

# Long-Term Care COVID-19 Commission Meeting

Bilingual Group Meeting with Families/Loved Ones  
on Friday, February 19, 2021

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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

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--- Held via Zoom Videoconferencing, with all  
participants attending remotely, on the 19th day of  
February, 2021, 1:00 p.m. to 3:00 p.m.

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1 BEFORE :

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3 Angela Coke, Commissioner

4 Dr. Jack Kitts, Commissioner

5

6

7 PRESENTERS :

8

9 BILINGUAL GROUP MEETING WITH FAMILIES/LOVED ONES :

10 Participant 1

11 Participant 2

12 Participant 3

13 Participant 4

14 Participant 5

15 Participant 6

16 Tiffany Fearon, Family Councils Ontario

17

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19 PARTICIPANTS :

20

21 Dawn Palin Rokosh, Director, Operations, Long-Term  
22 Care Commission Secretariat

23 Alain Daoust, Team Lead, Long-Term Care Commission  
24 Secretariat

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1 Angeline Hawthorn, Senior Policy Analyst, Long-Term  
2 Care Commission Secretariat

3 Adriana Diaz Choconta, Senior Policy Analyst,  
4 Long-Term Care Commission Secretariat

5

6 ALSO PRESENT:

7 Deana Santedicola, Stenographer/Transcriptionist

8 Louise Côté Limbos, French/English Interpreter

9 Nathalie Bédard, French/English Interpreter

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1 -- Upon commencing at 1:00 p.m.

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3 DAWN PALIN ROKOSH: So good afternoon,  
4 everyone, and welcome to this bilingual meeting  
5 with the Long-Term Care COVID-19 Commission and  
6 family members and loved ones of long-term care  
7 residents from different areas of Ontario.

8 My name is Dawn Palin Rokosh, and I am  
9 a Director with the Secretariat in the Commission,  
10 and I am joined this afternoon by my co-facilitator  
11 Alain Daoust, who is a Team Lead with the  
12 Commission, as well as the following team members,  
13 Adriana Diaz Choconta and Angeline Hawthorn, both  
14 of whom are Senior Policy Advisors with the  
15 Commission Secretariat.

16 ALAIN DAOUST: This is a bilingual  
17 meeting where French- and English-speaking  
18 participants will be able to speak in either of  
19 these languages. Simultaneous interpretation is  
20 being provided, and participants have chosen to  
21 participate either in the English or French  
22 language channel at the bottom of the Zoom screen.  
23 Dawn will predominantly be speaking in English, and  
24 I will predominantly speak in French, and  
25 participants will be able to hear in the language

1 of their choice.

2 As you know, the Commission is led by  
3 three Commissioners, and two of the three  
4 Commissioners are with us here today.

5 First of all, Dr. Jack Kitts, he will  
6 be the lead Commissioner for today's meeting, and  
7 also with us today is Commissioner Angela Coke.

8 I would like to thank Tiffany Fearon  
9 and the Family Council of Ontario, as well as  
10 Gilles Fontaine from la Fédération des aînés et des  
11 retraités francophones de l'Ontario, and they have  
12 been very helpful with today's meeting.

13 Today's session is being held over  
14 Zoom. If anyone has connectivity issues, you can  
15 re-join the meeting at any time. If anyone has  
16 technical issues, you can reach out to Angeline  
17 Hawthorn via email, or also my other colleague,  
18 Adriana Diaz Choconta, who will be able to help you  
19 out.

20 Also, if you are comfortable turning  
21 your camera on, please feel free to do so. This  
22 session is not being video-recorded. However, if  
23 you would prefer to stay off your camera, that is  
24 fine as well.

25 DAWN PALIN ROKOSH: This session is

1 being transcribed by our court reporter, who is  
2 present on the call. The transcripts will be  
3 posted onto the Commission's website, but your  
4 names will not appear in the transcript. When you  
5 are speaking, you will be recorded in the  
6 transcript as "Participant" and then your number,  
7 so "Participant 1", for instance.

8           If you wish to refer to another person  
9 during this meeting, another participant during  
10 this meeting, please refer to them by their  
11 participant number, which is displayed on the  
12 screen.

13           Although we have ensured that you are  
14 anonymous, both in our outreach as well as in your  
15 participation here today, the information that you  
16 choose to share today will be posted to the  
17 website.

18           So please be aware of any identifiable  
19 stories that could reveal your identity if that is  
20 a concern to you.

21           Now, in terms of our agenda today, we  
22 will begin the session with some introductory  
23 remarks from the Lead Commissioner for this  
24 session, Dr. Jack Kitts, and then we will proceed  
25 to question 1.

1                   We will hear responses from  
2 participants in numeric order asking Participant 1  
3 to respond first and then making our way to  
4 Participant 6. We'll go in numeric order until  
5 Participant 6.

6                   We will repeat the same process for  
7 question 2.

8                   Once we finish hearing from all  
9 participants on both questions, we will have some  
10 concluding remarks, and we will wrap up the  
11 meeting.

12                   In order to hear from all of you on  
13 both questions, we have asked that each one of you  
14 would speak to for up to around four minutes in  
15 response to each of the two questions.

16                   You have all been through a great deal,  
17 and we know that we only have a limited time  
18 together, so we encourage you to focus first on  
19 conveying to the Commissioners the most important  
20 things you want them to know about your experience.

21                   If there is something you aren't able  
22 to cover in your first speaking time, you will have  
23 an opportunity to cover it in the second.

24                   And now I would like to call on  
25 Dr. Jack Kitts to provide some introductory

1 remarks.

2 Dr. Kitts.

3 COMMISSIONER JACK KITTS: Thank you,  
4 Dawn. Good afternoon, everyone. It is a pleasure  
5 for me to be with you, to welcome you today, this  
6 afternoon, for this very important dialogue.

7 Thank you for meeting with us today.

8 As Dawn said, my name is Jack Kitts,  
9 and I am one of the three Commissioners appointed  
10 by the provincial government. I am joined by my  
11 colleague Commissioner Angela Coke, and the other  
12 Commissioner, Frank Marrocco, was not able to join  
13 us today.

14 As you are no doubt aware, this  
15 Commission was set up to investigate the spread of  
16 COVID-19 in long-term care homes and the impact it  
17 has had on the residents, families, and staff.

18 Before we begin, I want to provide a  
19 bit of context about the Commissions in general and  
20 our Commission in particular.

21 Governments will often set up  
22 Commissions of Inquiry after a tragic event has  
23 occurred.

24 The purpose of a Commission is to  
25 investigate why the tragedy occurred and to make

1 recommendations on how to prevent it from happening  
2 again.

3 Most Commissions begin their  
4 investigation after the tragedy is over. In our  
5 case, we are conducting our investigation as the  
6 crisis continues to unfold. Our final report and  
7 recommendations will be submitted to government at  
8 the end of April this year.

9 However, we have already submitted two  
10 interim letters of recommendations to government  
11 because we believe they will help manage the  
12 pandemic as it is continuing to unfold.

13 Our Commission is independent of  
14 government. Our role is to report our findings and  
15 recommendations to the government. The decision to  
16 accept and implement our recommendations is the  
17 role of government.

18 Now, as I stated earlier, an important  
19 part of our investigation is to learn how  
20 residents, staff, and family members have been  
21 impacted by the spread of COVID-19 in long-term  
22 care homes.

23 So today, we are asking you to help us  
24 understand the impact COVID-19 has had on you  
25 personally and tell us what you would recommend to

1 prevent this tragedy in the future.

2 Those are the two questions that Dawn  
3 will ask you. We understand that many of you may  
4 be a little nervous about participating in this  
5 meeting, but we want you to know that we truly  
6 appreciate your courage in taking time to help us  
7 with this really, really important task.

8 Our hope is that the work of the  
9 Commission will help ensure that such a tragedy is  
10 never repeated, and we believe that by sharing your  
11 stories you will help the public and government  
12 understand why it is so important that this never  
13 ever happens again.

14 Now, before we begin, I will ask you to  
15 join me in observing a moment of silence in memory  
16 of those residents and staff of long-term care  
17 homes who have lost their lives during COVID-19.

18 [Moment of Silence Observed.]

19 Thank you. I will now ask Dawn and  
20 Alain to continue facilitating the session.

21 Thank you, again.

22 Dawn.

23 DAWN PALIN ROKOSH: Thank you very  
24 much, Commissioner Kitts.

25 So we'll now begin with the first

1 question, and the first question is: Please tell  
2 us about your experience caring for a loved one in  
3 a long-term care home during the pandemic. How has  
4 the pandemic impacted you and your family member?  
5 Is there anything in particular that concerns you?

6 I would like to start by calling on  
7 Participant 1 to share with us her experience in  
8 response to this question. Participant 1.

9 PARTICIPANT 1: Good afternoon,  
10 everyone. Can you hear me? Okay.

11 So I'll just read my short synopsis.

12 My parents are on different -- were on  
13 different floors in long-term care. They could not  
14 see each other every time there was isolation. Dad  
15 was so confused. He didn't understand why his wife  
16 could not visit between the floors. Isolation made  
17 my parents backslide with physical health. An  
18 example would be that dad forgot how to eat because  
19 of the lack of seeing another person eating, just  
20 that physical act of eating.

21 He went from, like, eating himself in  
22 the dining room area to really forgetting how to  
23 eat. So during all of the isolation, my dad must  
24 have lost at least 20 pounds, if not more. I don't  
25 have an exact number, but he went from -- you know,

1 he got quite skinny.

