

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**Official Report
of Debates
(Hansard)**

EM-15

**Journal
des débats
(Hansard)**

EM-15

**Select Committee
on Emergency Management
Oversight**

Emergency orders review

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

Étude sur les décrets d'urgence

1st Session
42nd Parliament

Thursday 19 August 2021

1^{re} session
42^e législature

Jeudi 19 août 2021

Chair: Daryl Kramp
Clerk: Christopher Tyrell

Président : Daryl Kramp
Greffier : Christopher Tyrell

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



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

ISSN 2563-4402

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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**SELECT COMMITTEE
ON EMERGENCY MANAGEMENT
OVERSIGHT**

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

Thursday 19 August 2021

Jeudi 19 août 2021

The committee met at 1000 in room 151 and by video conference.

EMERGENCY ORDERS REVIEW

The Vice-Chair (Mr. Tom Rakocevic): I trust the Clerk much more than the clock on the wall right ahead of me. We are at 10 o'clock, so I call this meeting of the Select Committee on Emergency Management Oversight to order.

We have, again, the following members present: MPP Bob Bailey; MPP Christine Hogarth; MPP Robin Martin, who is in the room with me; myself, MPP Tom Rakocevic; MPP Effie Triantafilopoulos; MPP France Gélinas; MPP Marit Stiles; MPP Michael Parsa; and MPP Amarjot Sandhu.

Interjection.

The Vice-Chair (Mr. Tom Rakocevic): Oh yes, that's right—and MPP Sam Oosterhoff, who just joined as well.

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 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 designates to make an opening statement; up to 60 minutes for the members of the recognized parties to pose questions to the Premier or his designates in three rounds of 10 minutes for each party; and up to 10 minutes for the independent member to pose questions to the Premier or his designates in two rounds of five minutes each. It will proceed as follows: 10 minutes, official opposition; 10 minutes, government; five minutes to the independent member; again 10 minutes to the official opposition; 10 minutes, government; and another five minutes to the independent member; and the final round is 10 minutes to the official opposition and 10 minutes to the government. Any questions?

Seeing none, Solicitor General, thank you very much for being here today. I hope you're well. Please proceed with your introductory comments when ready.

Hon. Sylvia Jones: Thank you and good morning. I'm pleased to join you for the 15th meeting of this select committee.

After weeks of steady declines, we are now experiencing a slight rise in new COVID-19 cases, suspected to be the start of Ontario's fourth wave. In response to this increase in new cases, the government has taken several new measures, including making COVID-19 vaccine policies mandatory for high-risk settings, such as hospitals, long-term-care homes and post-secondary institutions; administering third doses for vulnerable populations; and pressing the pause button on the province's exit from step 3 of the province's road map to reopening.

What separates this wave from previous waves is that while new cases are trending upwards, demands on hospital and especially ICU bed capacity are not on a similar trajectory, thanks to vaccines. Due to this, Ontario has changed how we report new cases and hospitalizations based on those vaccinated against those who are unvaccinated or only have one dose. This bump in new cases underpins the need to continue with orders under the reopening Ontario act. This is especially important with schools welcoming kids back into the classroom next month, as we must do all we can to try and prevent the 2021-22 school year from being interrupted.

Eighty-one per cent of the eligible population aged 12 and up have received their first dose, and more than 73% have received their second or have been fully vaccinated. This true Team Ontario effort is seeing incredible results.

I want to thank members of this committee for helping getting the word out with your constituents to get vaccinated. We are at the last hurdle on the path to get all eligible Ontarians vaccinated. It is clear that this final stretch of Ontario's vaccine rollout, reaching the approximately 20% of eligible Ontarians who haven't yet received a single dose, is a challenging but critically important part of the campaign.

To help with this final stretch, we have seen municipalities and private-sector partners step up with creative campaigns, such as Vax to School and a 24-hour Vax-athon, to encourage more people to get their shot. I applaud their creativity and energy in helping us to close the vaccination gap.

As a government, we too have been pulling out all the stops to ensure that every Ontarian who wants to get their first or second dose of the COVID-19 vaccine is able to do

so as quickly and as easily as possible. To reach pockets of the province where vaccination rates are lower than the provincial average, we've been working with our partners to expand access to the vaccine through methods such as direct outreach from family physicians to their patient base, as well as pop-up clinics at convenient locations, in workplaces and places of worship.

One of our recently introduced tools is the GO-VAXX buses, on loan from Metrolinx. Two specially retrofitted GO-VAXX buses are on the roads six days a week as fully functioning vaccine clinics with the necessary supplies and trained staff to administer vaccines and help break down vaccine hesitancy by answering questions and addressing concerns. These buses are targeting shopping malls, festivals, farmers' markets, outdoor facilities, community hubs—anywhere our local health unit partners identify a need in the greater Golden Horseshoe region to ensure easy access to the COVID-19 vaccine.

I'm pleased to report that the rubber hit the road with the GO-VAXX buses. As of the end of day on August 15, 596 vaccines have been administered, of which 16% had been to youth between the ages of 12 and 17; and, critically important, 40% have been first doses.

I will now move to amendments that have taken place since we met last.

O. Reg. 192/20, relating to certain persons enabled to issue medical certificates of death, has been allowed to expire. This order gave authority to registered nurses appointed as coroner investigators to complete medical certificates of death instead of a physician or a nurse practitioner. In doing so, the order freed up time for physicians and nurse practitioners to focus on patient care during the pandemic. The order is no longer needed because of a recent regulatory amendment to O. Reg. 1094 under the Vital Statistics Act that came into effect to align with the ending of the order. The new amendment will achieve the same outcome.

While we have paused exiting the road map to reopening on July 30, amendments were made to support the eventual exit from the provincial road map once it is safe to do so. O. Reg. 363/20, steps of reopening, was amended to add a schedule for the eventual road map exit step. The off-ramp from step 3 of the road map is conditional on several factors: 80% of the eligible population aged 12 and over has received one dose of the COVID-19 vaccine and 75% have received their second and are fully vaccinated. Each public health unit must have at least 70% of their eligible population aged 12 and over fully vaccinated. Finally, other key public health and health indicators must continue to remain stable or trend downwards. We are close to the threshold, but Ontario will not risk undoing the gains we have made by moving forward too quickly.

O. Reg. 364/20, relating to rules for areas at step 3 and at the road map exit step, has been amended to set out public health and workplace safety measures for post step 3, for when we arrive at that point where we can safely move forward. This amendment sets the stage for a smooth and safe return to classroom learning. Public and private schools must operate in accordance with the Ministry of

Education's return-to-school directive, which has been approved by the Ontario Chief Medical Officer of Health, Dr. Kieran Moore.

There are also requirements for all persons responsible for the operation of a business or organization that is open, including:

- operating in compliance with advice and instruction of public health officials;

- posting signs at all entrances that inform individuals how to screen themselves in accordance with public health offices;

- preparing and making available a safety plan;

- collecting patron contact information in certain establishments, such as bars and restaurants;

- requiring individuals to wear a mask when in an indoor area of a business or organization.

It is also the responsibility of the operator of a business or organization to ensure that masks are being worn.

As usual, at this point, 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 September 17, 2021, and have not been amended since the last committee meeting. These updates are being presented in numerical order.

1010

O. Reg. 74/20, work redeployment for certain health services 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 other sites within the organization or to other health service providers, long-term-care homes or retirement homes.

O. Reg. 76/20: This order requires document service in legal matters against the crown to be done electronically instead of in person. The order is needed to continue access to justice while reducing unnecessary contact between individuals in order to stop the spread of COVID-19.

