

Long Term Care Covid-19 Commission Mtg.

Briefing by Ministry of the Solicitor General
on Wednesday, October 14, 2020



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held Virtually via Zoom, with all participants
attending remotely, on the 14th day of October,
2020, 10:00 a.m. to 11:23 a.m.

1 BEFORE:

2

3 The Honourable Frank N. Marrocco, Lead Commissioner

4 Angela Coke, Commissioner

5 Dr. Jack Kitts, Commissioner

6

7 PRESENTERS:

8

9 Teepu Khawja, Chief of Emergency Management Ontario
10 and Assistant Deputy Minister of the Ministry of
11 the Solicitor General

12 Mario Di Tommaso, Deputy Solicitor General of
13 Community Safety at the Ministry of the
14 Solicitor General

15 Ray Lazarus, Director of Emergency Management
16 Ontario at the Ministry of the Solicitor General

17 Debbie Conrad, Assistant Deputy Minister of the
18 Ministry of the Solicitor General, Strategic
19 Policy, Research and Innovation

20 Ann Christian-Brown, Crown Law Office, Civil,
21 Counsel for Ontario for Emergency Management Office
22 at the Ministry of the Solicitor General

23 David Willans, Senior Counsel, Legal Services
24 Branch at the Ministry of the Solicitor General

25

1 Natalie Osadchy, Counsel, Ministry of the Solicitor
2 General

3 Natalia Vasilos, Strategic Advisor for the Chief of
4 Emergency Management Ontario

5

6 PARTICIPANTS:

7

8 Alison Drummond, Assistant Deputy Minister,
9 Long-Term Care Commission Secretariat

10 John Callaghan, Counsel, Long-Term Care Commission
11 Secretariat

12 Derek Lett, Policy Director, Long-Term Care
13 Commission Secretariat

14 Lynn Mahoney, Counsel, Long-Term Care Commission
15 Secretariat

16

17

18 ALSO PRESENT:

19

20 Olivia Arnaud, Stenographer/Transcriptionist

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1 -- Upon commencing at 10:00 a.m.

2
3 COMMISSIONER FRANK MARROCCO (CHAIR):
4 Good morning. So you know -- well, you
5 may not know, but Commissioner Angela Coke and
6 Commissioner Jack Kitts, and myself, obviously we
7 make up the Commission.

8 Are you waiting on anybody?

9 MARIO DI TOMMASO: I am not. I have
10 Teepu Khawja with me and Debbie Conrad as well, so
11 I'm good to go, sir.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 Okay. Well, let me just give you a brief idea
14 where we're coming from.

15 As you would appreciate, most times,
16 when there's a commission, it's looking back at an
17 event and trying to explain the event to the public
18 and that usually, they go through a process of
19 investigating and public hearings and write a
20 report, and that process can take a couple of years
21 before it concludes.

22 Our -- the difference with us is we've
23 been called into existence in the middle of
24 something. It's not over, and it's not clear how
25 it will play itself out, whether there will be a

1 Wave 3 and so on.

2 So what we've decided to do is to try
3 to make a few pertinent recommendations at the
4 start and then engage in the process of looking
5 back at Wave 1 and trying to figure out why it
6 happened and so on.

7 So we are very interested in any
8 observations about what we might constructively
9 recommend now, and of course, we're very interested
10 in whatever it is you want to tell us.

11 But that's essentially our focus. We
12 do have a reporter, and we have the website, and
13 we've tended to post the witnesses and the
14 transcript and so on.

15 So that's what we're up to, and we're
16 ready when you are.

17 MARIO DI TOMMASO: Thank you,
18 Chief Commissioner, and so with your permission,
19 what I propose to do, sir, is make a couple of
20 opening -- or sorry, make an opening statement and
21 just set the context about the presentation that
22 Teepu Khawja will give you about Emergency
23 Management Ontario and our role in this pandemic.

24 And at that point in time, you can feel
25 free to interject at any time and ask any questions

1 that you see fit. And so with your permission,
2 I'll get started.

3 COMMISSIONER FRANK MARROCCO (CHAIR):
4 Go ahead.

5 MARIO DI TOMMASO: Good morning,
6 Commissioners. My name is Mario Di Tommaso, and I
7 am the Deputy Solicitor General, Community Safety
8 at the Ministry of the Solicitor General, and I
9 have been in this position for the last two years.
10 And by way of an Order in Council, I am also the
11 Commissioner for the Emergency Management as per
12 the Emergency Management and Civil Protection Act
13 or the EMCPA.

14 I'm joined by my Chief of Emergency
15 Management, Teepu Khawja, and it is our pleasure to
16 have this opportunity to provide a foundational
17 briefing on Emergency Management Ontario, as well
18 as our involvement in COVID-19 responses during
19 these unprecedented times.

20 In addition, I also have with me
21 Assistant Deputy Minister Debbie Conrad who played
22 a coordinating role on behalf of other ministries
23 for the development of emergency orders under the
24 EMCPA. As you may be aware, Emergency Management
25 Ontario, or EMO, which operates the Provincial

1 Emergency Operations Centre, PEOC, is within the
2 Ministry of the Solicitor General.

3 In support of the Chief's legislated
4 responsibility under the EMCPA, Emergency
5 Management Ontario monitors, coordinates, and
6 assists in the development and implementation of
7 emergency management programs across both
8 ministries and municipalities.

9 You will see later in the presentation
10 that the lead assigned ministry responsible for a
11 pandemic emergency is the Ministry of Health. You
12 will also see that the Government of Ontario
13 decided to take a whole-of-government response
14 approach to this pandemic by creating the Central
15 Coordination Table, and that table is comprised of
16 health experts, deputy ministers, the Secretary of
17 Cabinet, the Chief of Staff to the Premier, and
18 others to coordinate and provide the best advice to
19 Cabinet, who makes the decisions.