2 The mental health for my mother, who  
3 previously had two mental breakdowns due to stress  
4 of caring for my father earlier, she had a very  
5 difficult time with all of the isolation on her own  
6 floor, the outbreaks.

7 Dad died just after Christmas when my  
8 parents were finally able to visit each other  
9 again, so there was long periods of time with my  
10 dad declining. During all of those outbreaks and  
11 all of the isolation that came and went, it is  
12 very, very hard on the married couples.

13 So dad did not die of COVID, but  
14 nevertheless he had to have last rites by a priest  
15 during COVID. It was all very difficult. But we  
16 were fortunate we could get that done.

17 One thing I would like to note in my  
18 little synopsis of my parents is that the nurse  
19 came to me just slightly before and after my father  
20 died and said, If there is anything that you want  
21 to take from your father's room, please do it now,  
22 keeping in mind -- like I'll just paint the  
23 scenario. My father was dead in bed. We had said  
24 good-bye to him. And now I am having to rally  
25 myself to pack my father's room. The reason

1 why she said she was very sorry was that I would  
2 not be allowed back in the room because of the  
3 pandemic, the virus, the contagions, all of that.

4 So either I pack now while I was there,  
5 or it would be done sometime in the future by the  
6 building.

7 So my brother and I stayed, and we  
8 packed up my father's room while he was deceased in  
9 bed. It was very traumatizing.

10 So that is my synopsis.

11 Now I'll read you my points for number  
12 1. The staff would often say to both my parents,  
13 "We are so understaffed", and the residents feel  
14 even more stressed during the isolation. Mom said  
15 that she would take a shower instead of twice a  
16 week, which is the governance, to once a week. So  
17 she is compromising her own care. She is trying to  
18 be helpful in a situation of helping the overworked  
19 staff, but at the same time you can imagine they  
20 are compromising their own dignity. They feel as  
21 though the staff don't have enough time because  
22 they are too overworked.

23 So in that case, I would say that the  
24 staff should not be sharing their stress with the  
25 residents because it just makes things all more

1 compromised. And it isn't just the home my parents  
2 are in. I have heard that from other friends that  
3 have had the same situation where the staff tell  
4 them that. They don't mean to be mean, but it is  
5 just --

6 The other point for number 1 is the  
7 Life Enrichment booking. I feel that Life  
8 Enrichment booking window visits should be done  
9 online in the future to avoid having to deal with  
10 delays to book visits with your parents, because we  
11 could make a call or an email to them and say we  
12 need to have -- we would like to have a window  
13 visit, but we might not hear back from them for  
14 several days because Life Enrichment are also  
15 running around doing all kinds of other things.

16 So there needs to be something set up  
17 in homes where we can book online visits ourself,  
18 whether it is a window or if it is a Zoom call with  
19 them, to book our own time slots.

20 The residents need more iPads for  
21 communication in general through the Life  
22 Enrichment program.

23 Those are my two.

24 And for point number 2, I found  
25 communication difficult at times between the

1 government and trickling all the way down to us who  
2 are the family caregivers.

3           So I feel that a gold standard for  
4 information and clarity and distribution is needed.  
5 When mass emails are sent, the same language is  
6 used to -- that the same language be used to all  
7 long-term care homes in the province. But before  
8 they are sent, have the emails reviewed by the  
9 heads of Family Council so that they can interpret  
10 it as a family member if they are reading this  
11 information, thinking how do I interpret that?  
12 What else can I suggest to the government, before  
13 they release the information, so that when it is  
14 read by all people, not just the government who are  
15 comprising it, but all the family members.

16           Because what happened was I would often  
17 have to email our Administrator back and say, Does  
18 this mean this for my scenario? And that takes  
19 time away from her important role as Administrator.

20           So I had several times where she would  
21 say, Let me look into that and clarify for you,  
22 because she said the language is quite broad, so in  
23 terms of my situation, how does it apply.

24           So I felt that before the full messages  
25 are going out by the Province or by the Commission

1 or by whoever, the powers that be, Public Health,  
2 go out, that they should be in collaboration with  
3 Family Council. Two different people can read  
4 differently into wording if it is not clear.

5 That is number 2.

6 The other thing for number 2 I have  
7 written down is balancing the mental and emotional  
8 consideration for all with special consideration to  
9 the married in long-term care. More resources are  
10 required for staff to support the residents. They  
11 want to support the residents, but they need more  
12 resources.

13 More activities for the residents  
14 during the times of isolation are absolutely  
15 necessary. One suggestion would be even if the  
16 activities are just in the doorways of residents  
17 that are isolated, just so that they can be in the  
18 doorway and participate.

19 I had an example. I recently played  
20 music with one of the Life Enrichment recently, and  
21 at the end of the hallway. We were socially  
22 distanced. I was playing guitar and singing along  
23 with a staff member in the building. And what the  
24 PSWs did was they wheeled all these residents into  
25 the hallways just so they could see or hear the

1 music. And what was very touching to me was that  
2 non-verbal -- there were a few non-verbal,  
3 completely non-verbal, residents that were actually  
4 singing songs. So you can imagine during an  
5 isolation period how needed that is, like physical  
6 human contact with residents. Others that are  
7 not -- they have no motor skills at all, they were  
8 actually tapping their feet in their wheelchair.  
9 It was so beautiful to see. It almost took my  
10 breath away, but I was singing, with a mask on as  
11 well.

12                   Anyway, I think I have got my points  
13 covered.

14                   DAWN PALIN ROKOSH: Thank you so much,  
15 Participant 1.

16                   PARTICIPANT 1: Oh, sorry, one more  
17 really quick point.

18                   My mother, who has pretty well a  
19 hundred percent cognition, she felt that the  
20 communication to the residents was lacking, at  
21 times hit and miss.

22                   My mom had to find out updates about  
23 outbreaks from me because we found out from our  
24 Administrator through Tele-Health. So my mother  
25 was often in the dark as to the progress of it. So

1 that was the second one.

2 Okay. Thank you.

3 DAWN PALIN ROKOSH: Thank you so much.

4 And, Participant 1, I just want to take you back  
5 for a second to something that you said at the  
6 beginning, because for me part of your sentence got  
7 cut off, and I want to make sure that we got it  
8 down, and I am also looking at Deana to see.

9 So you had said that your father forgot  
10 how to eat.

11 PARTICIPANT 1: Yes.

12 DAWN PALIN ROKOSH: From the lack of --  
13 and I think you meant seeing other people eat, but  
14 I want to make sure we have got that down.

15 PARTICIPANT 1: Yes. So during times  
16 of outbreak and isolation, the residents are in  
17 their rooms, and they aren't seeing other people  
18 eating, right, because they are by themselves  
19 eating off of something similar to a hospital tray,  
20 and the eating component is so important with the  
21 socialization. Even if residents don't feel  
22 hungry, they will still eat something because they  
23 are mimicking other people eating. And so that  
24 does help sustain them in their isolation period.

25 So, yeah, there was absolute lack of --

1 and I know the staff do their best to give them a  
2 few mouthfuls of food, but it is very difficult for  
3 one PSW to feed nine people in isolation. It is so  
4 hard, you know. And they don't have time to sit  
5 for 10 or 15 minutes to coax an elderly person to  
6 eat.

7 So does that answer?

8 DAWN PALIN ROKOSH: Thank you. Thank  
9 you. That is really helpful. And I just wanted to  
10 make sure that we got that information down.

11 PARTICIPANT 1: Yes.

12 DAWN PALIN ROKOSH: Participant 1, I  
13 want to thank you very much and tell you how sorry  
14 I am to hear about this experience.

15 I know that you have shared with us  
16 both your experience and some of your response to  
17 question 2 because, due to a personal circumstance,  
18 you may not be able to participate for question 2.

19 And so let me just -- in the event you  
20 are not still here at the end, I just want to thank  
21 you very much for sharing your experience and  
22 insights with the Commission.

23 PARTICIPANT 1: Thank you.

24 DAWN PALIN ROKOSH: And wish you the  
25 very best. Thank you so much.

1 PARTICIPANT 1: Thank you.

2 DAWN PALIN ROKOSH: Okay. So I am  
3 going to call next on Participant 2, please, and  
4 Participant 2, I will ask you to -- I'll just  
5 repeat the question again. Please tell us about  
6 your experience caring for a loved one in a  
7 long-term care home during the pandemic. How has  
8 the pandemic impacted you and your family member,  
9 and is there anything in particular that concerns  
10 you?

11 PARTICIPANT 2: Thank you and good day.  
12 I would like to share with you my love story with  
13 my spouse in the pandemic in a long-term care home.

14 It became a very difficult time for our  
15 life as a couple, for the family, for our friends.  
16 My dear husband does not understand what the COVID  
17 is, what this pandemic is. We tried to explain to  
18 him, but he doesn't understand. He can't grasp the  
19 impact it has on us, on our family. His family is  
20 no longer visiting him, neither his wife, so he is  
21 experiencing isolation, fear. He feels sorrow. He  
22 has to live in his room. He is amputated of both  
23 legs, so most time he is in his bed alone in his  
24 room.

25 But he calls me seven or eight times a

1 day, sometimes even more often. He even calls me  
2 at 3 o'clock in the morning. He cries. He needs  
3 services.

4 The staff don't get back to him quickly  
5 enough, so I call the home. I always call the home  
6 to ask the home to step in, to make sure that he  
7 gets care.