O. Reg. 77/20 allows for work deployment measures in long-term-care homes to be developed and modified based on staffing priorities and abilities. It allows homes to implement redeployment plans as required. There is significant uncertainty related to the potential impact of a fourth wave, particularly in the long-term-care sector, which is still recovering from earlier waves. Long-term-care homes have been impacted by the pandemic and continue to rely on this regulation to help support staffing stability, which is crucial to prevent and manage outbreaks.

O. Reg. 95/20: This order provides long-term-care homes with increased flexibility through a temporary suspension of several requirements. It enables homes to better focus resources on providing high-quality resident care and safety needs of residents. The flexibility provided by these provisions continues to be required in long-term-care homes due to significant uncertainty related to the potential impact of a fourth wave and the current recovery from earlier waves.

O. Reg. 98/20: 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.

O. Reg. 114/20: This order ensures a person is required to identify themselves by providing their name, date of birth and address to a police officer or other provincial offences officer if the officer has reasonable and probable grounds to believe the individual has committed an offence under section 10(1) of the reopening Ontario act. Without disclosure of this identifying information, provincial offences officers would be unable to effectively issue tickets under the reopening Ontario act.

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

O. Reg. 118/20 allows flexibility for retirement homes to operate, to recruit and reassign staff. It remains crucial to helping to prevent and manage outbreaks to keep residents safe. Additionally, it ensures residents continue to receive stable services and care.

O. Reg. 121/20: This order allows developmental service agencies and intervenor service providers to continue with the authority and flexibility they need to redeploy their staff to support critical services for vulnerable individuals. Measures to alleviate staffing pressures continue to be needed as developmental service agencies respond to challenges posed by COVID-19.

O. Reg. 132/20: 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: 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, the surgical backlog and residential space needs.

O. Reg. 145/20: This order enables residential violence against women and anti-human trafficking service providers, as well as crisis lines under the violence against women support service 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.

O. Reg. 146/20: Limiting partially and unvaccinated staff moving across multiple settings continues to be an

important component of infection prevention and control practices in long-term-care homes. A cautious approach is needed as work is under way on fall preparedness planning and consideration of potential scenarios, including from increasing prevalence of the Delta variant. This order addresses ongoing staffing challenges in the long-term-care sector and allows employees who have been fully vaccinated/immunized against COVID-19 to work in another long-term-care home, retirement home or other health service provider location.

O. Reg. 154/20: This order provides district social services administration boards with the 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 authorizes a local health integration network, now operating as home and community care support services, to request that a contracted service provider organization provide health care and related social services in a setting identified by the home and community care support service and authorizes the HCCSS to fund these services. The need for the order is to address staffing issues in priority settings, including at long-term-care homes and retirement homes, in an expedited manner, leveraging existing HCCSS relationships with service providers.

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

O. Reg. 158/20 requires retirement home employees to work in only one retirement home, long-term-care home or other health care setting and allows fully immunized employees to work in more than one location to safely increase staffing capacity. Limiting work to a single retirement home remains critical for unimmunized staff to help prevent and contain infection.

O. Reg. 163/20: This order authorizes mental health and addictions agencies to take any reasonable 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 has been extended so that staff movement across multiple employers in developmental services, intervenor services, and violence against women and anti-human trafficking sectors will continue to be limited. This infection prevention measure protects staff and vulnerable clients.

1020

O. Reg. 193/20 authorizes the board of a hospital to take any reasonable necessary measures with respect to any aspect of the hospital's credentialing process to respond to, prevent and alleviate the outbreak of COVID-19. This includes identifying medical, dental, midwifery and extended class nursing staff needs; extending existing hospital credentials for board-appointed professional staff; and expediting the appointment of new professional staff.

O. Reg. 195/20 ensures that any temporary COVID-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.

O. Reg. 210/20 provides the ministry, directed under the act, expanded authority to issue a mandatory management order to long-term-care homes. The director, under the Long-Term Care Homes Act, is able to place interim management to effectively protect residents from COVID-19. Maintaining the management order allows the director to swiftly take appropriate actions to reduce or alleviate harm to residents and staff in homes that are in outbreak.

O. Reg. 240/20: This order ensures measures are in place to allow the Retirement Homes Regulatory Authority to act quickly in the case of an outbreak, should an operator be unwilling or unable to manage operations at a home where there is a COVID-19-related risk of harm to residents. It remains crucial to ensure retirement homes are following appropriate COVID-19 measures to ensure resident and staff safety.

O. Reg. 345/20: 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 as the province continues to reopen.

The spread of COVID-19 has been slowed but, as a recent bump in cases shows, it has not been halted, especially the Delta variant. Vaccines remain our best defence against COVID-19. The evidence is extremely clear: The chances of getting COVID-19 after being fully immunized are drastically reduced. Even with a positive test, those who are fully vaccinated will almost certainly avoid a trip to the intensive care unit.

We are gradually moving away from COVID-19, but until we narrow the vaccination gap even further, orders under the reopening Ontario act will continue to be another front-line defence against the spread of COVID-19, while mitigating the risk for all Ontarians.

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

The Vice-Chair (Mr. Tom Rakoczevic): Thank you very much.

We will now be proceeding to the first round of questions, to the official opposition. Just before you start the timer, though, I'd like to notify everybody: I will be interrupting you at the five-minute mark to let you know that half of your time is done, and as well at two minutes. That way, you know how much time you have left. All right? Perfect.

We begin with the official opposition. MPP Marit Stiles, please proceed.

Ms. Marit Stiles: All right. There we go. I was unmuted.

Thank you very much, Mr. Chair. It's a pleasure to be here this morning. Thank you to the Solicitor General for her presentation.

I have a number of questions. I'm going to start with a couple related to schools, school reopening and the government's back-to-school plans.

Minister, last year, schools were closed in Ontario longer than any other jurisdiction in Canada, one of the worst records in the world. This disruption caused a lot of pain for kids, for families, for education workers, and instead of making the kind of urgent investments that I think people expect from this government to keep our schools safely open, the government is cutting \$800 million from education this year, according to the Financial Accountability Office.

Minister, you announced, or the government announced, some plans just recently—I mean, here we are, what, less than three weeks away from school reopening, and boards have just learned about what the plans are for vaccination clinics for students at or near schools. We know that experts have said that mandatory vaccination of teachers and education workers is one of the most important things we can do to protect the school year, especially given that children under 12 are ineligible to be vaccinated. Your government has announced what you're calling "vaccine disclosure" as your policy. But with less than three weeks to go, I've got to tell you, I am hearing from school boards who are telling us they are scrambling to administer that, to figure out how to administer that, without any guidance or support from your government.

I have a few questions related to this. Why has your government only announced a vaccine disclosure instead of making vaccination mandatory? How many clinics are going to be established? Will they be in every school? And finally, when vaccines are approved for under-12s, when that eventually does happen, what plan does your government have in place to vaccinate those students? How long is it going to take and are we going to ensure that that vaccination as well is immediately available through schools?

Hon. Sylvia Jones: Thank you very much. There's a lot of things to unpack, but frankly, our government has been doing a lot with Minister Lecce on the education front as we prepare for students returning to schools in September. The health and safety of our students and staff has always been our number one priority. We've taken a balanced approach to reopening schools to maximize health and safety and ensure that schools remain open to in-person learning for the full school year. We want our students to go to school and stay in school, and so, specifically, under Premier Ford, our government is investing in public education more than any government in Ontario's history for the third straight year. Under our plan, we are making over \$2 billion in additional resources available so that we continue to keep students and staff safe, including \$1.6 billion in COVID-19 resources; an \$85.5-million plan to support learning recovery in math and reading; and a \$561-million increase in the Grants for Student Needs, rising to \$25.6 billion.

