people in our communities to get vaccinated. The issue is that with the distribution model that your government is adopting, those communities are not getting enough vaccines, so within an hour, for example, all of the doses available at a pop-up clinic are gone. There are people lining up for hours in the rain, in the snow, in order to get a vaccine, but because there isn't enough being allocated to those communities, they aren't able to get vaccinated.

So I think that's really the crux of my question here: Why are you diluting the number of vaccines that are going to those communities? When you could have targeted 74, you chose to target 114, which means that in communities like Peel, those 18-plus essential workers who are not connected to Amazon, not connected to Maple Lodge, not connected to one of those workplaces, are not able to get a vaccine. That's the question that you haven't been able to answer yet.

**Hon. Sylvia Jones:** Well, I don't know by what kind of magic math you think that 92% increase in vaccine allotments for the region of Peel is insufficient or a downgraded supply—92% more, because we have an additional



supply coming in for Pfizer. Imagine what we could do if we had a consistent supply of AstraZeneca or Moderna. The opportunities to expand are only limited by our inventory, and we'll continue to offer those sites—

**Ms. Sara Singh:** Sorry, Minister. I—

**Hon. Sylvia Jones:** We have the MAC Islamic centre. We have the—

**Ms. Sara Singh:** Sorry, Minister. I'm just going to interrupt you.

Imagine what we could have done had your government actually prioritized a community like Peel and included us in the pharmacy pilot program when it was first rolled out. At that point in time, we would have had AstraZeneca vaccines getting out to our community—they weren't.

So with all due respect, your government is not doing enough. We welcome the additional vaccines, but still, the question remains that we aren't getting our fair share, because they are being distributed to other communities who are not experiencing the same level of outbreak and positivity rates as we are.

I'm asking a very specific question that you're not answering: Why have you chosen to open this up to 114 postal codes, when your science table recommended that you focus on 74? Can you help us understand why additional communities were included in the increase when the science table recommended that you only focus on 74 and prioritize those communities?

**Hon. Sylvia Jones:** Again, I will remind the member that the data points for deciding where the 114 hot spot FSAs are, or if you were considered to be a hot spot FSA, were historical testing numbers, hospitalization rates in that community and positivity rates in that community, as well as, unfortunately, deaths and historical data provided by the public health units, on information like sociodemographic information—that has led those communities in the past in those public health units to be more at risk.

1530

**Ms. Sara Singh:** Thank you very much, Minister.

I'm going to switch gears, because it seems we're on very different pages with respect to the allocation of those vaccines in hot spot communities.

We've been hearing from a number of workers, PSWs, that due to regulations that limited their ability to work in multiple homes, which we all agree was necessary, many of them are actually potentially facing termination of their employment in one of the congregate settings they may have been employed in. Are you hearing this coming up from front-line workers, and what is your government going to do to ensure that these already precariously employed individuals are not forced into arbitration or dealing with unnecessary termination of their employment?

**Hon. Sylvia Jones:** Frankly, if you are a PSW in the province of Ontario today, there are multiple employers—long-term care, retirement homes, hospitals—that would love to hire you. We have done many things as a government to educate and train additional PSWs—

**Ms. Sara Singh:** Sorry, Minister. Minister, are you suggesting that it is okay that they are being terminated

from a current place of employment because your government is creating other opportunities for them? These are people who had employment who are now being told that they can no longer return to that employment. That's the question. It's not about what other opportunities there might be. These are folks who are now going to deal with some sort of arbitration process with their employer. Do you not understand the reality of what those workers are faced with in the interim?

**Hon. Sylvia Jones:** As you highlighted in your opening comments, it was important for us to protect the residents in the long-term-care homes and retirement homes and ensure that transmission did not occur by staff working in multiple homes and, perhaps because they were asymptomatic, not realizing that they were COVID-19-positive and moving that illness through multiple homes. We did that in an overabundance of caution to protect the residents who lived in those long-term-care homes.