20 EMO also coordinates response efforts
21 with the Federal Government of Canada, primarily
22 through Public Safety Canada.

23 And during the current COVID-19
24 pandemic, Ontario sought and received support for
25 the long-term care home sector from the Federal

1 Government, specifically the Canadian military, and
2 because some of this support was coordinated
3 through Public Safety Canada, EMO became involved.

4 EMO is working with other ministries
5 daily, offering situational awareness and support
6 with emergency planning and responses, and ensuring
7 that everyone is ready should this pandemic
8 escalate even further.

9 While EMO continues to support the
10 response to the pandemic, it still continues its
11 day-to-day operations and the coordination of the
12 response to the new, non-pandemic emergency such as
13 safe evacuation and return of communities,
14 including First Nations, for floods and forest
15 fires.

16 I'd like to now turn it over to Teepu
17 Khawja, Assistant Deputy Minister and Chief of
18 Emergency Management Ontario who will speak to the
19 specifics of emergency management response in
20 Ontario.

21 Teepu, over to you.

22 TEEPUN KHAWJA: Great. Thank you,
23 Deputy, and good morning, Commissioners, can you
24 hear me okay?

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 We can.

2 TEEPU KHAWJA: Great. Thank you. So
3 as I introduce myself, I will ask Natalia from my
4 team just to share her screen. That way we can
5 have the presentation up on the screen as I go
6 along.

7 So Natalia, can you do that while I
8 just open with my own remarks? Thank you.

9 So it's my privilege to have the
10 opportunity to provide you all this foundational
11 briefing alongside my Deputy. I know that you were
12 provided with my bio beforehand, so I will quickly
13 introduce myself.

14 As the Deputy said, my name's Teepu
15 Khawja, Chief of Emergency Management. We actually
16 are located within the division of the Ministry of
17 the Solicitor General, known as the Office of the
18 Fire Marshal and Emergency Management. But my
19 portion of the division is still commonly known as
20 Emergency Management Ontario, EMO, so that's what
21 I'll be referring to throughout the presentation.

22 I am joined by Ray Lazarus, my Director
23 of Emergency Management, who I will -- I may
24 occasionally turn to to elaborate on any of my
25 answers to your questions. And as the Deputy said,

1 and elaborating a little bit, my appointment in
2 this position began in late February, approximately
3 three weeks prior to the provincial emergency
4 declaration under the EMCPA, and that was after
5 almost 13 years in the OPS and progressive
6 positions at the Ministry of Transportation.

7 Today, I'll be walking us through this
8 presentation on foundations of Emergency Management
9 Ontario, largely grounded in the statute known as
10 the EMCPA that the deputy referred to.

11 We will also highlight how we in EMO
12 typically engage in emergency response, and I will
13 elaborate a little bit on some of the
14 whole-of-government emergency coordination
15 structures implemented during COVID that the deputy
16 referenced, and finally, I'll end the presentation
17 with some of our EMO efforts during the pandemic to
18 date.

19 Feel free to interrupt me throughout
20 the presentation with your questions. I know there
21 is quite a bit of information contained within, so
22 I may occasionally defer some of your -- some of
23 the answers to your questions to a subsequent slide
24 because the answer might be forthcoming.

25 So with that, if I'm free to begin,

1 Natalia, can I ask you to start on Slide No. 3,
2 please? Sorry, next slide. Slide No. 4, sorry.

3 From this slide, you can see at the top
4 that the EMCPA was last updated in 2006, and it
5 establishes the province's framework for managing
6 emergencies. It defines the authority and
7 responsibilities of provincial ministries,
8 municipalities, and specific individuals such as
9 the Premier, the Commissioner of Emergency
10 Management, who is also the Deputy as he introduced
11 himself, and myself as Chief of EMO.

12 There is a singular regulation under
13 this act. It is Regulation 380/04, and it's known
14 simply as "Standards," and it requires the
15 development of EM programs under preparedness and
16 response, and it really lays out the standards for
17 ministries and municipalities for their programs
18 and their plans.

19 Emergency Management Ontario, the
20 foundation is five pillars: Prevention mitigation,
21 preparedness, response, and recovery, that standard
22 nomenclature nationally and internationally.

23 And within the EMCPA, the definition of
24 an emergency is here italicized. It is a situation
25 or a pending situation that constitutes a danger of

1 major proportions that could result in serious harm
2 to persons or a substantial damage to property and
3 that is caused by the forces of nature, a disease,
4 or other health risks.

5 So I will verbally emphasize that
6 because that is the focus of the pandemic: A
7 disease or health risk, an accident or an act,
8 whether intentional otherwise.

9 I know from reviewing some of the
10 presentations and transcripts of my colleagues to
11 the Commission that on September 23rd, you did
12 receive a foundational briefing by counsel and
13 staff from the Ministries of Health and Long-Term
14 Care on HIPPA, the Health Protection and Promotion
15 Act, and the powers of the Chief Medical Officer of
16 Health, but their presentation also touched on the
17 EMCPA.

18 So with the ensuing slides, I hope to
19 provide you a bit of a deeper dive on the latter,
20 on the EMCPA.

21 Next slide, please, Natalia.

22 Overall, the EMCPA and its single
23 regulation are not overly complex. We wanted to --
24 this slide provides the Commission with a few of
25 the highlights and excerpts.

1 So EMCPA, along with other provincial
2 legislation, establishes the framework for
3 municipal and provincial governments to prepare for
4 and respond to emergencies, regardless of whether a
5 provincial emergency declaration has been made or
6 not.

7 The Solicitor General has been assigned
8 responsibility for the administration of the EMCPA,
9 and some key sections are as follows:

10 I'll skip the first sub-bullet because
11 it simply repeats the definition of an emergency.

12 Section 3 of the act directs
13 municipalities to formulate an emergency plan
14 governing the provision of necessary services
15 during an emergency and the procedures under and
16 the manner in which employees at that municipality
17 and other persons will respond to the emergency.