8 What a difficult situation for my  
9 spouse.

10 And also, in 2020 we celebrated our  
11 50th wedding anniversary, but we could not kiss,  
12 hold each other, spend time together. On the day  
13 of our wedding anniversary, I could not go in to  
14 visit him. The villa did not allow me to -- or did  
15 allow me and our children to see my spouse through  
16 a window. He was so sad. He refused to eat, to  
17 get up, to partake in any activity. Finally, he  
18 came to the window, and he was angry, celebrating  
19 50 years of your wedding. He wants to communicate  
20 with police, with the media, with lawyers. It was  
21 very sad for us to see him from the outside go  
22 through that. It was a horrible time, a difficult  
23 time, for me who, you know, walked with him for 53  
24 years, and difficult for my family.

25 But the staff -- for the staff in the

1 villa, in the home, it was a very difficult time  
2 for them too. They no longer have the support of  
3 the family to help them out. On July 12, I had to  
4 do a training session with the villa, and that  
5 afternoon I was reunited with my dear husband. I  
6 will always remember that happy time to be able to  
7 get back with the love of my life. My partner was  
8 no longer the one I knew, though, very frail. He  
9 had trouble speaking. He was shaking. He was  
10 lost. He had lost most of his teeth. He was  
11 unable to eat by himself.

12 But I held him. I hugged him.  
13 Starting July 12, I spent five or six hours,  
14 sometimes more, with him every day. The staff, the  
15 nursing staff and the support workers, were there  
16 supporting us both. I have to say that these were  
17 very difficult times for me.

18 I'm an active member of the Family  
19 Council, and I recognize the sadness and  
20 frustration of other families and especially family  
21 caregivers. I'm lucky. I can spend time with my  
22 spouse every day. Other families are limited to a  
23 few visits a week.

24 Also, I have to get tested. Starting  
25 in December, I have to get tested every four days

1 to show my results every six or seven days. But  
2 the staff gets tested only every seven days. So  
3 I'm wondering why every four days for me, and  
4 Family Council members have the same question. Why  
5 us? I mean, we have an important role to play with  
6 our loved ones.

7 My staff lost capacity every day. We  
8 had to feed him. He sleeps a lot, almost no longer  
9 speaks, has trouble even uttering a sentence.

10 But he smiles every time I come in  
11 every day. His eyes are filled with happiness and  
12 love. Every time I visit, he asks me, Are you  
13 still there? He cries when I have to leave.

14 He develops a profound connection with  
15 the priest in the villa. In December 2020, we  
16 prepare with him for him leaving this world. On  
17 January 17, we have a Zoom celebration of life, a  
18 healing celebration, and a forgiveness celebration  
19 with our three children. What a blessing. What a  
20 miracle.

21 On February 4, he goes into palliative  
22 care. I am very grateful because, with my  
23 children, I can spend his last few hours with him  
24 at the villa, in the home. I spent the next four  
25 days with him. I can see the nurses, the

1 residents, the workers, come in to say good-bye.  
2 On February 7th, he left us where he will find  
3 eternal peace with God. I am very grateful for  
4 having been able to walk with my husband despite  
5 the very difficult situations with COVID-19. Thank  
6 you.

7 DAWN PALIN ROKOSH: Thank you very  
8 much, Participant 2. I am so, so sorry to hear  
9 about your experience. I am so sorry for your loss  
10 as well.

11 Thank you for sharing all that with us.  
12 Thank you.

13 Okay. So now I am going to call on  
14 Participant 3 to share your experience with the  
15 Commission. Participant 3, would you like me to  
16 re-read the question?

17 PARTICIPANT 3: No, I am okay.

18 DAWN PALIN ROKOSH: Okay. Thank you.  
19 Over to you.

20 PARTICIPANT 3: Well, thank you for  
21 allowing me to have this opportunity. I share many  
22 of the comments that the other participants have  
23 shared probably throughout your whole Commission.

24 I too have a mother who is in long-term  
25 care in a secure unit. The anguish of not being

1 able to go in to see my mother over the time of  
2 wave one was just -- I can't even explain until you  
3 have gone through it.

4           The only good thing for me was my mom  
5 was on the main floor, so I could do a window  
6 visit, and I could also see the members of her  
7 community in her unit to understand where -- the  
8 pulse, because you could see, although our home had  
9 done such a great job of the infection control, we  
10 have had some outbreaks. We haven't had the  
11 devastation others have. We have lost people. We  
12 did have outbreaks. But I was able to see how they  
13 were doing.

14           Outside of the infection, you could see  
15 the deterioration of people with lack of  
16 stimulation, without lack of touching, without  
17 enough Life Enrichment people to keep the mental  
18 health of the residents together. It was just  
19 alarming how quickly we could see the  
20 deterioration, not to mention those families who  
21 could not see their family members. I was lucky.  
22 I could see.

23           And as a dementia -- my mom has  
24 Alzheimer's. She doesn't do well with FaceTime.  
25 She doesn't understand it. We can't have those

1 communications.

2 Through many of the stories we have  
3 heard, we know we have lack of staffing. We have  
4 lack of Life Enrichment staff, which I think is  
5 key. And we have four Life Enrichment people  
6 within our home of 280 residents, not enough prior  
7 to the pandemic or through a pandemic.

8 But what I wanted to bring to you today  
9 is a bit of a story that is not good from prior to  
10 a pandemic and even worse during a pandemic.

11 My mom has been in long-term care for  
12 four years, was brought in to the secure unit, and  
13 as -- this is her residence. This is her family.  
14 This is where she has been for four years.

15 As family members were allowed to come  
16 back into the home, and we were able to bring them  
17 out into the sunshine, start building back that  
18 love and that they know we were there. In the  
19 August -- yeah, August time frame, the home came to  
20 me and said, You know, we need to move your mom out  
21 of the secure unit. She is not exit-seeking any  
22 longer, and she is not -- she is very compliant.

23 Shocked, really shocked. This was a  
24 good news story prior. My mom is doing well, given  
25 the circumstances, in a secure unit. My mom has

1 never been an exit-seeking person prior to going  
2 into the home, but was given secure unit before. I  
3 had many conversations with the home saying, This  
4 is not going to work. When you move her out, she  
5 is going to start exhibiting lots of issues. She  
6 was compliant -- when she moved from her home  
7 into -- our family home into long-term care, it was  
8 a very hard transition, and we had to move her back  
9 into the secure unit because they have more staff.  
10 Not enough staff, but more staff. The ratio is  
11 three PSWs to 17 residents, as opposed to in all  
12 the other units, two PSWs to a unit.

13 Life Enrichment, we had a dedicated  
14 Life Enrichment person to the 16. In the other  
15 unit, it is one over 64 residents.

16 After lots of discussion trying to  
17 understand -- so the unit had an empty bed already  
18 and an empty ward bed. Their premise for moving my  
19 mom was they needed the room. There was somebody  
20 on another floor that they needed to get into the  
21 secure unit.

22 My challenge to that was you have two  
23 other rooms. You also -- their view was  
24 exit-seeking, which my mom was not exit-seeking,  
25 but there were many in wheelchairs and actually

1 some that were bedridden that could have moved. I  
2 mean, none of us want to be moved into locked-in or  
3 out, but my mom was doing well in locked-in.

4 I went to the MPP. I couldn't get  
5 through. They were not listening. They tried to  
6 say my mom would be fine, don't worry, we'll put  
7 lots of extra care. The transition, if it doesn't  
8 work, we'll move her back. I said, Well, what  
9 happens if there is no beds?

10 I, after many meetings, decided to go  
11 to my MPP and go to the Ministry of Long-Term Care  
12 and did not get any support in that. I mean, they  
13 listened.

14 The Ministry of Long-Term Care, my  
15 question was very much, What is the criteria for a  
16 secure unit? How is the decisions being made of  
17 who needs to move? And quite frankly, these are  
18 people -- whether you are in the secure unit or  
19 not, this is their home. They have been there for  
20 many years. You are going to rip them out. We are  
21 in a pandemic. We have already seen decline and  
22 now we are going through this again.

23 The MLTC very much -- and I think it is  
24 very much in the bank. If you set your procedure,  
25 they'll come audit the procedure. There is not

1 enough is the procedure right. The long-term care  
2 homes have the right to create their procedure, and  
3 the audit is more about did they do what was on  
4 their piece of paper. Nowhere could I find any  
5 ramification or anything that pointed out why my  
6 mom was chosen, and I asked the Ministry to say,  
7 Can you just make sure the criteria made sense?  
8 Even though I don't think people should be moved.  
9 This is their home.

10 I didn't get anything. So move to  
11 October, right before Thanksgiving. The move was  
12 happening. My parents 58th wedding anniversary. I  
13 couldn't get them to delay it after the  
14 Thanksgiving weekend, because the Thanksgiving  
15 weekend, if you remember, really was the first  
16 holiday we had had to bring our loved ones out and  
17 celebrate a time together. We hadn't seen them  
18 since April, and now we are seeing them. It didn't  
19 happen.

20 So we moved my mom. I had said to  
21 them, This isn't going to be good. So we moved.  
22 The first couple of days, threw up, very sick, put  
23 in isolation, fear of COVID. I mean, we understood  
24 that, kind of not happy.

25 But the decline started. Three weeks

1 of my mom. My mom lost 13 pounds. Now she is not  
2 in isolation at this point. We did a couple of  
3 days. I'm having to go in every day. She is not  
4 responsive. She is not communicating. She is not  
5 eating. She is not knowing how to eat. We had to  
6 get a speech pathologist in.