What I was trying to say before I was interrupted was that we have so many opportunities in Ontario, that we want more PSWs working—and we are doing that through training more, giving them on-the-job training embedded with their education, working with the Ministry of Colleges and Universities to offer and pay for training to occur. We want more PSWs in the province of Ontario—and we are doing that through many different ministry initiatives, to make sure that individuals who play such a critically important role in our long-term-care and retirement homes have those opportunities for full-time employment.

**Ms. Sara Singh:** Sorry, Minister. You're not doing anything to secure their current employment, though. That's what we're hearing.

**The Vice-Chair (Mr. Tom Rakocevic):** We're out of time.

We're moving on now to the final round for the government, and we're beginning with MPP Oosterhoff.

**Mr. Sam Oosterhoff:** My thanks to the minister for coming before the committee today.

It has been a very challenging time, as has already been mentioned, for people across Ontario, I know—in Niagara, and also in your riding and in ridings across Ontario. The third lockdown, I've heard, has been much more difficult for people, because there was this feeling that we were coming out of things—and then going back into things, of course. I know it has been challenging for everyone.

What we need to see is hope in these challenging times. I think what we are seeing is that, even though they're challenging for mental health, the economy and the social fabric, epidemiologists estimate that we will be at a state of endemic, rather than pandemic, disease by, hopefully, later this fall or later this year thanks to the expediting arrival of vaccines that we're seeing rolled out. I'm just wondering what you anticipate that will mean for people when it comes to being able to participate more fully in everyday life.

**Hon. Sylvia Jones:** It's a really important question, and frankly, it is why I try to give that hope, by talking about

how five million Ontario adults have received their first dose, by talking about how, Friday, 40% of Ontario adults had received their first dose. We made some very important decisions about ensuring that the most number of people could get that first dose of vaccine, because we've seen that there is a very high protection rate. Even if, unfortunately, you catch COVID-19, you are far less likely to have severe symptoms and end up in hospitalization.

So in terms of, what does it look like when we have the majority of Ontario citizens getting that vaccine—I think what it means for the majority of us is the ability to meet with our family, the ability to get together with our friends and neighbours, the ability to move around and celebrate Ontario by visiting places. We need that pathway. I really believe that when people see what the opportunities are when they have received their first and, ultimately, their second dose, we can start to getting back to hugging our friends and children who have not been living with us.

It is hard; I get it. That's why I work so hard and we, as a government, work so hard to figure out what is the fastest way to protect our most vulnerable, which is what we did with long-term care and retirement and then moving through—last week's announcement that said if you live in a hot zone FSA, 114 postal codes spread throughout Ontario, you can book your vaccine appointment. Please do it, because it only protects all of us.

**Mr. Sam Oosterhoff:** I think we're all definitely looking forward to being able to safely give hugs again. That's for sure.

I think that one of the things that, unfortunately, is threatening that hope—and the Premier talked about it, as well as the rise of some of these mutant variations which are deeply concerning. We've seen that the borders are a soft spot for the entry of these variants, which is obviously causing a lot of stress, I know, amongst my constituents and, I'm sure, others' as well.

What are the loopholes that are being exploited that need to be closed in order to address these mutations, protect Ontarians and make sure we can get to that place where we're able to give hugs again in the not-too-distant future?

**Hon. Sylvia Jones:** Frankly, borders are the only way that variants of concern are coming into Ontario. As of today, as of now, there have been no Ontario variants of concern discovered in the province of Ontario. They have come from elsewhere. Whether that was the UK, which is still the most prevalent in Ontario—but there are others that we are seeing, and we want to protect. The borders are literally the only way that variants of concern can come into Ontario and can spread.

Again, I think a lot about if we'd only been able to shut that border down sooner, then the long-term-care home in Barrie maybe could have been protected. That was a variant of concern that devastated a community and devastated a home.