As a result of our government's investments since the onset of the pandemic, all schools across Ontario are reporting that they have implemented a range of measures

to improve ventilation and air quality. Because our government knows that these are challenging times, we've provided Ontario families with \$1.8 billion in direct financial support. As well, we've made unprecedented investments of over \$80 million to enhance capacity and support student mental health in the 2021-22 school year.

I think that our actions have proven that when we invest in our schools, we ensure that they will be safe and that our students, particularly, frankly, the students under the age of 12 who have yet to have access to vaccines because they have not been approved by Health Canada—we are doing everything we can do within our power to reopen schools safely in September. Thank you.

Ms. Marit Stiles: Minister, thank you. I would differ with you on a number of those points, obviously. Having talked to many school boards over the last—well, certainly through the summer but even in just the last couple of days—it's pretty clear that school boards are scrambling to figure out how to go beyond what your government is funding. The truth is, they're scrambling to see if they can keep those classrooms smaller, because they know that it's going to be a concern and that it's going to put students at risk and that we can't afford another year of reopening and then closing, and then reopening and then closing.

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

Ms. Marit Stiles: I also want to talk to you about—you talked about some of the ventilation issues, and I know your government has said that all school boards are going to be implementing alternative measures like HEPA filters in all classrooms without mechanical ventilation. Now, I will say that there are many experts out there saying that's not really good enough anyway. I don't know why it is that Ontario students can't expect the same standards that, say, students in New York can expect. It's very unfortunate.

We have come across 18 school boards now who say ventilation upgrades funded by the federal government will not be fully complete by September. A lot of that is due to material shortages, to delays, to a lack of support from the provincial government. Engineer David Elfstrom, whom I'm sure you're familiar with and I wish your government were listening to, has noted that the government plan lacks a lot of the specific target metrics you need to work toward.

1030

I want to ask you a few things. One is, can the government confirm that 18 boards will not have air filtration in place come September, and how many students does that mean will be impacted? The NDP has called for classroom-by-classroom inspections to ensure that all classrooms meet air quality targets. This is essential. This also needs to be reported publicly. There needs to be transparency. Will your government commit to that? Will there be classroom-by-classroom inspections, and what and how is that going to be reported, Minister?

Hon. Sylvia Jones: I think it's important to remind the member that both the Chief Medical Officer of Health as well as Minister Lecce and our government have always said that our goal is to ensure that students within our classrooms can safely return. We are doing that with the

investments. Again, I will remind you: \$1.6 billion in COVID-19 resources; \$85.5 million planned to support learning recovery in math and reading, because we understand that online learning for some students was particularly challenging in the math and reading subjects; and a \$561-million increase to the Grants for Student Needs, rising to \$25.6 billion.

As a result of our government's investment, we have ensured and continue to work with our school boards, with our federations, with our parents to make sure that children can safely return to the classroom. But we're not going to do this recklessly, and we're not going to do it in a way that impacts children's ability to return to the classroom and to safely participate in their education career pathway with their peers.

Ms. Marit Stiles: Minister—

Hon. Sylvia Jones: We will continue to do that. I think it's really important that we work together—

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

Hon. Sylvia Jones: —to make sure that we have the resources in place, the school boards and the—

Ms. Marit Stiles: Minister, with respect—

Hon. Sylvia Jones: —what the reopening plan is, and we've made sure that that has happened through direct communication with Minister Lecce and the school board—

Ms. Marit Stiles: Minister, with respect, what your government is doing—and we know this because of outside, independent experts who are looking at your books and saying that you're actually cutting \$800 million from education funding this year. But with respect, the plan, as has been established—and we're hearing this from education experts and school boards—is actually a plan for another year of chaos. Because those investments are not actually—you can talk about these great big numbers, but we're not actually seeing the impact in classrooms.

You've failed to answer many of my questions. You are here as the Premier's designate. We expect you to be able to answer these important questions, and so do the people of Ontario.

I want to shift very quickly to another issue that's of great concern in my riding and in many, many other parts of the province. Small businesses who have tried to protect patrons and staff by asking about vaccine status are being targeted by anti-vaccine protesters, online and in person. I know you're aware of this.

Your government appears to have abandoned any kind of leadership role with respect to vaccine certificates. You're leaving it up to those individual small businesses to come up with their own systems. Small businesses have already been through so much, and now they're worried they're going to be shut down again because of this new wave and potential restrictions. Why will your government not bring in a vaccine certificate to help all of those small businesses stay safe and open, and to help so many others across sectors in our communities?

Hon. Sylvia Jones: So I'm not—

The Vice-Chair (Mr. Tom Rakocevic): Sorry, we're at time. We're now going to the government side, beginning with MPP Robin Martin.

Mrs. Robin Martin: Thank you very much, Minister, for coming here and presenting all of that important information about where we're at in this incredible battle we're having with this virus. I know all of us would like to see the end of it, but it's not quite done with us yet, from what I can tell.

I don't know; I thought that you'd answered a lot of those questions extremely well. I think it must be NDP math to see cuts where the estimates show increases.

Thank you for elaborating on some of those great investments we're making in education. We all know how important that is to so many people. Making sure that our kids get back on track and have a great education, get back to where they should be, is really important to everybody.

I wanted to ask you, Minister: I'm getting a lot of questions about vaccine passports for travel. I know that you and Minister Elliott had written a letter to the federal government, and I'm just wondering if you have any updates for us now on the progress that the federal government is making on this front and how we're working with them.

Hon. Sylvia Jones: Yes, it's a really important question. Thank you, PA Martin, for raising it. We've been told that over 2.7 million Canadians have what's called a mixed-dose vaccine, myself included—AstraZeneca and Moderna for the second. So there are some leadership responsibilities that the federal government has to act on. Unfortunately, I will say, as a result of the election call on the weekend—it has challenged travellers who wish to visit other countries or participate in cruises etc. So we continue to press the federal government on it.

I will say that Minister Bill Blair did say that a certificate should be consistent, which only speaks to the fact that we can't have 13 different certificates from 13 different provinces and territories across Canada and go and attempt to use those in other jurisdictions. You only have to look at the UK as an example. With all of those countries, they are working to ensure that there is one vaccine passport that is used for travellers, and I think that we need to continue to press our federal partners on this issue. As I said, Minister Blair has said that a certificate should be consistent, so I have some hope. But, frankly, I wish that that had been resolved before the election was called. Now we are dealing with staff, which are critical, but we really need that leadership to say that the federal government will ensure a Canadian vaccine passport can be used for international travellers when and if it is safe to do so.

Mrs. Robin Martin: Thank you, Minister. I agree. I would say there are, certainly, a number of people trying to travel for work, for pleasure, to visit family and, unfortunately, their plans are being jeopardized, if not cancelled, because of this unfortunate situation. I think it is something that the federal government has to get WHO or international agreement on. I, myself, have the mixed vaccine because, obviously, we took the vaccines as they were available. I'm glad I did that, but I do not wish to be restricted, and I understand people are quite frustrated by those restrictions. Let's hope it can be resolved shortly so that people can travel.

My next question, really, is just that we have announced that the province is staying in our third stage of our reopening plan for now because of the spread of the Delta variant, so I'm wondering what we will be looking for in order to exit this final step and, sort of, where we can pin our hopes for numbers if we manage to keep the numbers down.