7           The PSWs on that floor are not  
8 understanding dementia and not being able to  
9 approach, being combative. Like they are trying.  
10 They are not physically combative. But they don't  
11 know how to get my mom to do things. She's left in  
12 her bed half-changed while people come around the  
13 room. I have a camera in there - just so you  
14 know -- now coming around and not recognizing there  
15 is a person there. Degrading.

16           No activities happening, not enough  
17 happening. Now we got COVID on the floor. My mom  
18 gets COVID -- well, actually, let me wind back.  
19 Before that, I have another meeting three weeks  
20 after saying to the home, This isn't working. My  
21 mom isn't even talking. She has lost 12 pounds.  
22 She is not doing -- we need to move her back.

23           And her room is still empty three weeks  
24 later. Can't talk to me about why the room is  
25 empty, it is a privacy issue, will not move my mom

1 back, told me they never said that would happen,  
2 could not get her back.

3 They put some other things in place.  
4 Not good enough. I spend lots of my time getting  
5 her back, feeding her, helping.

6 Now there is people there that are very  
7 good, but there is not enough people, and we are in  
8 isolation. And as I said, then we hit COVID.  
9 Luckily my mom had a mild case of COVID. We had  
10 nine people. Unfortunately we lost four. My mom  
11 got through.

12 It has been a struggle working through  
13 this with my mom. It was a struggle prior to this  
14 move. And the fact that they can move people is  
15 just not right.

16 I am now February. I will say my mom  
17 has come back a bit, but that is more from the time  
18 and effort I have been doing and pushing to get  
19 BSOs in, to get more activities happening, and  
20 sometimes I feel guilty because my push is taking  
21 away from somebody else, and I am on the Family  
22 Council too, so advocating for all of our family  
23 members.

24 It is just -- it has been a horrible  
25 ordeal. She is getting better now. Her room is

1 still empty, the one on the secure wing. There is  
2 still three rooms empty on that floor. So I still  
3 do not know why this has happened and how in these  
4 circumstances this could happen. Even prior to a  
5 pandemic, I would say it shouldn't happen.

6 Legislation needs to change that says these are  
7 people's homes. None of us would like to be ripped  
8 out of our homes. She had no community any longer.

9 In a meeting after COVID, as well my  
10 mom had COVID, the discussion, me trying to  
11 advocate, they said, You know, you have to  
12 understand this floor cannot do what the floor your  
13 mom had, and I said, Forgive me, but it was your  
14 decision to move her from a floor that to me was  
15 still under but was better than any other floor.  
16 That was your decision, and now you are telling me  
17 you can't cope. I had a nurse say, I don't  
18 understand why she is here. We don't have the  
19 activities to help her.

20 So that is my story, along with all the  
21 other pieces that other family members are going to  
22 go, they are all the other pieces around, you know,  
23 staffing, et cetera, but this I think was a point  
24 that I wanted to kind of share because it was a  
25 little different but it was still part of COVID and

1 exacerbated the ordeal even more.

2 DAWN PALIN ROKOSH: Thank you,  
3 Participant 3, for sharing that, and for sharing  
4 your experience. I am sorry it has been such a  
5 struggle. And we'll look forward actually to  
6 hearing some of your insights into some of the  
7 recommendations under question 2 for things that  
8 would improve the situation going forward.

9 So thank you very much for sharing  
10 that.

11 PARTICIPANT 3: Thank you.

12 DAWN PALIN ROKOSH: I would like to now  
13 call on Participant 4 to share your experiences  
14 with the Commission.

15 PARTICIPANT 4: Thank you. I  
16 appreciate this opportunity.

17 So my mother has been in a for-profit  
18 long-term care home since June 2018, so two and a  
19 half years now. She has vascular dementia and was  
20 doing relatively well, walking safely throughout  
21 her unit all day as her activity, eating well, able  
22 to sit at programming and to enjoy. We called her  
23 confused but happy go lucky.

24 I visited her monthly from where I live  
25 in the United States, and my brother, who lives in

1 the area, visited weekly.

2 Our concerns at that time, before  
3 COVID, were about some poor management and  
4 follow-up of medical concerns. In retrospect, our  
5 concerns are critical issues in the home's ability  
6 to manage during the pandemic. So I would just  
7 like to mention them in a little bit more detail.

8 Follow-up of medical concerns like  
9 urine samples getting lost or not getting to the  
10 lab, weight measurements not being accurate,  
11 reporting to us about concerns not being  
12 sufficient, not identifying issues and being  
13 proactive with us, the family, and a lack of  
14 connection with the doctor on the team who did not  
15 attend care conferences.

16 Additionally, the home is staffed by a  
17 person who does not have a medical background, the  
18 Manager -- the Executive Director, I guess, and a  
19 relatively low profile and low activity from what  
20 were called Co-Directors of Care, one of whom was  
21 moved to another home at the end of the outbreak  
22 and unavailable to work with families afterward.

23 Again, in retrospect, these concerns  
24 are pretty significant given that they had to go  
25 through a pandemic with those issues.

1           My mother got COVID last spring and  
2 survived at this home that had over 70 cases. That  
3 is almost 75 percent of the residents. Her  
4 dementia has progressed further and faster than  
5 expected due to that trauma and over the period of  
6 time, and this woman, who walked 10 hours a day, is  
7 now using a wheelchair with no step-down from full  
8 walking. She is not bearing weight at all anymore.

9           The bottom line is that dealing with my  
10 mom during the pandemic and the results of dealing  
11 with her is that we saved our mother's life, and  
12 she likely would have died from neglect. She lost  
13 over 20 pounds in a matter of weeks and was nearing  
14 death by starvation because we were locked out and  
15 unable to help her while staff were off recovering  
16 from COVID.

17           As part of her care plan, we receive an  
18 evening call every night from her room. The staff  
19 call my number, and I direct the call to my brother  
20 or my niece or myself, and we answer and stay on  
21 the phone with her, and she usually falls asleep  
22 during that call.

23           While she was sick with COVID, we  
24 noticed that she had no energy at all and that was  
25 very alarming, and that is what got the ball

1 rolling in saving her life.

2 The home did not appear to notice it.  
3 The home did not report it to us. And we went into  
4 action when we noticed that. My brother showed up  
5 at the home at a time when we were considered  
6 unable -- or we were -- no families were allowed in  
7 the home at the time, and he showed up and said, "I  
8 am coming in to see my mother." And they wanted to  
9 prevent him from doing so, but in conversations at  
10 the door, he prevailed, and they let him in.

11 We then realized that she couldn't eat  
12 because she had absolutely no strength, that she  
13 could drink, that she could still swallow, that she  
14 could eat soft foods if given to her, but she  
15 needed an hour to an hour and a half to be fed.

16 So we alerted the staff to this. I am  
17 sorry I'm saying that. I'm incredulous that I am  
18 saying that. We alerted the staff? That they did  
19 not recognize it or notice it or respond to it. We  
20 got the nutritionist involved, and it was such a  
21 simple fix. The nutritionist, upon noticing this,  
22 said, We can make her eating easier by providing  
23 her completely pureed foods.

24 Once she got on the pureed diet and  
25 someone paid attention to her and sat with her for

1 an hour per meal, she ate all her meals and her  
2 strength came back just a hundred percent, just  
3 unbelievably incredibly.

4 She did definitely almost die. And  
5 they actually, once letting my brother into the  
6 home, said, Well, we have let you in because she is  
7 palliative, but she had not been diagnosed -- she  
8 had not been recorded as palliative until we  
9 brought this to their attention.

10 We also found that the home during  
11 COVID created barriers to essential caregivers  
12 visiting their family members, and this is very  
13 important. Sometime before or perhaps slightly  
14 after COVID started, I reinstated the Family  
15 Council and got people talking to each other. And  
16 the home's barriers included locking out --  
17 preventing essential caregivers from visiting if  
18 they lived in a gray area of the province, then  
19 preventing essential caregivers from visiting if  
20 they lived 20 kilometres from the home, and then  
21 preventing essential caregivers from visiting at  
22 all.

23 These were barriers created by the home  
24 without any direction from Public Health or the  
25 Ministry.

1                   When they were having meetings, there  
2 was obviously no clear plan or understanding of how  
3 to manage this. Outdoor meetings held in shaded  
4 areas were frequently cancelled due to heat or  
5 humidity during the summer. Limited venues for  
6 outdoor visits were available so that only one  
7 could take place when there were four or more  
8 entranceways to the building where they could have  
9 taken place simultaneously, and limiting visits to  
10 once a week, really a poor, poor response.

11                   And then one other item that I think we  
12 are very concerned about is something that I  
13 believe folks will need to look into and  
14 fact-check. There have been reports to the  
15 Ministry, some of which have been replied to and  
16 some which have been replied to either poorly or  
17 not at all and responses not replied to, but my  
18 brother repeatedly reported strong, foul fecal  
19 odours in the hallways up to 18 months prior to the  
20 pandemic. Staff carried soiled clothing and bed  
21 sheets from residents' rooms and placed them into  
22 fabric laundry carts stored in the hallways. The  
23 odours coming from the laundry carts were excessive  
24 as a result of those housekeeping procedures, and  
25 they were totally preventable.

1                   We recommended bagging the items before  
2 removing them from the resident's room, but that  
3 idea was rejected.

4                   The ventilation system, which was no  
5 more than five years new, could not exhaust the  
6 odours in a timely manner. Warnings of fecal-oral  
7 transmission were issued early on when the pandemic  
8 hit, and we know that sewer samples conducted for  
9 the City of Ottawa showed heightened levels of  
10 COVID-19 even before nasal testing results reported  
11 coinciding increases.