You representing a Niagara region riding, you will know that there are many individuals who are coming through the land borders, through Niagara Falls and Fort Erie and other communities, and there's no testing happening at the border. We have been working with and

talking to the federal government, saying, "Please, test them. Ask them to self-isolate for three days so that we know that we're protected and we can keep the variants of concern out."

Asymptomatic individuals don't know that they're carrying a deadly virus when they travel into Ontario and into our communities.

**Mr. Sam Oosterhoff:** Thank you. I'm going to share my time with MPP Park.

**The Vice-Chair (Mr. Tom Rakocevic):** We're at four and a half minutes. Go ahead.

**Ms. Lindsey Park:** Thank you, Chair. I'll just continue on in that vein.

Actually, a newspaper article just published today in the Toronto Star says, "More Than 5,000 International Air Travellers Positive for COVID-19 Since February." That's travellers that have landed—that's just by air, I'll remind everyone. That doesn't even include—we can get into, on the next question, the loopholes at the land border. This is very concerning to everyone, particularly because in that time we've seen such significant restrictions on the people of Ontario and their ability to make a living.

We're sacrificing in this province, yet it doesn't seem like the right precautions are being taken to prevent other people from bringing these variants of concern into our country.

I wanted to see if you could update us on the advocacy you're doing with the federal government on this.

**Hon. Sylvia Jones:** I've had a number of conversations with Minister Blair, the public safety minister. Minister Elliott and I have written a number of joint letters to Minister Blair and Minister Hajdu saying that we now have the data that shows the variants of concern are coming in—and some very concrete examples. Of course, Premier Ford has been advocating since the new year, when it was actually Ontario that began the testing at the GTAA airport for international screening.

The federal government, to their credit, has now stepped up and has taken over the testing of the international flights, but we want to see that expanded to domestic flights.

As I mentioned in answer to MPP Oosterhoff's question, in Ontario we primarily have the variant of concern that was first discovered in the UK; British Columbia has a different variant of concern that we don't see a lot of in Ontario. What we're trying to do with that testing of domestic flights is prevent it from coming in, because unfortunately we know it happens, and it's only travelling from other places and through those travellers, who I would hope are asymptomatic, because it—I'll leave it at that.

**Ms. Lindsey Park:** Well, it seems to be a common-sense request. I think something to remind everyone—and maybe you can clarify, Minister—is we cannot actually require testing for intra-provincial air travel. That falls within the federal jurisdiction. This seems like a common-sense request to protect Ontario borders.

On top of that, we continue to see this travel you've referenced at land borders where people—this is a headline from the CBC I'm reading here: "More People

Are Catching On': Travellers Using US-Canada Land Border to Avoid Quarantine Hotels." It seems like it's an open secret, Minister, that this is happening, whether it be, as you referenced, in Niagara, in Windsor, at all those different land borders into the province of Ontario, yet there is no action being taken on this by the federal government. Are you hearing anything more? Are they going to take action on this front?

**Hon. Sylvia Jones:** At this point, they're saying that it's a small risk and they don't think it's necessary.

Frankly, again, one person devastated a long-term-care home in Barrie, and all of the residents and family were impacted, so I want to limit risks as much as possible. One of the ways that we can do that is we, as a province, have limited non-essential travel coming in from Manitoba and Quebec. We can do that. We have done that.

We have shown the federal government that for the areas that are within our jurisdiction, we're willing to step

up and make sure that people are safe. I'm only asking, and Premier Ford is only asking, that the federal government does the same.

We all hope that these are very temporary measures, and that as we continue to get the vaccination rates up, we can remove these restrictions, because we want Ontario to be welcoming. We want to welcome our friends and family from other parts of Canada or the world to visit us, but not until we're safe and not until we get the vaccinations into people's arms, who are willing and wanting to take them.

**The Vice-Chair (Mr. Tom Rakocevic):** Thank you very much, Minister. We're now at the end of our meeting. Again, I want to thank you for appearing before the committee today. You are now excused.

We will now pause for a moment as we move into closed session for report-writing.

*The committee continued in closed session at 1544.*

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