Hon. Sylvia Jones: Yes—again, a really important point. Dr. Kieran Moore, the Chief Medical Officer of Health, did comment that we were going to put a pause on exiting from step 3. I will say, because all businesses can operate at least in some form, we have less push or pressure to exit quickly. We've seen what the Delta variant does. It is quite incredible, the difference in how transmissible and how quickly the Delta variant does transmit from person to person—

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

Hon. Sylvia Jones: Often, people ask me, "Well, what about British Columbia, or what about Alberta?" Ontario's percentage of Delta variant is well over 50%. Closer to 80% of the positivity rates now in the province of Ontario are, in fact, the Delta variant. So we really do need to be very careful.

And, again, I will remind people that we have no vaccine that is Health Canada-approved for 12 and under. So we do need to make sure that we do everything possible to ensure the protection of those younger citizens and we will continue to do that, but at this point it is prudent and, frankly, the safe and right thing to do, to put a pause until we can see an increase in the vaccine rollout percentages. While I'm incredibly proud of the 80%—and the over 70% fully vaccinated, we do need to keep in mind that 12 years and under don't have access to a vaccine. So we have an obligation to make sure that everyone who can get it is taking advantage of the vaccines now that we finally have the quantity that we need.

1040

Mrs. Robin Martin: Thank you, Minister. My colleague MPP Bailey has a question for you.

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

Mr. Robert Bailey: Thank you, Minister, for being here again today. It's good to see you.

I've been following, of course, the media and news reports. As the province has started to release data on cases associated with those who are vaccinated versus those who haven't been vaccinated, I just wonder if the numbers are telling you and your team about the effects of the vaccination progress so far.

Hon. Sylvia Jones: Absolutely. When I did an unveiling and media announcement last Friday on the GO-VAXX bus, I actually highlighted that in the region of Peel, for a one-month period, every single individual with COVID-19 in a Peel hospital had no or only one vaccine. So it really does speak to that a fully immunized individual really does get the protection that they need. While you may test positive, as I said in my opening remarks, you are very, very unlikely to end up in an ICU bed.

So we now have transparency in the interests of showing perhaps some individuals who might be a little hesitant

about getting the vaccine that it will become an illness of the unvaccinated.

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

Hon. Sylvia Jones: If we can show through quantifiable hospital data that the individuals who are in our hospitals, who are in our ICUs, are actually unvaccinated, it is my hope that it will encourage those people who are a little hesitant to go and have that conversation with their health care practitioner, with their pharmacist, with their nurse. Get your questions answered, but at the end of the day, you will be far more protected if you get the vaccination.

Mr. Robert Bailey: In the time remaining, Minister, just a question on—this is probably an old question—the scientific reasoning, again, behind when a person wears a mask and when they don't have to and some of the restrictions that revolve around that.

Hon. Sylvia Jones: It's a good question, because I continue to get it from constituents in my own riding of Dufferin—Caledon.

The easy answer is, outside is far safer, so the masks generally are not needed outside. Inside, we still encourage and recommend that you do wear a mask. Of course, if you cannot physically distance that two metres, the magic hockey stick, then wear a mask.

But if you're looking for the short and easy answer, it is: Outside is safer; inside continue to wear your mask. If you cannot physically distance—as we know, many restaurants, many gyms have now started to put physical barriers to allow people to dine taking off their mask or work out taking off their mask. But as soon as you cannot physically distance, you should put the mask on to protect yourself and others.

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

Before we proceed to our independent member—MPP Fraser, would you like to confirm that it's you and that you're in Ontario?

Mr. John Fraser: Okay. It's John Fraser, MPP for Ottawa South. I am currently in downtown Renfrew, in transit. I have not sighted John Yakabuski yet, but hopefully in my travels somewhere I may.

The Vice-Chair (Mr. Tom Rakocevic): Great. I was wondering what that interesting office background was.

Mr. John Fraser: Yes, sorry for that. I was trying to find good reception.

The Vice-Chair (Mr. Tom Rakocevic): No problem. Just before you proceed, I will be giving you a two-and-a-half-minute warning and a one-minute warning so you know how much time is left.

Mr. John Fraser: That's great; fantastic. I appreciate the committee's understanding of me being a bit late here. And to the minister, I'd just like to say thank you again for being here today. You've been here consistently—

The Vice-Chair (Mr. Tom Rakocevic): We're starting time.

Mr. John Fraser: Pardon me? Starting time?

The Vice-Chair (Mr. Tom Rakocevic): We're starting time. I just started it.

Mr. John Fraser: Great. Thank you.

Anyway, I'd like to thank the minister for being here again today. I appreciate you being here.

I want to start by talking about Tuesday's announcement. The first thing I'll say: I think it was—and it probably has been mentioned by my colleagues earlier—a good decision to stay in the stage that we're at, given the information that we have now. I think it was a prudent thing to do, and I'm pleased that the government did that.

I'm also pleased and I think Ontarians are pleased that vaccines were extended to those children who are 11 years old. It's a good announcement, albeit a couple of months late, in comparison with other provinces and jurisdictions on that decision. I do hope that someone extends some apologies to that medical officer of health who got shamed last week for making that same decision, given that it only happened a few days later.

I do want to talk specifically about what the government is billing as mandated vaccines. Last Friday, the government leaked that the Chief Medical Officer of Health would be making vaccines mandatory for front-line health care workers and education workers. It's a very clear story. That's what the story was. We came to the announcement on Tuesday, and what the government announced is not mandatory vaccines for front-line health care and education workers but that it's mandatory for organizations to have a plan. Mandating a plan for vaccinations three weeks in advance of the school year, in advance of people going back home and having more inside activities is a little tardy, I would say, to say the least. But what's really concerning is the impression that was given to the general public, through the way that it was communicated, that these were mandatory vaccinations for front-line health care and education workers, because clearly they're not.

The Vice-Chair (Mr. Tom Rakocevic): Two and a half minutes.

Mr. John Fraser: Thank you. I will also say that testing is not a substitution for vaccination.

The province of Quebec just mandated vaccinations for front-line health care workers in all settings and they put a due date on that. The reason they did that is that families reasonably expect that that person who is caring for their mom or dad or for them or for a son or daughter has been vaccinated.

I'm having a hard time understanding why Ontario can't get there when other provinces can and how—and this isn't your question, but I know you've got a vaccine mandate in caucus, and you have to have it or you're out. Well, there are a lot more people at risk being served by front-line educators and front-line health care workers than there are MPPs. And I appreciate the leadership stance of that; that's not the point.

So the question that I have for you: Is the government going to mandate vaccines for front-line health care workers and education workers, and if not, why?

Hon. Sylvia Jones: Mandatory vaccine policies are a critical part of a suite of issues that we are doing with the vaccine rollout to ensure that everyone understands the value of vaccines—

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

Hon. Sylvia Jones: —but we also want to make sure that organizations—and I have to give a call-out to the University Health Network, who really took a leadership role in this and mandated a vaccine policy for their staff, so that if you chose not to get vaccinated, then you would be asked to do testing on a regular basis.

Respectfully, I would say that testing has an important role because it ensures that as you see the outbreaks, you can quickly deal with it with contact tracing and limiting spread.

Finally, when businesses, when leaders take those steps, it gives people confidence to do the right thing, and at the end of the day, the right thing is to get a vaccine if you can safely do so. Mandatory vaccine policies are in part—

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

Hon. Sylvia Jones: Thank you.

1050

The Vice-Chair (Mr. Tom Rakocevic): Thank you very much. We're going to be going back to the official opposition. MPP Stiles, I believe, is up next. You may proceed.

Ms. Marit Stiles: I just have a couple of questions and then I'll turn it over to my colleague the MPP for Nickel Belt.