12                  Long-term facilities have a much higher  
13 than average incontinence issue, and staff  
14 encounter fecal odours on a regular basis. Fecal  
15 odours could have been solely responsible for  
16 widespread outbreaks of COVID-19 in long-term care  
17 facilities when inhaled by staff and then passed on  
18 to other patients. Even new ventilation systems  
19 that meet building code today may not prevent the  
20 airborne viruses from spreading is our  
21 understanding.

22                  New ventilation standards to address  
23 airborne viruses should be developed and mandated,  
24 especially in these kinds of cases.

25                  So our question is, how in the future

1 are we going to keep residents, staff, essential  
2 caregivers, and other visitors safe from airborne  
3 viruses that can be spread through fecal-oral  
4 transmission routes, and certainly, you know, where  
5 is the Ministry, Public Health, and the home in  
6 ensuring that monitoring of these homes is  
7 sufficient and that preparation for pandemics or  
8 other emergency issues arise.

9           Just one other thing about my mother's  
10 walking. When she recovered from COVID, she stood  
11 up and walked out of her room. She was able to  
12 walk after COVID. We requested assistance for her  
13 to get more attention. We knew that she would need  
14 some type of physiotherapy because her walking was  
15 a little stilted, and at some point, the staff got  
16 concerned and started to walk with her because they  
17 were afraid she would fall.

18           They declined to offer us any  
19 additional physiotherapy or assistance in  
20 additional walking, even though there were a couple  
21 of other residents on the unit who got 24/7  
22 coverage when awake and staff walked with them all  
23 day long. We asked several times why our mother  
24 didn't get that kind of attention, and they were  
25 unable to answer us clearly. It was my impression

1 that they were avoiding, you know, dealing with  
2 privacy issues for the others, which I certainly  
3 understand, but it appeared to me that because my  
4 mother was not a danger to herself or others, she  
5 would not get that kind of supervision.

6 And then following COVID, when she  
7 needed that kind of supervision and likely would be  
8 walking now had she had that kind of supervision,  
9 they told us they were doing everything they could  
10 but could not offer any more.

11 You may have noticed in my first  
12 sentence that I noted this was a for-profit home.  
13 The Ministry must do something about these  
14 for-profit homes. They are failing our families,  
15 and they failed my mother.

16 DAWN PALIN ROKOSH: Participant 4,  
17 thank you so much for sharing that story of the  
18 struggle that your mom and your family have faced  
19 over the course of the pandemic, and it sounds like  
20 even beyond that.

21 And we'll look forward to hearing some  
22 of your insights into some more -- you have  
23 addressed some of them in your comments here, but  
24 any other insights you have about ways of improving  
25 this going forward.

1 Thank you so much for sharing that.

2 Participant 5, I would like to call on  
3 you, please, to share your experience in caring for  
4 a loved one.

5 Over to you.

6 PARTICIPANT 5: Thank you for the  
7 opportunity to be able to talk to you about what  
8 happened.

9 Hello. It is in May 2016 that my  
10 mother was admitted to a residence of 160 beds that  
11 fell under municipal responsibility. She was 89  
12 years old.

13 Her adaptation to going from a certain  
14 autonomy, independence, that she had when she was  
15 living alone at home was very difficult because she  
16 became completely dependent in a residence. They  
17 didn't have any choice of becoming completely  
18 dependent because there is nothing in the room.  
19 There is nothing for her to do. There is very  
20 little.

21 And then it was in 2019 that my mother  
22 lost the use of her legs, and she became a prisoner  
23 of her wheelchair, and also she had to be  
24 transferred by the PSW. That was very difficult.  
25 And to this day, she is very concerned when she

1 needs to be transferred for bathing, but she still  
2 was able to take advantage of her 10 children and  
3 her grandchildren and other people who were  
4 visiting residents because she knows the vast  
5 majority of the people in her community.

6 In 2020, COVID-19 was another very  
7 difficult experience because her condition, which  
8 was basically of light dementia, really got worse.  
9 The grief this caused in my view is the fact that  
10 she was alone. She was alone most of the time in  
11 her room in front of her TV.

12 The inside of the residence became  
13 silent. Residents could no longer go from one area  
14 to another. There were no longer any visitors, and  
15 my mother was resigned to simply wait beside her  
16 phone in case one of her children would call her.  
17 And there was the TV that was always showing news  
18 from Quebec and Ontario, and the news was presented  
19 that it was a serious and imminent danger and  
20 COVID-19 every second sentence.

21 When I would call her either by phone  
22 or by Skype, for many weeks she would say,  
23 Something is happening, something is happening.  
24 And she would often repeat that sentence. I would  
25 explain to her, Yes, it is serious. There is a

1 virus, a bit like the Spanish flu.

2 And I realized that she didn't  
3 understand the extent of the pandemic and --  
4 because her concern was simply too great.

5 Social activities were cancelled, so  
6 there was no personalized stimulation except with  
7 Skype. I really felt her fear of the unknown and  
8 fear as well of people with masks. My explanations  
9 as to why we could no longer visit, that just  
10 increased her confusion when I was trying to  
11 explain to her the strict measures to avoid the  
12 transmission. So her socializations was basically  
13 going to take three meals for 30 minutes at two  
14 metres from other residents in complete silence.

15 And she would then at some time be able  
16 twice a week -- sorry, to be able to call one of  
17 the personal support workers for help to be able to  
18 go to the bathroom. This was very frustrating  
19 because it is not pleasant to have to wait a long  
20 time when somebody has to go to the bathroom.

21 Once that she was transferred on to the  
22 toilet, she has to ring the bell again, and then  
23 wait again until two P SWs arrive to be able to  
24 transfer her back to her room.

25 The quantity of tasks for each of the

1 residents is so long that the PSWs don't have a  
2 minute to lose, and they cannot allow themselves to  
3 wait. There are a lot of other residents who need  
4 to be transferred. These are tasks that many of  
5 the residents would like to have done at the same  
6 time.

7 But when she talks about her life in  
8 the residence, she says, Well, you know what? I  
9 spend my life on the toilet. Certain PSWs are  
10 quite good with being warm, but others don't have a  
11 lot of this warmth. Many of them speak French,  
12 which aided the comprehension, depending on the  
13 verbal capacities of the residents.

14 But many PSWs can't even say "bonjour".  
15 When I see this lack of human warmth of  
16 conversation in English to a Francophone, well, I  
17 just think residents are being treated like  
18 mannequins. All the tasks have to be executed  
19 impeccably at an incredible speed. Probably  
20 respecting the case mix index, so there is staff  
21 missing. When there is staff missing during a  
22 period of time, the residents are treated like a  
23 mannequin. They are either in a bed or in a chair.

24 What happens when there is a beginning  
25 of symptoms? People don't see it. A few seconds

1 to better understand what is happening? No, there  
2 are no extra seconds to give help.

3 To what extent do the PSWs are able to  
4 see when there are new symptoms? They just don't  
5 have enough time. It is not okay to treat our  
6 friends or our elderly people as mannequins in  
7 another language. The expectations of the  
8 populations on the PSWs' work with respect to the  
9 residents are obvious. This is very concerning.

10 During the pandemic, there is an annual  
11 meeting to review the plan of care, and this  
12 meeting was cancelled. Obviously my mother's  
13 mental health has fallen a lot, and there was also  
14 a cognitive decline. For those who don't know,  
15 when a care plan is reviewed, there are many exams  
16 that are done to check, for example, on the  
17 person's weight, depression, anxiety, even how  
18 close these people are to death. There are a  
19 number of criteria. I took my file out, if you  
20 would like to talk about it.

21 Even from her weight, we couldn't even  
22 compare her weight at the start of the pandemic and  
23 her weight today. I have her plan from a year ago.  
24 I would like to compare it to today's results.  
25 With these data, perhaps we could see how quickly

1 she declined.

2 My perception is that is the price to  
3 pay for having prevented COVID-19 from breaking out  
4 in the home because there were no outbreaks.

5 In the last year, the children have  
6 found it very difficult to talk with her. It is  
7 emotionally difficult for her and for her children.  
8 She gets angry because she can't say what she wants  
9 to say. She works really hard to find the words,  
10 but she rarely does. She says there are too many  
11 things in her head. It is very sad.

12 And the word "sad" really can't  
13 describe that feeling. I have to say that even I  
14 am thinking of suiciding before I'm admitted to a  
15 long-term care home. To manage that sadness, I am  
16 active within [inaudible] network, and during our  
17 Zoom meetings that we have had on a weekly basis,  
18 and sometimes we had them every two weeks, we  
19 talked about issues having to do with the shortage  
20 of PSWs, a lack of visits, the lack of care, and  
21 the huge number of beds, agism, et cetera, among  
22 other things.

23 We also shared our thoughts to draft  
24 letters to send to the Ministry, a collective  
25 letter that represented the Family Council's views.

1 I felt nonetheless lucky that we didn't have any  
2 outbreaks in my mother's home and very worried with  
3 the whole organizational situation for all of the  
4 homes in Ontario, for all the homes in Canada, and  
5 the poor management of some long-term care that we  
6 heard about in the media.

7 For now, that is what I had to say.

8 DAWN PALIN ROKOSH: I would like to  
9 thank you very sincerely, Participant 5, and I am  
10 really sorry to hear about your experience. Thank  
11 you so much.

12 So I would like to call on Participant  
13 6, please, to speak to your experience during  
14 caring for a family member, a loved one in  
15 long-term care during the pandemic.