18 Again, when it says "emergency" here,
19 it doesn't necessarily mean when there's a
20 provincially declared emergency. It's part of
21 their emergency planning, and the responsibility
22 lies with them.

23 For Section 6 onwards, which I'll
24 highlight here, I will preempt it by saying that
25 more information on each of these will be provided

1 on subsequent slides.

2 So Section 6 is where there's direction
3 to provincial ministers to create emergency plans,
4 governing the provision of necessary government
5 services during an emergency, and the procedures
6 under and the manner in which public servants and
7 other persons need to response to the emergency.

8 Section 7.0.1 outlines how the
9 Lieutenant Governor in Council or Premier can
10 declare a provincial emergency and the criteria for
11 doing so.

12 Section 7.0.2 provides authority during
13 a provincial declared emergency, and subject to the
14 criteria and limitations in that section, allows
15 for the LGIC to make orders in respect of 14 areas.

16 Some examples are provided in the
17 appendix, so I won't read through them, but the
18 appendix lists those 14 areas within the EMCPA for
19 which orders can be made. And the orders are such
20 that occur when the LGIC believes they are
21 necessary and essential in the circumstances to
22 prevent, reduce, or mitigate serious harms to
23 persons or substantial damage to a property.

24 The orders are revoked after 14 days
25 unless the LGIC or a delegated minister has allowed

1 for under the act. Before it is revoked, it can be
2 extended for a period of no longer than 14 days.

3 Section 7.0.10 directs the Premier to
4 table a report in respect of a provincially
5 declared emergency under the EMCPA in the Assembly
6 within 120 days after the termination of a declared
7 emergency.

8 This section also includes details
9 about what needs to be included in the report.

10 So as you'll be aware that the
11 provincially declared emergency expired on
12 July 24th. So 120 days from that day takes us to
13 the third week of November, for your awareness, for
14 that report to be tabled in the Legislative
15 Assembly.

16 Section 7 --

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 Can I -- can I just interrupt for a minute?

19 TEEPU KHAWJA: Yes.

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 How does this legislation in your mandate sit with
22 the Medical Officer of Health and the local medical
23 officers of health in the various health units?

24 How do they fit together, or do they?

25 TEEPU KHAWJA: So thank you for the

1 question. From my perspective, these are
2 complementary statutes. In terms of EMCPA, myself
3 as Chief, as the Deputy had mentioned earlier,
4 legislatively under the EMCPA, my responsibilities
5 are strictly to support, monitor, coordinate the
6 planning of emergency planning by ministries and
7 municipalities. So those are the extent of my
8 powers and responsibilities under the act.

9 As it relates to Health -- and I'll get
10 to a slide subsequently in terms of some of these
11 relationships, but as the Deputy had mentioned,
12 there is an OIC under the regulation that specifies
13 Health as being the provincial lead for pandemics
14 for disease, and so the Chief Medical Officer of
15 Health's authorities reflect that responsibility.

16 I have no interaction or -- under the
17 EMCPA with local medical officers of health. That
18 also leads to the Chief Medical Officer of Health.

19 And the last point I'll just mention in
20 response right now is within this EMCPA, there is a
21 specific section under "Other" which clearly states
22 that there is nothing -- none of the orders or any
23 actions under the act can really abrogate the
24 powers of the Chief Medical Officer of Health. So
25 it's very clear that there should be no conflict

1 between the EMCPA or the powers of the Chief
2 Medical Officer of Health.

3 MARIO DI TOMMASO: Let me jump in as
4 well, Teepu.

5 So Chief Commissioner, with regards to
6 the health authorities that both local medical
7 officers of health and the Chief Medical Officer of
8 Health on behalf of the province have, those
9 authorities reside in Section 22 of the Health
10 Promotion and Protection Act while the Chief of
11 Emergency Management, the Premier, the Cabinet have
12 substantially more powers under the Emergency
13 Management and Civil Protection Act.

14 They have a range of 14 different
15 orders that they can bring into force through the
16 LGIC process, and the Premier also has additional
17 powers as well in terms of, for example, compelling
18 municipalities to provide all sorts of services in
19 other jurisdictions.

20 So I think that the authorities
21 contained within the EMCPA are much stronger and
22 broader than the authorities contained in the
23 Health Promotion and Protection Act, but they are
24 complementary to one another.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Okay. Thank you.

2 TEEPU KHAWJA: Thank you for that,
3 Deputy.

4 And I'll -- for the Commissioners, I'll
5 elaborate on some of those points on -- that the
6 Deputy made on subsequent slides, so thank you.

7 Natalia, can you move to the next
8 slide, please?

9 So Slide No. 6. For the benefit of the
10 Commissioners, this slide depicts the provincial
11 roles and responsibilities under the EMCPA. I will
12 start clockwise from the top left numbered as 1 in
13 very small font in the top corner and go clockwise.
14 And for your awareness, each of these quadrants
15 will be expanded upon in subsequent slides too.

16 So under the EMCPA, there's references
17 to the Lieutenant Governor in Council and Cabinet;
18 authorities to declare provincial emergencies or
19 confirm emergency declarations by the Premier;
20 ability to make -- authorities to make emergency
21 orders or delegate authority to make emergency
22 orders to specified ministers or the Commissioner
23 of Emergency Management; and the ability to prove
24 financial or fiscal decisions.

25 Moving over to Box No. 2, clockwise,

1 CCEM, which stands for the Cabinet Committee for
2 Emergency Management. They're a committee under
3 Cabinet, and they ensure the province is prepared
4 to address emergency situations and continuity of
5 critical government operations by providing
6 emergency management oversight, support, and advice
7 to Cabinet.

8 Next box, No. 3, in terms of ministries
9 and their responsibilities under the EMCPA, they
10 must meet legislated standards of emergency
11 management to ensure critical government services
12 are available during emergencies. All ministries
13 must have continuity of operations plans, ensuring
14 critical government services are available during
15 emergencies. And more on the final bullet on
16 subsequent slides.