I did want to talk about another issue that has come up in a number of situations—well, throughout this pandemic—in my community and I know for many people, particularly living in the city of Toronto. At the beginning of the pandemic, emergency orders allowed the province to overrule local municipal bylaws. We all know that the rationale was to allow urgent health care construction, for example, to be accelerated, to ensure that things like deliveries could be made at all hours in a crisis. But a year and a half later, this order remains in place, and the residents in my community in Davenport and across the city of Toronto are being driven over the edge by construction noise without any limits. I wonder if the minister could explain to me why this order is still in place and when you are going to restore the municipal noise bylaws.

Hon. Sylvia Jones: Thank you, MPP Stiles. As you know, municipal affairs and housing did make a request that this override happen because we knew, as a result of physical distancing, as a result of limits on when businesses could be open, we needed to extend and allow those deliveries to occur off-hours, if you may. We wanted to make sure that individuals who had made an investment and were waiting for their home to be built weren't delayed because the pandemic has limited how many people could work in a certain space at the same time. So we extended the hours to ensure that the construction could continue.

I know that Minister Clark has had ongoing conversations. Of course we just finished a three-day AMO conference where municipalities had access and meetings literally throughout the day for three days with all members of government and ministers. Those conversations continue to happen. People are impacted when they don't have their home or their condominium close at the time

that they expected. Businesses are impacted if they cannot get their materials delivered, allowing them to sell their products. So we made those accommodations to ensure that, as seamlessly and safely as possible—we extended hours to ensure safety measures could still stay in place while also ensuring that our economy, frankly, wasn't ground to a halt because people couldn't get their goods or couldn't get their materials delivered or built on time.

Ms. Marit Stiles: Minister, respectfully, I can tell you that while certainly construction that was already under way needed to continue—we all understood that and meeting deadlines. But allowing this construction to continue at ridiculous hours—I've got to tell you, in my community, what people believe is that your government is doing a lot of big favours for a lot of developers who support your government—

Hon. Sylvia Jones: Go back to the homeowners who are waiting for their condos to close.

Ms. Marit Stiles: —and really don't care a lot about [*inaudible*] and really are not listening.

Hon. Sylvia Jones: Go back to the business people who were waiting for goods to be—

Ms. Marit Stiles: I talk to the small business people in my community every day. But I can tell you that people in the communities here are tired of this. There was enormous upheaval already. Many, many people have been forced to work from home, but also many children and families, of course, were having to work from home because schools were closed for so long because your government completely mismanaged the reopening of schools. And here we are again.

Minister, I've got to tell you, I just want to go back to the school piece one more time, because I really do think that the measures that have been put in place—and you talked about wanting to keep the schools open, but I need to say this again to you. The measures that are in place right now are not to the standards that experts are demanding of you, are saying will be necessary, particularly in this fourth wave that is approaching. Our children cannot afford another year of chaos and confusion and upheaval. Schools need to reopen, and they need to be able to stay open, and that is going to depend—

Hon. Sylvia Jones: That is actually why we've hired—

Ms. Marit Stiles: Minister, please; I haven't finished.

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

Ms. Marit Stiles: That is going to depend, Minister, on this government actually doing the work and taking the responsibility that people expect of you. For example—and I asked you about this previously—targets, transparency around ventilation and air quality—

Hon. Sylvia Jones: You have to allow me time to answer, MPP Stiles.

Ms. Marit Stiles: I'm going to let you answer that question, and then I'm going to pass it on to my—Minister, I assume you're going to just tell me again about all the money you're spending, and I'm going to remind you again that the Financial Accountability Office has said you are cutting \$800 million from education in this new school year.

Hon. Sylvia Jones: It's simply not true. We've hired over 3,795 temporary teachers. We have hired 182 regulated mental health workers and 110 who are non-regulated mental health workers. We've hired 1,604 temporary custodians. We've hired 850 educational assistants. We've hired 422 early childhood educators.

I'm not sure what the member opposite is saying we haven't done. But I can assure you that the commitments, the hiring—

Ms. Marit Stiles: I'm happy to list it off for you again, Minister.

Hon. Sylvia Jones: —that we have done have made a difference and will ultimately make September safe for the children in the province of Ontario.

If you're suggesting that we should have opened the schools in May and June, when we were seeing a large increase in the numbers and, frankly, very little vaccines, then I very much worry about your priorities.

Our priority was always the safety and security of our residents—

Ms. Marit Stiles: That's pretty creative, Minister, but not at all true.

I'm going to hand this over to my colleague the MPP for Nickel Belt.

Mme France Gélinas: Minister, thank you for taking the time again this morning to talk to us.

I was interested in the response you gave to MPP Fraser about mandatory vaccines being a policy that needs to be considered. We have seen what Quebec has put into place for health care workers who have 15 minutes of patient contact, including in the private sector. We have seen what British Columbia has put forward for long-term care, for assisted living, for health care workers. We now see what the city of Toronto is putting forward: All of the municipal employees at the city of Toronto need to be double-vaccinated by October 30. So what will be the trigger that would bring Ontario in line with those mandatory vaccination policies?

Hon. Sylvia Jones: Again, I will remind people that we didn't have a vaccine in the province of Ontario—

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

Hon. Sylvia Jones: —until, essentially, January.

So allowing and ensuring and educating and informing is absolutely a critical part of our vaccine rollout, and respectfully, I would say it is working. We are over 80% first-vaccinated, and we are over 73% second-vaccinated, fully vaccinated, in the province of Ontario. We lead the world in vaccinating the individuals who can safely do so.

We are now doing some modifications because we see that the last mile, if you may, is going to be more challenging. The mass vaccination clinics have less value now.

This is feedback that Minister Elliott and I receive twice a week when we sit down with all of the public health units across Ontario.

I shared very briefly about the GO-VAXX bus that has now been rolled out in partnership with Metrolinx. Some 40% of the people who are accessing the GO-VAXX bus are getting their first shot.

I'm receiving letters saying, "I'm not an anti-vaxxer, but I was hesitant. I went in, I asked my questions and, ultimately, I got my vaccine."

So the ability to expand and offer different pathways for people, whether it's an opportunity to have a more in-depth conversation with your primary health care practitioner, whether it is the convenience of the GO-VAXX bus or returning to vaccinate at your place of business or the convenience of having the pharmacy down the road offer it—all of these things together, I think. We need to be really proud of the partnerships that we've been able to build.

1100

Mme France Gélinas: I have no problem saying "good work" when good work is done. In my community, we have the bus that goes out, and they run out of vaccine at every event that they go to. It works, and the great majority are first doses, so I have no problem congratulating what is going on—

The Vice-Chair (Mr. Tom Rakocevic): Sorry; we're out of time.

We now move to the government side, starting with MPP Hogarth.

Ms. Christine Hogarth: It's great to be here.

Thank you, Minister, for sharing and being here at the 15th meeting. I also need to thank you on behalf of my constituents. The GO-VAXX bus was located at the Ontario Food Terminal, which is in the Stonegate area of my riding, on Monday and Tuesday; a lot of people went to get their first shot, so thank you very much for making sure that that bus was in Etobicoke-Lakeshore, in an area that needed to get some vaccines. First doses, as we know, are extremely important.

It leads to my question about the fourth wave and the importance of people getting vaccinated. It has been confirmed that we have entered a fourth wave due to the Delta variant. Medical experts are advising that the province expect that the fourth wave will be as strong as the previous waves. Do you know if medical experts are saying that it's going to be as tough as the third wave?

Hon. Sylvia Jones: Great question.