16 Hi. Over to you.

17 PARTICIPANT 6: Hi. Boy, I got off  
18 real lightly compared to the other five  
19 participants.

20 My wife has been in -- it is a  
21 non-profit, and I would like to make that clear. I  
22 think that is a big part of the success that she  
23 has had.

24 So my wife, unlike most of the  
25 residents, she had an operation, a brain tumour

1 removed, and there was complications, and that is  
2 why she is in a long-term care place. She has been  
3 there since July 2017.

4 And she had been making a lot of  
5 positive progress in terms of getting cognition  
6 back and her brain finding new pathways to run her  
7 life.

8 Unfortunately, she is in a wheelchair.  
9 She needs to be transferred with a sling to --  
10 between the bed and the wheelchair. She has to  
11 wear a diaper. She somehow just can't remember  
12 that she has a diaper on. It is astounding. All  
13 the things that she has learned to re-remember,  
14 that is something that somehow she can't do.

15 Anyways, with the pandemic, the lack of  
16 contact has been a real issue for her, for myself  
17 as well. I was visiting her every day. I wasn't  
18 able to visit at all for a number of months.  
19 Sadly, for whatever reasons, FaceTime wouldn't work  
20 on her phone, so I could only talk with her. And  
21 communicating with my wife means having a PSW or a  
22 nurse come in and answer the phone. She can't  
23 manage to do that.

24 And the staff are almost to a person  
25 wonderful. However, you can only do so much.

1 There would be a lot of times when, instead of  
2 having three PSWs on the floor, there was two PSWs  
3 on the floor, and these mostly women, but a few  
4 men, just running themselves ragged trying to meet  
5 the needs of the various residents. I am not sure  
6 how many are on the floor. There is about 30 or 40  
7 on the floor.

8           The lack of social interaction  
9 really -- was really damaging to my wife. She  
10 would cry about it. You know, she misses being  
11 able to touch, being able to smell me. You know,  
12 the staff who she mostly knew, it became hard to  
13 delineate who is who with the masks, and it was  
14 upsetting to her.

15           One of the -- when things started to  
16 ease up -- I am in Toronto. When things started to  
17 ease up, people were able to start going to parks,  
18 and we were encouraged to go to the park. I asked  
19 the administration to have permission to take her.  
20 She is right across from a downtown -- a beautiful  
21 downtown park. And it took about three weeks.  
22 They said, We'll have to ask the Ministry, because  
23 as I think we all understand, these LTCs can only  
24 do what the province allows them to do.

25           And so it took about three weeks for

1 them to say, Okay, but only once a week, and it was  
2 a real boon to her. She really started to come out  
3 of a bit of a shell just being able to feel the air  
4 on her and see other people and stuff and be with  
5 me.

6 But then that stopped in the fall, and  
7 it became -- you know, all the gains were, you  
8 know, regressing again.

9 One of my questions is this -- and I  
10 asked the administration numbers of times. I live  
11 by myself. I keep myself safe. I get tested once  
12 a week. These are all things that the staff in the  
13 home do. Why can't I come in and help her with  
14 her -- especially with her eating? Eating is  
15 something that is absolutely crucial to her life.  
16 Three meals a day, she lives for them. It is  
17 difficult for her to use a spoon or a fork. She  
18 can start off that way, but it is just too -- it  
19 takes too much concentration, and she is hungry.  
20 So she reverts to eating with her hands -- with her  
21 hand, and then she has to wait for somebody to be  
22 available to clean her hand off.

23 These are such small things compared to  
24 some of the other stories, I'm almost embarrassed,  
25 but at the same time, it comes from the same

1 source, a lack of personnel. There is just not  
2 enough money in the kitty to hire enough people,  
3 and there is not enough money in the kitty to pay  
4 them not to come to work when they are sick. And I  
5 don't see any change in that respect from the  
6 province, and not just with nursing homes, with  
7 long-term care places, with all sorts of essential  
8 workers who are not being given sick leave to be  
9 home sick instead of spreading their -- whatever  
10 the disease is.

11           The Life Enrichment, which for my wife  
12 is so very important, she gets three hours a day.  
13 That is the provincial -- that is what the province  
14 calls for, and that is, in her case, four times a  
15 week. It is just so pathetic, so pathetically  
16 short of a person's needs.

17           I have become an essential caregiver  
18 for I guess now six weeks, which means I have  
19 jumped the line. I got my second vaccine  
20 yesterday, and I am grateful for that.

21           I am only allowed to see her twice a  
22 week, and they bring her down to the lobby because  
23 it is a shared room that she is in. I don't  
24 understand the reason for this because I look after  
25 myself the same as everybody else who works there,

1 and in another four weeks, I believe, I will reach  
2 maximum efficacy, and I am going to want to know  
3 why I cannot be in that room with her.

4           So far, I have had zero answers from  
5 the province on any of my questions, which  
6 involved, you know, visitation and now with --  
7 involved with visitation. I find the province  
8 just, I don't know, close-mouthed. It seems like  
9 they have got to wait to speak with business people  
10 before they can make any decision about the health  
11 care in long-term care places.

12           So I feel -- I didn't hear too much  
13 anger. I feel very angry with the province. They  
14 started off -- Doug Ford started off seeming like  
15 he was doing a really good job, but after that  
16 first lockdown, money is the thing that is calling  
17 the shots.

18           And my heart goes out to the other five  
19 participants, the grief you have had. I have the  
20 wonderful future of my wife does get better. It is  
21 not the same as Alzheimer's.

22           So I thank you for the time that you  
23 have allowed me to talk.

24           DAWN PALIN ROKOSH: Participant 6,  
25 thank you so much for sharing your experience, and

1 I have to say it has been very valuable.

2 So thank you very much. And I'm sorry  
3 for the challenges that you have been facing in  
4 trying to see and visit with your spouse, but I  
5 thank you very much for sharing it. It has been  
6 very helpful.

7 And thanks to all of the participants  
8 who have spoken to share their experience, many  
9 difficult experiences that you have been sharing  
10 with the Commission.

11 We are going to move now to -- I am  
12 going to hand things over to my co-facilitator,  
13 Alain Daoust, and he is going to lead us through  
14 your responses to question 2.

15 So over to you, Alain.

16 ALAIN DAOUST: Thank you very much,  
17 Dawn, and just since Participant 1 has answered  
18 both questions from the get-go, I will proceed  
19 right now directly with Participant 2 for the  
20 question.

21 So for the second question, Participant  
22 2, reflecting on your experience, is there anything  
23 that could have been done that would have made the  
24 situation better, and what is the most important  
25 thing that the Commissioners need to know as they

1 consider recommendations?

2 PARTICIPANT 2: What I would like,  
3 actually, listening to the other five presenters, I  
4 understand what you went through because there is  
5 feelings that I have done too.

6 So let me get back to French. I would  
7 like to suggest recommendations to the Commission.

8 First of all, I would recommend to  
9 implement a provincial strategy, Francophone  
10 provincial strategy, to promote and value jobs  
11 having to do with long-term care.

12 We have to give more value to that  
13 profession.

14 My spouse was in a residence designated  
15 under French services legislation. There is a huge  
16 shortage of Francophone employees in our long-term  
17 care homes. The only thing I could see is there  
18 was a tag on the door of his room that said "I  
19 speak French", but because of a lack of  
20 French-speaking staff, no one could speak to him in  
21 French. And it is important for a Francophone to  
22 be able to be addressed in his or her mother  
23 tongue.

24 So I would really recommend that we  
25 work with high schools, universities, and colleges

1 to encourage people to go into that profession and  
2 to give it more value. That is very important.

3 I think it is important as well to  
4 recognize that natural caregivers, essential  
5 natural caregivers, as mentioned by other  
6 participants, should be on-boarded, and we need to  
7 recognize their role a bit more. It should be the  
8 case of the nurses and other staff.

9 Also when there is a wage increase, we  
10 need to be fair throughout all the staff working in  
11 a long-term home because there are questions then  
12 on the importance of each person's role when wage  
13 increases are given out or benefits, and I found  
14 there were problems among the staff of some homes  
15 because of that.

16 I think the Commission should develop a  
17 sub-level of workers. I know that some people are  
18 hiring now resident service attendants, RSOs. It  
19 is important that each residence, each home, can  
20 have a regular contact with someone who will listen  
21 to him, will do activities with him. We have to  
22 encourage residents in their development, physical  
23 development, but also social, emotional, and  
24 spiritual. We need to spend quality time with  
25 them. We need to encourage them to tell their

1 story, talk about their life, so that they continue  
2 to grow and develop in that crucial period that  
3 they are in.

4 The third recommendation, I would  
5 recommend that the Commission should implement a  
6 true partnership between the residents, the staff,  
7 and the Family Councils. It was mentioned by other  
8 people who testified today. Family is a partner in  
9 residents' care. Too often, family and Family  
10 Councils are seen as a threat for the  
11 administration or a hindrance, but the nursing  
12 staff considers the family, the essential  
13 caregiver, as an asset, as a partner. Family  
14 Councils offer presence to residents, motivation,  
15 love, which is so, so crucial to help residents.

16 And families and essential natural  
17 caregivers can recommend solutions and strategies  
18 to provide for the well-being of the residents.

19 I can also talk to you about testing,  
20 the rapid testing and the antigen testing. I won't  
21 speak too long, but why not the same standards for  
22 employees and for families or natural caregivers?  
23 I had to be tested every four days, to get my  
24 results on the seventh day, as an essential  
25 caregiver. Why can the employee only be tested

1 once a week and doesn't have to go through the  
2 rest?