17 Specific ministries under -- by Order
18 in Council are required to develop plans for
19 specific types of emergencies such as floods,
20 forest fires, pandemics, et cetera.

21 Finally, on Box No. 4, Emergency
22 Management Ontario, via my legislated
23 responsibilities, assist me. They're my conduit
24 for monitoring, coordinating, assisting
25 municipalities and ministries in the development

1 and implementation of their emergency management
2 programs.

3 Within the EMO sits the PEOC, which --
4 and more information will be on the PEOC shortly.
5 The PEOC is the arm with which we coordinate the
6 government's response to emergencies. It also
7 monitors and assesses risks and facilitates
8 situational awareness with stakeholders and public
9 alerting, the Alert Ready system.

10 So on to the next -- oh, and before we
11 move on to the next slide, just as an FYI to
12 Commissioners and the Commission, the second of the
13 two appendix slides, we've provided an org chart of
14 EMO. If there's any clarity or -- for awareness in
15 case you were interested about the size of EMO or
16 how PEOC is situated and staffed within EMO. So
17 that's there for your reference in the appendix.
18 Thank you.

19 Next slide, please.

20 MARIO DI TOMMASO: Let me just jump in
21 for a second, Chief Commissioner.

22 There is also another body that has
23 been created by the Legislative Assembly, and that
24 is the House Select Committee on Emergency
25 Management Oversight, and that committee was

1 created by the Assembly due to the Reopening of
2 Ontario Act.

3 You will recall, Chief Khawja indicated
4 that within 120 days of the conclusion of an
5 emergency, the Premier has to submit a report to
6 the Legislative Assembly, and so some of these
7 orders that we talked about earlier and we'll get
8 into later, under the Emergency Management and
9 Civil Protection Act were continued under the
10 Reopening of Ontario Act.

11 And under that act, Chief Commissioner,
12 the Solicitor General has a responsibility to
13 appear before the House Select Committee on
14 Emergency Management and Oversight to answer to why
15 these orders ought to be continued, and she is
16 subject to questioning from the Select Committee
17 members.

18 Thank you, Teepu.

19 TEEPUN KHAWJA: Thank you, Deputy.

20 COMMISSIONER ANGELA COKE: Could I just
21 ask a question: In terms of your PEOC, how that
22 relates to or works with the Central Coordination
23 Table?

24 TEEPUN KHAWJA: Thank you for the
25 question. So at this moment, Commissioner, I'll

1 offer this answer, and then perhaps some of the
2 subsequent slides will provide more clarity.

3 In terms of the Central Coordination
4 Table and its command tables, there will be a
5 subsequent slide where I elaborate on the ones --
6 focus on the tables where the Deputy and myself
7 participate.

8 And I would say in terms of my
9 participation in co-leading one of those tables and
10 supporting the command table led by our Deputy, the
11 PEOC is one of the arms that provides me with that
12 support or information as necessary to support my
13 role as a co-lead and as a member of the command
14 table.

15 But in terms of it having a designated
16 position or membership, it does not. It's not
17 recognized in the CCT, but it is present, if I
18 could say, by my -- by being led by myself as Chief
19 in my participation in those tables.

20 MARIO DI TOMMASO: So I'm not sure
21 if -- Commissioner, if that satisfied your
22 question, but in short, the CCT, and you will see
23 later, is made up of a number of command tables.

24 One of the command tables is the Public
25 Safety Command Table, and you will see an

1 organizational chart later on about that. I lead
2 the Public Safety Command Table, and I am a member
3 of the Central Coordination Table as well. I
4 attend that meeting at CCT each and every day.

5 Under the Public Safety Command Table,
6 we have four cross-functional teams, one of which
7 is emergency planning. Teepu Khawja leads that
8 table.

9 So we have a line of sight into the
10 activities of PEOC. PEOC feeds into Teepu Khawja,
11 who leads the cross-functional team of emergency
12 planning, which feeds into me, and I feed into the
13 Central Coordination Table. I hope that answers
14 your question.

15 COMMISSIONER ANGELA COKE: Thank you.

16 TEEPUN KHAWJA: Thank you, Commissioner
17 and Deputy.

18 Natalia, can you move on to
19 Slide No. 7, please?

20 So Slide No. 7, Commissioners, this
21 slide speaks a bit more to the top two quadrants of
22 the preceding slide, and we've also added a little
23 information about the Commission of Emergency
24 Management as defined under the EMCPA.

25 So in terms of LGIC Cabinet, I won't

1 repeat those bullets because they were on the
2 preceding slide. I will move on to Premier.

3 And under the EMCPA, the Premier is
4 able to declare, expand, and terminate provincial
5 emergencies. The Premier is required to regular
6 report to the public with respect to the emergency.
7 And I think we can all acknowledge that there have
8 been daily briefings throughout the pandemic by the
9 Premier.

10 As we mentioned earlier, the Premier
11 must table a report in respect of the emergency
12 within -- to the Legislative Assembly within
13 120 days of the expiry or termination of the
14 declaration.

15 The Premier may exercise any power or
16 perform any duty conferred upon a minister or an
17 employee of the Crown; may direct and control the
18 administration, facilities, and equipment of the
19 municipality in the emergency area; and may require
20 a municipality to provide such assistance as he or
21 she considers necessary to an emergency area.

22 So those authorities are conferred
23 upon, can be done by LGIC Cabinet, but also the
24 Premier, and that speaks to some of the additional
25 powers that the Deputy referenced earlier that you

1 would not see necessarily under the HIPPA for the
2 Chief Medical Officer of Health.

3 With respect to CCEM, that Cabinet
4 committee, I won't repeat the bullets here. It's
5 the same as the preceding slide, but I will say
6 that there is an upcoming slide that will give you
7 a bit more information on the membership as well.