When we continue to offer different pathways or more information, it is based on science. Back to MPP Fraser's question about, "Thank you for doing the 'if you turn 12' change"—that was based on clinical advice and medical experts, and we'll continue to do that. Dr. Kieran Moore has often said that the fourth wave is going to be different and look different, because so many individuals have chosen to get vaccinated and are now fully vaccinated. Unfortunately, what we are seeing, in particular in our ICU bed capacity, is that while the numbers are not increasing, the individuals who are in those ICU beds are the ones who are not vaccinated. For sure, there are some breakthrough infections, but they are single-digit percentages compared to the individuals who, for any number of reasons, have chosen not to get vaccinated. That's why we'll continue to add and offer new pathways.

A shout-out to the Sudbury public health unit—I believe they were actually the first PHU that did the bus

model, and it has worked very well. We then worked with our partners at Metrolinx to see if we could do it in more of a GTHA/province-wide manner.

We'll continue to find those best practices, to get to those vaccine-hesitant people.

In answer to your question: No, I don't think this fourth wave will be the same, because while Delta is more highly transmittable—and that is based on information that we received from the clinical-medical experts—because we have so many more who are fully vaccinated, it's going to start to be, frankly, an illness of the unvaccinated. So we really need to focus on getting that last cohort, that last mile, convinced to do the right thing to protect their friends and neighbours.

Ms. Christine Hogarth: Before I turn it over to MPP Triantafilopoulos, I have one more question, and this actually has to do with education.

Although I was bothered by some of the statements MPP Stiles stated, because there are facts out there—I'm not surprised that that came from the NDP.

My constituents have expressed the importance of getting children back to school. I'm actually very proud that our plan that Minister Lecce brought forward has been endorsed by the Chief Medical Officer of Health.

When we're talking about getting kids back to school and keeping our kids safe—they are such precious people in our lives, and we need to make sure that they are in school, but we wouldn't send them back if it wasn't safe to do so. So I thank our government for taking that initiative, making sure our kids will be safe when they go back to school in September.

Can you elaborate on some of the resources that will be available to support the mental health and well-being of our students?

Hon. Sylvia Jones: Absolutely. It is, I think, frankly, what certainly Minister Lecce and many of us are seized with. We want schools to safely reopen, but it is critical that they are safely reopened.

I have to give a shout-out to Minister Lecce. He has been working with the Chief Medical Officer of Health. He has been working with the clinical table. He has been working with the boards of education, the directors, to inform as much as we can as we learn the evidence.

As I attempted to share in an earlier response, to date we have hired over 3,795 temporary teachers, we have hired 182 temporary regulated mental health workers—

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

Hon. Sylvia Jones: —and we have added 110 temporary non-regulated mental health workers, because we know that for some of our students, the online model has been more challenging. It certainly has been more challenging for parents, but also students, as well. When we make those investments, we are very, very focused on ensuring that school boards can have the resources they need to do things like hire 1,604 temporary new custodians, 850 temporary education assistants and 422 early childhood educators. All of these measures, all of these investments—in government, we often call them investments, but these are people. These are people who we have hired to protect our students, to protect our young people. It

allows physical distancing measures to be layered over other health measures such as screening, hand hygiene, cohorting, enhanced cleaning, and masking. All of these things work together to ensure that when school for the vast majority of Ontario students reopens in September—though I will acknowledge that there are some schools that have already started their fall educational pathway—we do it in a safe manner and we work together with partners. This is not “thou shalt” that come only from the Minister of Education; this is working together with the federations, with parents, with boards of education, and of course under the guidance of our medical officer of health and other medical experts, to ensure that what we are investing in, what we are doing, is going to make a difference to ensure that our schools remain safe.

Ms. Christine Hogarth: I'm going to pass it over to MPP Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: Minister, in your remarks today, you mentioned that over 80% of Ontarians are fully vaccinated and over 73% have received their first dose. As we see a smaller population base of unvaccinated Ontarians, we understand that vaccination rates have slowed down. So how are Ontario vaccination rates comparing to other jurisdictions?

Hon. Sylvia Jones: Well, I can proudly say that because of the work of our public health units, of our primary care practitioners, of our community paramedics, of our pharmacists, we are a leading jurisdiction. We can proudly stand in Ontario—as I often used to say, so many of these problems go away when we have sufficient vaccines. We're at a stage now where we have sufficient vaccines, and now when we get to that last mile or that final cohort, we do have to pivot slightly in how we approach offering vaccines to individuals.

Again, I'm sorry that I keep bringing up the GO-VAXX bus, but it really is an example of a new method, a new pathway to get people interested and engaged, and it is working. Actually, I think on Saturday the GO-VAXX bus is going to be at the Blue Jays game. So you get a little more creative.

The individual conversations probably take a little more time than what was happening in the mass immunization clinics, but that's okay, because it means that individuals who have that little bit of hesitancy can ask those questions directly, in a private area, directly to a health care practitioner.

I have to say, I was talking to a couple of the nurses who are working on the GO-VAXX bus, and they are so excited. Their first “client,” if you may, or patient, was a 12-year-old who had just had their birthday, and they were so excited.

When you receive those letters saying, “I was nervous. I didn't book my appointment. I went in, I had a conversation, and I've now had my first dose and I'm booking my second”—those are the kinds of things that will get us to that final group of people who have a little bit of hesitancy remaining.

1110

Ms. Effie J. Triantafilopoulos: That's so great to hear, Minister.

I have one more quick question, if I've got enough time here with the Chair watching the clock.

The government has announced that third COVID-19 vaccine doses will be offered to the province's highest-risk populations, such as residents in long-term care, congregate settings etc. Why not open this up to all Ontarians, Minister?

The Vice-Chair (Mr. Tom Rakocevic): Sorry; we're out of time. Maybe you can answer in the next batch of questions from the government.

We are now moving on to the final round for our independent member. MPP Fraser, please proceed.

Mr. John Fraser: Minister, thank you very much for being here today.

I do want to respond to your answer to the last question. You talked about mandatory vaccinations. What your government announced was mandatory was to have a plan for vaccinations for organizations, not mandatory vaccinations. Mandatory vaccinations means, in health care and in education, that the people working with vulnerable people have to be vaccinated. It's not about a stick; it's about a standard. And it's a reasonable expectation.

You expressed wanting to protect kids, and I know you do. It's reasonable for a parent to expect that the person who is helping their son or daughter in school has been vaccinated. And what they need is leadership to do that. They need the Premier, the cabinet to set a standard, just like you set a standard in your caucus. That's what they need, and it's not happening.

I didn't get an answer—the answer I got was not an answer.

My question to you is, are you going to make vaccinations mandatory for front-line health care workers and, importantly, education workers, as the school year is quickly approaching? I just need a yes or a no.

Hon. Sylvia Jones: Mandatory vaccine policies, as announced by the Chief Medical Officer of Health earlier this week—I can tell you that Minister Elliott and I, when we had our meeting with all of the public health units after the announcement was made, they were thanking us for that leadership. They acknowledged that it is important that organizations have those mandatory vaccine policies in place. We're doing that. We've asked organizations to make sure that they have that in place. And then our role, as leaders, is to ensure that all information is in people's hands in order to answer any of their vaccine hesitancy, if you may, questions. It's why, frankly, we've invested in collecting information from health care experts in multiple languages, in ensuring that we have local public health units who are doing round tables—

The Vice-Chair (Mr. Tom Rakocevic): Two and a half minutes.

Hon. Sylvia Jones: —and town halls to ensure that people get the answers they need. You only have to go to covid-19.ontario.ca to see all of those detailed answers that people need to understand how important it is.

Mr. John Fraser: Respectfully, Minister, that's something you should have done months ago, knowing where you were headed. It's three weeks to go till the school year.