3 Another point I would like to make is  
4 that we recommend to the government or the Minister  
5 to increase the number of beds for long-term care,  
6 Francophone beds. What is a big problem is the  
7 communication that comes from the government  
8 towards families who want information on  
9 Francophone beds in our long-term homes. Very  
10 often, the family is bypassed and is given all  
11 kinds of information, but not the correct  
12 information with regard to having a bed in a  
13 long-term care home for a Francophone resident.

14 I think that family is really the voice  
15 of the resident, and we have to respect the family,  
16 be honest and clear and specific, to help families  
17 help the resident.

18 Thank you very much for taking those  
19 recommendations under consideration. I hope that  
20 the Commission will really focus on the needs of  
21 Francophone families and the families in Ontario,  
22 because long-term care homes have urgent needs in  
23 being reformed, changed, so that we can respect our  
24 residents, the families, and the workers in  
25 long-term homes.

1 Thank you.

2 ALAIN DAOUST: Thank you very much,  
3 Participant 2. Thank you for your observations.  
4 Thank you for your recommendations. We do  
5 appreciate them very much.

6 I will proceed now with Participant 3  
7 to answer the second question, and I'll read it in  
8 English.

9 So reflecting on your experience, is  
10 there anything that could have been done that would  
11 have made the situation better and what is the most  
12 important thing that the Commissioners need to know  
13 as they consider recommendations?

14 PARTICIPANT 3: Thank you. I certainly  
15 want to first, Participant 2, definitely from a  
16 Family Council and families being at the table,  
17 that is imperative.

18 We know the families. We have the  
19 experience. And we are able to sit as partners at  
20 that table, and we should be, in all parts of that.  
21 So I agree wholeheartedly to Participant 2.

22 And just one other point.  
23 Communication. Participant 6, it frustrates me the  
24 most is that you have been told that you are not  
25 allowed in. As an essential caregiver, you are

1 allowed in.

2 So to the Commissioners, it is a  
3 communication issue here. Homes should not be  
4 allowed to not let them in. You have been able to  
5 be allowed to be in since May or June, so it breaks  
6 my heart when I hear that, and it shows  
7 communication down the paths and for homes who are  
8 either disregarding what the government is saying  
9 or not understanding the rules, so that is a big  
10 communication issue.

11 I think for my first, for what I  
12 brought to -- I mean, I think what really needs to  
13 happen is legislation around residents. No  
14 eviction policies allowed. We have eviction  
15 policies for all of our -- all of us in this home.  
16 Through a pandemic, we are not allowed to be  
17 evicted. My mom was evicted from her home. That  
18 needs to change and that needs to go. The rights  
19 have to be amended to be allowed to protect their  
20 homes.

21 Some other components I would  
22 recommend, and it is really -- we have talked about  
23 hiring. Hiring needs to happen. Family members  
24 need to be participating in some of that hiring.  
25 We need to have more Life Enrichment, and whether

1 it is called Life Enrichment, whether it is called  
2 behavioural specialists, we need more activities  
3 happening in that home.

4 A person only gets, if they are lucky,  
5 one activity of 15 minutes in the morning and one  
6 activity of 15 minutes in the afternoon. They are  
7 woken up at 8:30 in the morning, and they don't go  
8 to bed until 8:00 p.m. or later. They just sit.  
9 There is no activities happening. That has to  
10 change. This is not an institution to go to die.  
11 This is for people to have activities and a way of  
12 life within the home. It needs to change in that  
13 sense.

14 I think for sure from a hiring and  
15 wages needs to be looked at, but I think more  
16 importantly as well is there is so much waste  
17 within the homes. There is so much lack of  
18 technology. There is so much lack of business  
19 process in there, and I think that really needs to  
20 be looked at. People don't know how to turn on  
21 TVs. People don't know how to do different things.  
22 We can make these homes a lot better and more  
23 efficient for -- even if there is two people, there  
24 is still more that can be done. We need to hire a  
25 lot more people, but I think also technology needs

1 to start being played and looked at within the  
2 homes both from, as I said, all the paperwork  
3 nurses have to do. That will alleviate some of  
4 this time.

5 Training. We need to get training into  
6 these places, but also through the pandemic, what I  
7 noticed was the deployment of staff. Life  
8 Enrichment people were portering people and taking  
9 time away from their job of giving activities and  
10 helping the residents go through and have an active  
11 life. Instead, they are portering or FaceTiming.  
12 Very high paid -- "high paid", I put quotes, high  
13 paid role for portering. I think some of those  
14 things need to be looked at from a pandemic  
15 perspective and ongoing. Are we doing the right  
16 things? Do we have the right structure?

17 And one other thing I would say is,  
18 from a pandemic right now, family members are being  
19 tested the most, both from -- I have been tested  
20 twice a week since May -- once a week since May,  
21 and twice a week, and I am about to go daily with  
22 the rapid testing.

23 We are more protected than the staff.  
24 Yet we as family members cannot help in the  
25 volunteering program. It is time to open that up

1 in a way that -- we are in the home already. I can  
2 stand at the front of -- I had walking clubs in  
3 that. We can still be as safe, keep the numbers  
4 down, but allow us to help. We have got 30 percent  
5 of families being able -- sorry, 30 percent of the  
6 work can be done by families right now. We are not  
7 opening that up, and we are only being able to stay  
8 in the room of the resident or, for some of us, my  
9 mom, I'm allowed to walk a bit in the hall. We  
10 could help so much right now, and I think that the  
11 homes are looking for direction.

12 I am in a municipal home, which I think  
13 is some reason why we have fared better than most,  
14 but at the same point, the directors or  
15 administrators are too afraid to take on risk,  
16 which I understand, but you do need to take on some  
17 risk, risk in the sense of weighing the risk. If  
18 we look at family members, we are in the homes  
19 already. We could be doing some programming right  
20 now.

21 So that is what I would look to from  
22 the government and legislative people. And thank  
23 you, everybody, and the stories have just been sad  
24 but, you know, it is good to hear everybody is  
25 doing better.

1                   ALAIN DAOUST: Thank you very much,  
2 Participant 3, and thank you very much for sharing  
3 your observations with the Commission. It is  
4 greatly appreciated. Thank you.

5                   PARTICIPANT 3: Thank you.

6                   ALAIN DAOUST: I will now proceed with  
7 Participant 4. Do you want me to repeat the  
8 question, or are you okay with --

9                   PARTICIPANT 4: That is okay. I  
10 promise to try to focus on that question and not  
11 the earlier one.

12                   First of all, I do also want to put my  
13 support behind the other participants. I have not  
14 heard a thing from them that doesn't matter. I  
15 think everybody is bringing up excellent points,  
16 and in particular, Participant 3, thank you so much  
17 for being so well-prepared for this and putting  
18 across that which many of us want to say and which  
19 many people who are not here are unable to add to  
20 it. I know that you are the voice of many people,  
21 so thank you, and I hope the Commission hears that  
22 loud and clear.

23                   I want to just go back quickly to what  
24 I answered in question 1 and make sure that I have  
25 hit the points that I wanted to hit there that

1 pertain to question 2.

2 I did talk about their seemingly lack  
3 of pandemic and emergency planning, and that is a  
4 critical item that is needed -- was needed and is  
5 needed going forward.

6 I want to talk about the lack of  
7 understanding about fecal-oral transmission and  
8 ventilation systems in homes being up to snuff.

9 I want to also remember that the  
10 monitoring of non-profit homes -- sorry, for-profit  
11 homes but also all other homes, it has to be -- you  
12 have to have the same expectations for all homes.  
13 Our family members must be safe in any home they  
14 live in. If there is going to be a for-profit  
15 home, then the Ministry has to step up and do more  
16 to monitor it and to make sure that they are  
17 meeting the needs of the residents first before  
18 their profits.

19 I think those are the main pieces there  
20 in going backwards.

21 In going forwards -- sorry, I'm just  
22 checking my notes.

23 ALAIN DAOUST: It is okay.

24 PARTICIPANT 4: Okay. So my  
25 understanding is that there was an infection

1 prevention body that was asked to stand by while a  
2 new body in Ontario Health focussed on these  
3 issues. There was definitely some cost-cutting to  
4 Public Health that affected the safety and  
5 well-being of our family members, and I think that  
6 the Ministry needs to have a look at that. Again,  
7 it is more about the best interests of the  
8 residents over the budget. That is what our  
9 politicians are there for and our ministries are  
10 there for, is to keep the constituents -- to keep  
11 the people who live there safe.

12           Again, if someone was paying better  
13 attention, I think my mother would have survived  
14 better, and that goes back to the monitoring.

15           And then the post-illness follow-up,  
16 just it is quite unbelievable what the families are  
17 expected to do to keep their family members safe  
18 and healthy. There doesn't seem to be in the homes  
19 someone who is looking out for our individual  
20 family members.

21           The staffing -- I did mention this in  
22 number 1, but I'll mention it quickly now. The  
23 staffing -- the staff are not necessarily experts  
24 in the areas that they are placed in. A Director  
25 of a home without a health care background and

1 Co-Directors of Care -- not a Director of Care who  
2 knows everything, but Co-Directors of Care who  
3 share were not engaging and assisting families  
4 appropriately. So I think staffing needs to be  
5 monitored better.