8 Finally, on this slide, the
9 Commissioner of Emergency Management, Deputy Di
10 Tommaso, appointed under an OIC, provides advice
11 and guidance to the Premier and Cabinet, provides
12 and guidance to the CCEM, oversees the coordination
13 of public safety initiatives across Provincial
14 Government, and that's done through myself as
15 Chief -- through the support of myself as Chief and
16 EMO.

17 Ensures appropriate initiatives are
18 developed by the community safety portfolio, again
19 through myself and my team, can, if delegated to,
20 make emergency orders during a provincial
21 emergency, and report -- if done so, if delegated
22 and proceeds with emergency orders, the
23 Commissioner would be required to report to the
24 Premier within 90 days of the termination of that
25 emergency order.

1 MARIO DI TOMMASO: I just wanted to add
2 as well, Commissioners, that I have not been
3 delegated the authority to make any emergency
4 orders by the Premier or by Cabinet, so I have not
5 made any emergency orders. That has been done
6 through Cabinet exclusively.

7 TEEPU KHAWJA: Thank you, Deputy.
8 Natalia, Slide 8, please.

9 And this slide here, Commissioners,
10 just elaborates a little bit more on the CCEM.
11 They are appointed from among the members of the
12 Executive Council. I've already spoken to the
13 mandate and roles and responsibilities.

14 So here, you can just see the
15 membership. The Premier is the -- and president of
16 the Executive Council is the Chair, and then we
17 have Ministers of Energy, Northern Development and
18 Mines; Health; Municipal Affairs and Housing;
19 National Resources and Forestry; President of the
20 Treasury Board; our Solicitor General; the Attorney
21 General; and Minister of Finance.

22 And in even smaller font below the box
23 is a hyperlink to the Order in Council for
24 reference. This membership was established on
25 July 2nd, 2020.

1 On to the next slide, please, Natalia.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 I'm sorry. When you say the "membership," did this
4 not exist prior to July 2020?

5 MARIO DI TOMMASO: Yes. Yes, it did,
6 Chief Commissioner. As a matter of fact, there
7 were four recent meetings of the CCEM, and so those
8 meetings occurred, one in 2019 and three in 2020,
9 but the OIC that was referenced by Teepu in July,
10 that was an update to the membership. The
11 membership was --

12 COMMISSIONER FRANK MARROCCO (CHAIR):

13 Oh, I see.

14 MARIO DI TOMMASO: -- [indecipherable]
15 before.

16 TEEPU KHAWJA: Yeah, thank you for the
17 question, Commissioner, and Deputy for the answer.

18 And just to add to that, sorry,
19 Commissioner, the membership was updated July 2nd
20 to add the Attorney General and the Minister of
21 Finance. So that was the update, sorry, in July.

22 Natalia, please, on to Slide No. 9.

23 So in the previously mentioned
24 presentation by -- that had reference by our Health
25 and Long-Term Care colleagues, they had touched

1 upon the EMCPA, and I will elaborate a bit more on
2 the declaration process.

3 As we said earlier, the Premier or LGIC
4 may declare a provincial emergency if they are of
5 the opinion that the following criteria are met:
6 That there is an emergency that requires immediate
7 action to prevent, reduce, or mitigate a danger of
8 major proportions that could result in serious harm
9 to persons or a substantial damage to property and
10 at least one of the following three apply:

11 Whether either provincial resources
12 available cannot be relied upon without the risk of
13 serious delay; provincial resources available may
14 be insufficiently effective to address the
15 emergency; or it is not possible without risk of
16 serious delay to determine if current provincial
17 resources can be relied upon.

18 Once a provincial emergency is declared
19 under Section 7.0.1 of the EMCPA, the government
20 can make emergency orders under the subsequent
21 sections.

22 So I had referenced earlier that under
23 Section 7.0.2, there were 14 areas for emergency
24 orders. Some examples are prohibiting or
25 regulating movement within any area of the

1 province; closing any place; authorizing a person
2 or class of persons to render a service they are
3 reasonably qualified to provide; fixing prices for
4 goods, services, or resources; establishing
5 facilities for the care, welfare, safety, and
6 shelter of individuals, et cetera; and as I said,
7 the full list is in the appendix.

8 And then Section 7.1 also allows for
9 emergency orders to be made to temporarily suspend
10 provisions of certain types of legislation -- for
11 example, limitation periods -- in order to assist
12 persons affected by the emergency, and again, those
13 are also identified in the appendix for reference.

14 Next slide, please, Natalia, No. 10.

15 MARIO DI TOMMASO: Let me just jump in
16 there for a second, Teepu.

17 Chief Commissioner, what's interesting
18 about one of those orders -- if we go back one
19 slide please -- the ability to issue emergency
20 orders to authorize a person to render a service is
21 only that: Authorizing people to render services,
22 but we cannot compel them under this legislation to
23 provide that service.

24 I just thought I'd clarify that.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Okay. Thank you.

2 I take it, Mr. Khawja, the emphasis
3 here is on quick, speedy action. Is that -- I
4 mean, that seems to be what this is aimed at; is
5 that your understanding?

6 TEEPU KHAWJA: I would agree with that,
7 Commissioner, in terms of within the constraints
8 allowed for in the -- within the EMCPA, it's to be
9 as quick as possible. And the Deputy gave one
10 example of where the EMCPA can't be used
11 for certain -- in certain regards, but I think
12 between this and the HIPPA, yes, it's for timely
13 action to be done. And as mentioned earlier, if
14 desired, emergency order power could be delegated
15 to the Commissioner.

16 It hasn't been done. It's all been
17 done at Cabinet, but I think the way it's
18 constructed, the legislation, that really
19 reinforces the desire for timely action. Thank
20 you.

21 So on to Slide No. 10, please, Natalia.

22 So if you recall that four-quadrant
23 overview of roles and responsibilities from a few
24 slides back, I'm going to transition to the bottom
25 two quadrants. I had spoken about the -- elaborate

1 on the top two quadrants first.