It's not enough for people to know—it's not just the information, knowing that that teacher or that EA or that person is vaccinated; it's that they are, and that's a standard. It's a reasonable expectation. We all have that expectation, whether it's for our son or daughter in school—under 12, unvaccinated—or our mom or dad or aunt or uncle who is in a long-term-care home or getting home care or in a retirement home.

Quebec has managed to take the bull by the horns and say, "If you work here and you're with patients every day, you must be vaccinated—first one by September 1, second one by October 2." There's a way to work through these things if you set a standard, but you're not setting a standard. What you're saying is, "If you don't want to get vaccinated, then as long as you"—if you have a medical exemption—"take an education session, you can come back to work and may be tested"—we don't know how many times a week, one, maybe three, depending on how things are in the health unit. Hopefully, things move quickly enough.

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

Mr. John Fraser: Testing does not replace vaccination. The only way to get there is to tell people that they need to be vaccinated, and you're not saying that. You're saying, "You need to be vaccinated, but you don't really."

Hon. Sylvia Jones: Are you suggesting that even though clinical advice—there are a couple of exemptions that would qualify under medical exemptions. Should they, therefore, not be able to do that job anymore?

Mr. John Fraser: I think what you'd want to do if somebody has got a medical exemption for that vaccine and they're going to go into an environment where they're going to put themselves at risk or other people at risk—I think you have to find them something that has less risk for them. I think that's our duty. It's not about people losing their job. You need to respect the Human Rights Code.

We've come so far. We've worked so hard. It's not like this is an impossible thing to do. It's just that no one is grabbing the bull by the horns. It's not about a stick; it's about a standard, and it's a standard that—

The Vice-Chair (Mr. Tom Rakocevic): You are out of time.

Hon. Sylvia Jones: The standard will happen with the mandatory vaccine policies.

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

Now we're moving on to the final round for the official opposition. We are going to hear from MPP France Gélinas. Please proceed.

M^{me} France Gélinas: Thank you. I will continue where I was at when, Chair, you cut my microphone off.

Minister, I fully understand that we need to be educating the people who are vaccine-hesitant. We need to be informing all Ontarians that it is easy. You don't need an appointment; you can just show up. The bus is going to be at the park tomorrow. I'm all for this. It works brilliantly in our area and throughout Ontario where it has been implemented.

At the same time, we have a fourth wave that is looking more and more closer to us. We had over 500 cases today. We have employers who are putting forward—in the city of Toronto, you’re talking about tens of thousands of municipal employees who will have to have their vaccine. Yet, the areas of our province where the people are the most vulnerable, the areas of care that are under the purview of your government, of yourself, of the Ministry of Health—we’re talking about long-term care; we’re talking about hospitals, home care, retirement homes. We’re talking about all provincial governments mandate where the services are—it’s not a choice if you need to go to the hospital, if you need long-term care. Those people deserve to know that their care providers are not going to make them sick. They deserve to know that their care providers have been fully vaccinated. So again, what will be the trigger that will bring you there? When I asked this question the first time, you answered to me about the need for education and informing. Yes, I agree. But the fourth wave is here. What will it take for your government to agree to mandate vaccination in health care, all of it? We’ll start with that.

Hon. Sylvia Jones: The provincial requirement for a vaccine policy will increase protection for our most vulnerable, including frail seniors, compromised-immunity individuals and young children who are not yet eligible for a vaccine. It’s going to require, at a minimum, that individuals impacted by the policy provide proof of one of three: one, proof that they are now fully vaccinated against COVID-19; second, if they cannot, proof of a medical reason for not being vaccinated for COVID-19—and my understanding is there are very limited, but there are some, medical reasons for not being able to get vaccinated. If you are not fully vaccinated, then, to MPP Fraser’s point, they must submit to regular point-of-care rapid antigen testing. What that will do will ensure that the spread is limited—providing proof of a negative result, in a consistent manner with the organization. Those pieces will allow us to protect the most number of people while also ensuring that we can continue to gradually and safely reopen our economy and of course—what is most pressing at this time of year—allow schools to reopen safely in September.

1120

M^{me} France Gélinas: I’m all good with the first and the second; I’m not as good with the third. You’re telling me that no matter how hard we get hit by a fourth wave, no matter how full our hospitals or ICUs are, no matter how many outbreaks we have in our long-term-care homes, your government would never be willing to take this next step to bring protection to our hospital patients, our long-term care residents, and mandate vaccines? Is this what I’m hearing you say—that there is no limit to how full ICUs are, no limit to how many long-term-care homes are in outbreak, no limits as to how many people are sick? You will never consider taking away the third part and making it mandatory?

Hon. Sylvia Jones: I think that our actions have proven that, as we learn more about COVID-19 and as we understand the differences between the various variants—

and we talked earlier today in this meeting about how the Delta variant is far more transmissible than the original variants were.

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

Hon. Sylvia Jones: We’re going to continue to listen and learn and respond to the clinical advice and the guidance that we get from organizations like Health Canada, like the National Advisory Committee on Immunization, like our own Ontario experts, of which we have many. We’re going to continue to do that.

Absolutely, if there’s one thing we’ve learned about COVID-19 in this pandemic, it’s that the more we know, the better we can protect people. We don’t have to go back very far to remember that initially we were all very concerned about touch surfaces. Now most experts would suggest that it is primarily an airborne-disease illness transmission.

As we learn that information, as we see what variants are coming forward in Canada and Ontario, we will absolutely continue to react and respond when appropriate.

M^{me} France Gélinas: So I see a little bit of an opening on your part to make the vaccine mandatory in certain work settings. Then what I would have to say to you is, realize that there is a big six-week lapse between the time you get your first dose and your second dose and your body’s immune system reacting to all of this and protecting you. Right now, we don’t know what the fourth wave will look like in six weeks. I don’t want to wait until our hospitals are full, until our ICUs are full, until we have lists and lists of long-term-care homes that have shut down because they’re in outbreak. More and more health care experts are recommending, in some of those settings, including long-term care, including retirement homes, including assisted living, including our hospitals and our home care, that we take a proactive approach, that we protect ourselves from reaching those levels where your government would be willing to move. Time is of the essence. Do you agree?

Hon. Sylvia Jones: I think that the missing piece, respectfully, that you haven’t raised is that while the case numbers have increased slowly over the last number of days, what you have not seen is hospitalizations and ICUs—and from my conversations and his public announcements, Dr. Kieran Moore, the Chief Medical Officer of Health, believes that it is attributed to our high immunization percentages.

Again, I will remind that it is primarily—not exclusively, because there are breakthrough infections—individuals in the ICU are individuals who have not received the vaccine.

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

Hon. Sylvia Jones: As the medical advice continues to come in, as we learn more, we will absolutely monitor this very closely. But right now what we are seeing is hospitalizations and ICUs remaining stable.

M^{me} France Gélinas: We will all hope that it stays the same, but with 500 cases today—we all know now that we have to wait two weeks between the number of cases that

goes up and then the number of cases of people who end up in our hospitals. So I don't wish a fourth wave upon us, but I want to take every measure possible.

My last question before the time runs out is that—those 182 temporary mental health workers who have been assigned to our schools are all wondering when they will know if their contract is extended. Right now, as of December 31, they are out of a job. There are lots of jobs out there that they could move to. If you don't renew those contracts pretty soon, we will lose those 182, and that includes the First Nations mental health workers.

Hon. Sylvia Jones: I know that Minister Lecce is working actively with the mental health staff as well as the Chief Medical Officer of Health.

I can assure you that as long as those students are needing that additional assistance of mental health workers or additional EAs, that responsibility will continue.