6 Money and liability were permitted to  
7 trump commonsense, compassion and care. Families  
8 were treated as if they were the cause and source  
9 of the spreading of the virus -- Participant 3  
10 focussed on this to some extent -- instead of being  
11 welcomed as a full partner in the war against  
12 COVID-19. And that is because the plan was not in  
13 place, I believe, and it was very short-sighted.  
14 They have known for a long time that a pandemic was  
15 coming. Toronto had SARS. The Middle East had  
16 MERS. Are we going to be prepared for a nuclear  
17 disaster? Was Texas prepared for climate change  
18 that they are dealing with this week? We are  
19 vulnerable in the name of excessive profit and  
20 complacency, and the piecemeal approach that the  
21 government and long-term care homes implemented  
22 made it even worse. To lock family members out  
23 made the whole thing worse.

24 And then I would like to see the  
25 Ministry focussed on requiring the homes to amplify

1 the need to connect families to each other for  
2 advocacy. We cannot reach each other easily.  
3 People get a general, Oh, go ahead and join the  
4 Family Council, but many do not, and we can't -- it  
5 is very hard once a family is embroiled in the  
6 day-to-day care of their family member in that home  
7 to get their attention to join the Family Council.  
8 It was an amazing revelation to the few families  
9 that we had access to, and to Participant 6 here, I  
10 believe, I assume, that the homes were arbitrary in  
11 their decisions and were doing illegal things to  
12 keep families out.

13 Our families need to be together. We  
14 need to be connected. And people need to be  
15 impressed upon not to hesitate to connect. I think  
16 it is our Canadian way to sit back and say I trust  
17 the people I have put in charge, but buyer beware.  
18 We are now consumers in this area, and we need to  
19 make a concerted effort to be connected.

20 And as such, I would like to know if  
21 there is a way that we can be connected to each  
22 other following this, if there is some way that we  
23 are able to share. I would definitely want to meet  
24 again with Participant 3 and others and invite them  
25 to be in touch with me. And I am quite comfortable

1 sharing my information through the Commission if  
2 you would connect us, please.

3 ALAIN DAOUST: Okay. Thank you very  
4 much, Participant 4, and yes, you may follow up  
5 with us on that matter, and we will be gladly  
6 obliged.

7 Thank you very much for your  
8 observations as well. It is much appreciated.

9 And now we will move to Participant  
10 number 5. So Participant number 5, would you like  
11 me to repeat the question for you? Is that okay?

12 I think you are still on mute. If you  
13 could turn your microphone on, please.

14 PARTICIPANT 5: So we cannot allow the  
15 shortage of PSWs and other health professionals  
16 specialized to -- we cannot allow the situation to  
17 continue to get worse. The government or the  
18 managers have to see this as job creation.

19 So what was worrying me a lot is that  
20 the provincial government would be able to take  
21 power, and a few months after it has taken power,  
22 they were able to reduce budgets for long-term care  
23 homes and to maintain job conditions and salaries  
24 that were not competitive for the PSWs.

25 I would not like this situation to

1 happen again while I am still alive.

2           What also worries me is that it is  
3 possible for individuals to arrive in a long-term  
4 care home and to make a purchase offer and to  
5 become an owner of a long-term care home, all with  
6 a view to turning a profit. That really worries me  
7 that long-term care homes -- or that a company,  
8 rather, can hire somebody just to manage a  
9 long-term care home. Are we really looking at all  
10 of the issues of qualifications, of capacity, and  
11 of expertise?

12           I am also worried that the provincial  
13 government would be able to take power and reduce  
14 the number of annual inspections in all of the  
15 long-term care homes. We have seen what the  
16 results of that are. We have to increase these  
17 inspections, maybe three or four.

18           I am concerned that an inspector could  
19 demand that our home make changes and that the home  
20 could ignore the recommendations without any  
21 sanction. We have seen that in the news, in the  
22 newspapers, things like that. I don't want to see  
23 that again.

24           I am also concerned that the government  
25 has not provided for a ventilation system in

1 long-term care homes as described in this week's  
2 document Proposed Amendments to O.Reg. 79/10,  
3 Long-Term Care Homes Act, for Enhancing Cooling  
4 Requirements in Long-Term Care Homes.

5 With global warming and our summers  
6 that are becoming hotter and with huge  
7 fluctuations, it is worrisome that there is no air  
8 conditioning in the rooms of residents,  
9 especially -- or at least for the new homes. That  
10 was not in the list of recommendations.

11 And so it would be important to  
12 reinstate a review of care plans on an annual  
13 basis. What is the basis to decide on what to do  
14 with a resident? These reviews are done with the  
15 family members and those who hold proxies.

16 We must know why there are changes in  
17 the behaviour, a presence of anxiety, a change in  
18 weight, or other such things that physicians  
19 perhaps see during their visits but that we may not  
20 be aware of. Nothing should be hidden as far as  
21 the health of our loved ones is concerned.

22 I think that to correct the existing  
23 problems in long-term care homes in Ontario and  
24 elsewhere in Canada, we need to start by changing  
25 the Canada Health Act. That would require that we

1 re-open that Act to provide for the fact that care  
2 provided in long-term care homes be provided by the  
3 state under the Canada Health Act. That would  
4 provide for better uniformity throughout the  
5 country on the following points, homes being  
6 designated, ongoing care homes for internal  
7 beneficiaries, among others.

8 Also, the level or type of care offered  
9 and the way to assess the care, and the way in  
10 which the homes that are regulated not -- and that  
11 the management not depend on the owner.

12 Thank you for this opportunity to make  
13 my comments, with a view to making constructive  
14 comments.

15 ALAIN DAOUST: Thank you very much for  
16 lending or sharing your comments with the  
17 Commission.

18 We will now go to Participant 6 to  
19 answer the second question. Do you want me to  
20 repeat the question? Okay. So I think you are  
21 still on mute.

22 PARTICIPANT 6: There we go. Thank  
23 you.

24 Gee, I don't know how much I can add.  
25 You five people have been very thorough.

1           I want to underline the business about  
2 profit. I just don't see how you can possibly run  
3 a beneficial LTC and make a profit, because it is  
4 awfully expensive, and the things that the  
5 Commission I can tell are going to be forwarding to  
6 the province is going to cost the province more  
7 money, and the province has to figure out how to  
8 pay for it.

9           My worst fear is that the  
10 recommendations of this Commission, like so many  
11 other recommendations, are going to fall on deaf  
12 ears and are not going to be pushed through, and we  
13 are going to find ourselves in the same sad spot  
14 when the next disaster comes.

15           Participant 2, my heart goes out to --  
16 that your husband couldn't be spoken to in his  
17 language. It is just -- my heart just goes out.  
18 Being a unilingual person -- and I have done some  
19 travelling -- it is just so frustrating you don't  
20 know what people are saying. To be in the position  
21 of your husband and yourself, my heart goes out to  
22 you.

23           Anyways, I hope our voices get heard,  
24 and I thank everybody.

25           ALAIN DAOUST: Thank you. Thank you

1 very much, Participant 6, and thank you very much  
2 for sharing your observations and sharing your  
3 thoughts with the Commission and also to the other  
4 participants. It is very appreciated.

5 And so everyone has had the chance to  
6 answer both questions, so this concludes this  
7 meeting with the Commission. So I would like to  
8 thank all and every one of you for having the  
9 courage to share these stories because we know this  
10 is not an easy thing for you to do because everyone  
11 in this room has been through a lot, and we are  
12 cognizant of this reality.

13 So thank you for taking the time to  
14 share your stories with the Commission.

15 And now, if I may, I would like to hand  
16 it over to Commissioner Kitts who will be making  
17 the closing remarks.

18 COMMISSIONER JACK KITTS: Merci, Alain.

19 Thank you all again for the courage in  
20 joining us today to share your experiences with us.  
21 You know, seeing this tragedy through each of your  
22 eyes and listening to your heart-felt messages has  
23 been really helpful in making the impact of this  
24 pandemic very real for all of us.

25 We'll do our best to submit a report

1 that reflects your personal experiences and  
2 recommendations to government so they and the  
3 general public understand why this tragedy must  
4 never happen again.

5 And I think you summed it up well,  
6 Participant 6. You summed up that your voices --  
7 you hope that this meeting today will make your  
8 voices heard.

9 We will do our best to do that. And  
10 again, your presence today will help us shape us  
11 our report and get the voices heard.

12 So thank you very much. Merci  
13 beaucoup. Thank you.

14 COMMISSIONER ANGELA COKE: Thank you,  
15 everybody.

16 COMMISSIONER JACK KITTS: Bye-bye.

17 DAWN PALIN ROKOSH: Thank you all.

18 ALAIN DAOUST: Thank you.

19

20 -- Adjourned at 2:56 p.m.

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1 REPORTER'S CERTIFICATE

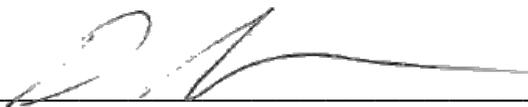
2  
3 I, DEANA SANTEDICOLA, RPR, CRR,  
4 CSR, Certified Shorthand Reporter, certify:

5 That the foregoing proceedings were  
6 taken before me at the time and place therein set  
7 forth;

8 That all remarks made at the time  
9 were recorded stenographically by me and were  
10 thereafter transcribed;

11 That the foregoing is a true and  
12 correct transcript of my shorthand notes so taken.

13  
14  
15  
16 Dated this 19th day of February, 2021.

17  
18  
19  
20  
21 

22 NEESONS, A VERITEXT COMPANY

23 PER: DEANA SANTEDICOLA, RPR, CRR, CSR

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