2 First with ministries, as mentioned,
3 they're required to meet legislated standards of
4 emergency management to ensure critical government
5 services and to have continuity of operations
6 plans, and specific ministries are required to
7 develop plans for specific types of emergencies by
8 way of an Order in Council, which will be an
9 upcoming slide.

10 EMO, under the direction of myself as
11 Chief, they assist me in my legislative
12 requirement -- responsibilities to monitor,
13 coordinate, assist municipalities and ministries.

14 The next sub-bullet is important too.
15 So under the EMCPA, each ministry is required to
16 have a Ministry Emergency Management Coordinator,
17 an MEMC, and each municipality requires a Community
18 Emergency Management Coordinator, a CEMC. So these
19 are the primary emergency management stakeholders
20 in ministries and municipalities that EMO regularly
21 engage with.

22 So if questions were to come up as to
23 whether EMO engages municipalities and ministries,
24 yes, but my staff aren't necessarily engaged with
25 local, elected officials or CEOs in municipalities

1 or with the upper executives in ministries. As
2 Chief, I would occasionally engage them, but when
3 we talk about municipalities and ministries related
4 to emergency management, our primary conduit are
5 these emergency management coordinators, and
6 they're required under legislation.

7 The PEOC coordinates government's
8 response to emergencies, and there will be a
9 subsequent slide that's -- details more about the
10 PEOC itself.

11 Over to the next slide, please,
12 Natalia.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 But -- they have to have these coordinators, but
15 who tells them what to do? Is it the chief -- for
16 example, with the municipal coordinator, is it the
17 chief administrative officer of the municipality
18 who tells them what to do, or can you tell them
19 what to do?

20 TEEPU KHAWJA: So in my role as Chief,
21 I would be able to, through EMO, advise and support
22 them in the development of their plans. Under
23 legislation, since they are required to have them,
24 we do have an annual requirement for them to affirm
25 that they do have those plans in place, but

1 ultimately, those -- for the municipalities, those
2 Community Emergency Management Coordinators do
3 report in to their CAOs.

4 So I would offer that they are the ones
5 who are responsible for the emergency plans and
6 the development and coordinating across municipal
7 resources, but they do ultimately report in to the
8 CAOs. The CAOs don't tell them what has to be in
9 the plan, but through our support and legislation
10 which explains what is required to be in the plan,
11 we're there to provide that support.

12 But I don't have the authority to tell
13 them beyond what's required of them in the EMCPA,
14 and we provide training, education, and other types
15 of supports to support them in the development of
16 those plans.

17 MARIO DI TOMMASO: And over and above
18 that, Chief Commissioner, during a declared
19 emergency, the Premier does have the authority to
20 require municipalities to provide any sorts of --
21 any resources to a different area of the province.
22 He has the ability to take over the resources of a
23 municipality during a declared emergency.

24 Those powers are for the Premier and
25 the Premier only, and Teepu's quite correct: He

1 does not have the ability to direct a Community
2 Emergency Management Coordinator or the local
3 municipal response.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 Thank you.

6 TEEPU KHAWJA: Thank you, Deputy.

7 So on to Slide 11, Commissioners. Some
8 further information on the slide and the next
9 couple slides regarding the ministry
10 responsibilities.

11 From this slide, you can see that the
12 EMCPA authorizes the LGIC to require the
13 formulation of an emergency plan. Under the OIC
14 listed here, 1157/2009, all ministers are
15 responsible for the formulation of emergency plans
16 in respect of any emergency that respects the
17 continuity of their operations and services of
18 their ministries.

19 And specific ministries have OIC
20 emergencies assigned to them. Where the Government
21 of Ontario is responding to a type of emergency
22 that is assigned by OIC, the ministry whose
23 minister has been assigned responsibility for that
24 type of emergency is considered the lead for the
25 government.

1 So the lead ministry is responsible for
2 enacting the ministry's emergency response plan for
3 the assigned type of emergency, as referenced --
4 sorry, the Ministry of the Solicitor General is
5 responsible to have a plan for any emergency that
6 requires the coordination of provincial emergency
7 management, and for this, EMO has developed the
8 Provincial Emergency Response Plan, the PERP, which
9 I'll -- I have a slide on shortly, under the OIC.

10 As the Deputy has said at the start,
11 the Ministry of Health is responsible to have a
12 plan for human health, disease, and epidemics and
13 health services during an emergency. And it's this
14 authority under which Ministry of Health is the
15 lead ministry for the COVID-19 pandemic.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 So the Ministry of Health was required by law to
18 have a plan and presumably have a plan -- did they
19 have a plan for pandemics?

20 TEEPU KHAWJA: Yes, and I have an
21 upcoming slide that touches on it a little bit, but
22 I believe from ADM Alison Blair's earlier
23 presentation to the Commission, she did speak --
24 reference -- the acronym is the OHIP -- the OHPIP,
25 sorry, the Ontario Health Plan for Influenza

1 Pandemic. So that was updated in 2013.

2 So I believe they provided some of that
3 information to the Commission, and I have an
4 upcoming slide, Commissioner, that just illustrates
5 what the relationships are between these respective
6 plans.

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 What does it mean when it says "the lead ministry"?
9 Does that mean that they have the -- what does
10 "lead," mean?

11 TEEPU KHAWJA: So "lead," from my
12 perspective, Commissioner, means that they have the
13 OIC for pandemics, and so that in terms of the
14 planning of the province in the response of the
15 pandemic would be informed by them as the lead; for
16 example, in contrast, not necessarily by EMO, as an
17 example, or other ministries. So they would be
18 informing --

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 In -- when they --

21 TEEPU KHAWJA: Sorry?

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 No, go ahead. Please finish.