I would also remind—and this is going back to MPP Stiles's question—100% of the schools have proper air quality now, whether that is through HEPA filters or existing—

M^{me} France Gélinas: Just coming back to the mental health workers: Your response was pretty definitive. So I can quote you and tell those workers that you have said that as long as the need is there, they will continue to have a job and they will continue to be able to help those students?

Hon. Sylvia Jones: I'm obviously not—

The Vice-Chair (Mr. Tom Rakocevic): We're at time.

We are now going for our final round with the government members. MPP Oosterhoff.

Mr. Sam Oosterhoff: Thanks to the minister for coming before the committee again and speaking about the situation.

As we've discussed since, really, day one of this committee, the situation is fluid with regard to COVID-19, whether it's variants and the impacts of those variants, whether it's the results of public health measures put in place and, of course, the corresponding accordance with those public health measures. We recognize that it's already, again, a different situation than it was a month ago, when we last had this meeting. We're seeing a slight increase in the number of cases.

I think one of the important things that I heard about from Dr. Moore is that divergence between the rate of hospitalization as a result of infection compared to previous waves. It's something that we really saw in the third wave amongst seniors, for example. We saw that our seniors, who were very vulnerable in earlier waves, after they were vaccinated, were not. So I'm wondering if you could speak to that divergence. It used to be, if we had 100 cases, we knew that roughly 4.7% of them were ending up in the hospital. It was a fairly standard rate. That divergence has now occurred where, as a result of 80% of people at least having one dose, those numbers are down. Could you speak a little about the importance of that and how our policies have led to one of the highest vaccination rates in the world?

Hon. Sylvia Jones: Thank you for raising this.

At the beginning of the pandemic, we had what I call the three tenets: to prevent mortality, to prevent serious illness, and to prevent transmission. When we started to receive sufficient vaccines from the federal government, we were really able to get to the third one, which is to prevent transmission. Initially, as we all know only too well, when we had limited numbers of vaccines, we very much focused on and decided our priority needed to be long-term care, high-risk retirement homes and our elderly because, frankly, to your point, that's what we were seeing in the hospitalizations and the deaths. By doing that, we have now moved from preventing mortality, preventing serious illness. As we went down through the cohorts, as we offered the limited vaccine supply to the individuals who were most at risk, whether that was organ donors or those in high-risk professions, like nurses, ambulance workers, firefighters, doctors, we were able to basically tamp down. Now, as we have sufficient vaccines from the federal government, we're at the prevent transmission piece.

When individuals ask you or I why we have to continue to wear masks indoors—it's because we're trying to prevent transmission. We saw only too clearly what has happened with some of our southern neighbours in the USA when they lifted all masking restrictions. Their percentages of individuals hospitalized as a result of getting COVID-19 skyrocketed.

So we are keeping some of those health measures in place, but we're also making sure that everyone who can have and is able to have a COVID-19 vaccine has access to it conveniently and safely.

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I hope that answers your question.

Mr. Sam Oosterhoff: Yes, absolutely.

I think it's important, even if we're looking at southern neighbours and some of the situations that are occurring—I'm thinking about Florida, for example, where there's a huge amount of hospitalization. I would also acknowledge the fact that their vaccination rate is substantially lower than what we have in place here in our province.

Hearing the opposition members—if you hear what they're saying, it sounds like practically no one has had the opportunity to go and get a shot. The reality is, I think, it has been very accessible, especially since the federal government has now come alongside with supply. Anyone who wants a shot has been able to get one, and we're [inaudible] with over 80% of people.

I think it's also important to look at other jurisdictions, such as the United Kingdom, where they haven't seen an increase in cases and a resurgence in hospitalizations to the same extent, due to the level of their vaccination. I think that's something Dr. Moore has also spoken about. He has spoken about that divergence—that we are going to see cases rise, but again, that doesn't lead to the same amount of hospitalizations that it did in the past.

One of the other points that has been made by Dr. Moore—and I know it's something our government has talked about—is the need to ensure safety and the health of citizens, but also to learn to live with the virus and not

cause disruption in people's lives any more than is absolutely necessary. Could you speak to what you believe that looks like for Ontarians?

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

Hon. Sylvia Jones: Frankly, it is why we have put a pause on exiting step 3.

To your point and Dr. Moore's point, when we loosen restrictions, we are ensuring an ability to live with COVID-19 within our populations. But by leaving some in place, whether that's the indoor masking, whether that's the ongoing testing for employees in high-risk workplaces—we basically do a combination of both while allowing us to safely reopen, and we'll continue to do that.

Unfortunately, or fortunately, we do have the advantage of seeing some jurisdictions that have been ahead of us in terms of access to vaccines, like the UK, like Israel, even Australia. When they loosened the restrictions too quickly, then it actually led to that uptick that we don't want to see in Ontario.

So we're doing a combination of both, but we will continue to drive as much as possible our vaccination percentages. Yesterday, we were still vaccinating over 42,000 people in a single day across Ontario. The numbers continue to be positive, but we're going to continue to ensure that some of the health and safety measures protect us, particularly as the cooler weather comes and we're having more activities inside. I think it's a really nice balance of a combination of both.

Mr. Sam Oosterhoff: Yes, and I think that context of the cautious but sustainable approach is one that's key. You can throw open the floodgates and have to walk back a couple of weeks later. That's not something anybody wants to see.

I believe my colleague MPP Parsa has questions.

Thank you, Minister.

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

Mr. Michael Parsa: Thank you very much for being here. To you and to everyone on your team—Minister Elliott, for sure—thank you for the great work that you have done.

On the GO-VAXX bus: Minister, I have to tell you, we had the bus here in Richmond Hill on the weekend. We were promoting it. We got a few of our residents to go out and get vaccinated, and they posted on their social media as well. So thank you for that great initiative.

We know vaccinations not only protect people who are vaccinated but also reduce the risk and the spread of COVID-19.

I'm hoping you can share what proactive steps, on top of the one that we just talked about, our province is taking to vaccinate those who have not yet received their COVID-19 vaccine.

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

Hon. Sylvia Jones: It's a great question. The short answer is, we're doing a lot.

The GO-VAXX bus is obviously the most recent initiative, something that we saw working very effectively in the Sudbury public health unit.

We've now worked with family practitioners and provided them, upon their request, a list of their rostered patients who had not yet received a vaccine. That allows that primary care practitioner to have that one-on-one conversation with their patient, asking, "What are your concerns? How can I answer your questions? What is making you still hesitant to go and book that vaccine?" And of course, from the beginning, we have offered vaccines directly in doctors' offices.

We did something that other jurisdictions like Israel did not do, and that is ensure that our pharmacies were also able to administer and have access to the vaccines when sufficient supplies came in, because, to us, it was a matter of convenience. If I had the choice of going down the street to go to the pharmacy where I've historically received my flu shot—then I can do that as well in Ontario.

Public health units have been doing some really creative things. As you would know, there was a drive-in model at Canada's Wonderland before it reopened, and many public health units adopted that model for a period of time.

Peel public health unit, as an example, did a "vaxx after dark," because they understood that, in their community, access did not always happen Monday to Sunday, 9 to 5. So they had an event where there was 24 hours or—I think it was over a weekend, actually—

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

Hon. Sylvia Jones: —48 hours where they could get vaccinated everywhere. Thank you.

The Vice-Chair (Mr. Tom Rakocevic): Minister, thank you so much for being here in committee today. You're now excused. I hope you have a wonderful rest of the week.

Hon. Sylvia Jones: Stay safe.

The Vice-Chair (Mr. Tom Rakocevic): Okay, everyone, we're now moving in camera—so if you will bear with us a moment.

The committee continued in closed session at 1136.

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