24 TEEPU KHAWJA: No, no, I was finished.
25 Sorry.

1 COMMISSIONER FRANK MARROCCO (CHAIR):
2 Well, when they lead, what's your role? How do you
3 interact with them?

4 TEEPU KHAWJA: So from our end, in
5 terms of EMO, and this does -- these are great
6 questions, Commissioner. We touch on them on a
7 subsequent slides, but it will help me speed
8 through those subsequent slides.

9 Is -- we have our Provincial Emergency
10 Response Plan, the PERP, which I had mentioned, and
11 that is -- that's agnostic to types of emergencies.
12 That is basically a framework for how to support
13 ministries in developing their own specific plan.

14 So you will see there on a subsequent
15 slide, the Ministry of Health developed a Ministry
16 Emergency Response Plan, which really uses our
17 framework to inform how they would coordinate with
18 the health sector partners for different types of
19 health-related emergencies.

20 A subset of their Ministry Emergency
21 Response Plan is that Influenza Plan that they
22 developed, which is specific to pandemics.

23 So in terms of our role, we really are
24 the non -- we have the non-health role in terms of
25 coordination. So we work -- every ministry does

1 have a Ministry Emergency Management Coordinator.
2 We have the PEOC. Every ministry has their own
3 Emergency Operation Centre.

4 So we have daily interaction -- we
5 facilitate daily coordination calls with Ministry
6 of Health's EOC as well as other ministries' EOCs,
7 and it's really a forum for information-sharing and
8 identifying if there's any requirements or needs
9 that could -- non-health needs resulting from the
10 pandemic that the PEOC could provide support in
11 terms of coordinating resolution to those issues.

12 So in terms of how we work together,
13 that's how -- a bit from my end, if that's helpful,
14 Commissioner, in terms of how we work together.
15 There's a lot of interrelationships. There's not
16 duplication, so our focus really is on the
17 non-health sides of the pandemic and supports that
18 we can provide and coordinate.

19 COMMISSIONER JACK KITTS: I just have a
20 question about the Ministry of Long-Term Care. You
21 say these were -- these documents have been updated
22 at various times.

23 Does the Ministry of Long-Term Care
24 appear in this document, or is it written before
25 the separation?

1 TEEPU KHAWJA: If I could just ask, is
2 it -- are we -- are you referring to the PERP that
3 was developed by EMO, that plan, or the Ministry of
4 Health's plan?

5 COMMISSIONER JACK KITTS: Well, I'm
6 wondering if the Ministry of Health is really the
7 Ministry of Health and Long-term Care.

8 TEEPU KHAWJA: Yes, thank you. So
9 for -- with respect to the PERP as well as the --
10 yes, you're correct. Even the OIC has Ministry of
11 Health and Long-Term Care; our PERP recognizes
12 Ministry of Health and Long-Term Care all as one
13 organization because their separation was in 2019.

14 So all the materials have not been
15 updated to reflect that yet.

16 COMMISSIONER JACK KITTS: So does this
17 statement, under this OIC, the Ministry of Health
18 is responsible for this, and it's not -- doesn't
19 include the Long-Term Care?

20 TEEPU KHAWJA: Correct. It's the
21 Ministry of Health -- the OIC, to be fair,
22 Commissioner, the OIC specifies the Ministry of
23 Health and Long-Term Care as the lead ministry for
24 human health and disease.

25 But I believe with how they've

1 operationalized it now within the Ministry as a
2 result of their split into two ministries is their
3 EOC continues to support both ministries right now.

4 MARIO DI TOMMASO: If I could also
5 clarify, Commissioner, the Order in Council
6 directing that the Ministry of Health be the lead
7 ministry for this pandemic, that Order in Council
8 is, in fact, dated. We have not yet gotten around
9 to cleaning up the Order in Council.

10 As an example, this ministry here, the
11 Ministry of Solicitor General changed its name
12 about a year ago. We were previously known as the
13 Ministry of Community Safety and Correctional
14 Services, and so that name appears in the old Order
15 in Council in terms of dictating what ministry is
16 responsible for what.

17 So we have some housekeeping to do in
18 regards to updating the names on that Order in
19 Council. So Teepu is quite right. It is the
20 Ministry of Health that is the lead ministry for
21 this pandemic.

22 COMMISSIONER JACK KITTS: Okay. Thank
23 you.

24 TEEPUN KHAWJA: Thank you, Deputy and
25 Commissioner, for the question.

1 Natalia, if I could ask you to move to
2 the next slide, please.

3 So I won't -- Commissioners, I won't
4 read this -- next two slides verbatim. It lists
5 all the ministries and their assigned emergencies
6 under the Order in Council.

7 For this Commission, we thought
8 attention could be pointed to the Solicitor General
9 and the Ministry of Health.

10 For our ministry, Solicitor General, I
11 will just mention the first statement and the last
12 in that type of emergency box, which is any
13 emergency that requires the coordination of
14 provincial emergency management, and the last one,
15 which is any emergency that requires the continuity
16 of Provincial Government services. And those
17 really have been our focuses through this pandemic.

18 And for Health, you can see, here it is
19 in terms of their assigned OIC. And it's difficult
20 to read, but, Commissioner, I think it really
21 speaks to your last point and the Deputy's
22 clarification.

23 In italics -- italicized font both --
24 both these -- the tables on the next two slides, we
25 really clarify what the OIC actually says. So for

1 example, on the table, we're saying
2 Solicitor General, but the OIC actually refers to
3 the former Ministry of Community Safety and
4 Correctional Services. So there is some
5 cleaning-up needing to be done of this OIC and the
6 naming of the ministries as well.

7 Natalia, over to the next slide,
8 please.

9 Again, I won't read this slide, but for
10 the Commissioners' reference, here are the other
11 ministries that are named, and in italics are
12 their -- the actual names that appear in the OIC
13 below the table.

14 And I'm sure, of course, if the
15 Commissioners find any of these Order in Council
16 assigned responsibilities of interest, that
17 commission staff can contact the appropriate
18 ministry for a foundational briefing on any of
19 their plans for these assigned risks.

20 On to the next slide, please, Natalia,
21 14.

22 So on an earlier slide, Commissioners,
23 I had mentioned the PERP, the Provincial Emergency
24 Response Plan, which is developed by EMO. When I
25 get through this slide and the next one, I think

1 the Commission will appreciate why we thought to
2 flag this PERP. It is because in my colleague ADM
3 Alison Blair's presentation to the Commission on
4 September 8th on Ministry of Health's pandemic
5 response structure and actions, one of their first
6 slides referenced the Ontario Health Plan for an
7 Influenza Pandemic, which was updated in 2013, and
8 how it informed their actions.

9 So we thought it would be appropriate
10 for you to be aware of its related -- of its
11 relation to our overarching PERP.

12 So first, as it relates to the PERP, as
13 I mentioned earlier, the aim of the PERP is to
14 establish a framework for a systematic,
15 coordinated, and effective emergency response by
16 the province.

17 So it focuses on coordinating the
18 overall provincial response to an emergency. The
19 goal is to ensure response activities work together
20 effectively. The PERP does not describe everything
21 that needs to be done in an emergency. It focuses
22 on coordination mechanisms.

23 For widespread and complex emergencies,
24 the PERP is used for emergencies that require a
25 coordinated effort between multiple provincial

1 ministries. And in terms of its link with other
2 ministries, as I said, each ministry has to have
3 its own emergency activities under an emergency
4 plan, and the PERP is used to coordinate the
5 overall provincial response while supporting the
6 activities of responding ministries.

7 So if I could just spend a moment on
8 this to try to help illustrate that as a non-COVID
9 example, on a previous slide you saw that the
10 Ministry of Natural Resources and Forestry has the
11 OIC for forest fire emergencies.

12 One possible action that could be
13 required and often is is the evacuation of
14 Indigenous communities to host municipalities for
15 one to two weeks until they can safely return.

16 So while MNRF has the OIC, the PERP
17 outlines the coordination of actions amongst
18 ministries with the PEOC in EMO being that hub of
19 coordinating efforts between the evacuating
20 community, the host community, federal partners,
21 MNRF for flights, possibly the joint task -- Joint
22 Task Force Central for military assets, non-profit
23 emergency organizations such as the Canadian Red
24 Cross, et cetera.

25 So that's a non-COVID example of how

1 the PERP is -- works in terms of coordinating and
2 EMO's role.

3 On to the next slide, 15. So as I
4 explained earlier, how does the PERP relate to that
5 OHPIP, which is the Ontario Health Plan for an
6 Influenza Pandemic. As I said, they are
7 complementary and don't contradict each other.

8 I should mention that each of the
9 titles, the PERP, Ministry of Emergency Response
10 Plan, and OHPIP here are underlined because they
11 are hyperlinked, so if the Commissioners or the
12 commission staff are interested, they can simply
13 click on the links to view them.

14 As I said, the PERP isn't specific to
15 any type of an emergency under the EMCPA. Ministry
16 of Health and Long-Term Care have their own
17 Ministry of Emergency Response Plans about which a
18 subset is the OHPIP.

19 So I think I've already spoken to this,
20 Commissioner in response to your question, so I
21 won't spend more time on this in the interest of
22 time.

23 And move to the next slide, please,
24 Natalia.

25 This is where we will transition to

1 EMO's role in emergency response in Ontario.

2 To slide 17, please, Natalia.

3 I appreciate there's a lot of
4 information on this slide, but really, it's
5 intended to convey that not all emergency incidents
6 are equal in scale or severity or duration or
7 impact, and so commensurate with that, the level of
8 provincial support or engagement differs as well.

9 From the left side, you will see a grey
10 arrow that illustratively depicts an increasing
11 scale and/or severity of an incident. So you can
12 have a significant local incident, which are
13 incidents affecting a relatively small geographic
14 area that requires some degree of provincial
15 support led primarily by the municipal- -- response
16 led primarily by municipalities and the
17 communities, so we provide some examples here from
18 recent history.

19 Moving on to provincial critical
20 incident, there are province-wide incidents or
21 incidences affecting larger geographic areas that
22 require some more provincial support and
23 coordination. Again, some examples on the right
24 side in the lighter -- the rose-coloured boxes from
25 whether it be spring floods, ice storms, forest

1 fires.

2 And then there's the declared
3 provincial emergency where it's formally declared
4 under the EMCPA.

5 Under the EMCPA, the COVID-19 is the
6 first pandemic to actually have been declared as a
7 provincial declaration, and the SARS and the
8 blackout previously were under previous
9 legislation.

10 And then finally, a critical incident
11 with national implications: So incidents that
12 exceed provincial response capacity are under
13 federal jurisdiction or require national
14 coordination.

15 So the Prime Minister under its federal
16 statutes can declare a national emergency; of
17 course, Canada has not for COVID-19. But also
18 outside of nationally declared emergencies, there's
19 a lot of coordination for -- between federal and
20 provincial governments for a coordinated response.

21 On to the next slide, please, Natalia.

22 So now I will turn my attention to some
23 more details for the Commissioners on our PEOC, our
24 Provincial Emergency Operation Centre. The PEOC is
25 a facility used by EMO to coordinate response

1 activities between provincial organizations,
2 municipalities, the Federal Government,
3 non-governmental organizations, and other entities
4 in line with the OIC's assignment to our ministry
5 of any emergency that requires the coordination of
6 provincial emergency management.

7 That picture on the slide, if the
8 Commissioners can see it adequately, that's a
9 snapshot within our PEOC. It represents about
10 one-third of the space. It's located at
11 Highway 401 and Keele Street. We do have a
12 backup -- secondary backup site near Yonge and
13 Eglinton in Toronto and then a tertiary backup site
14 in Hamilton.

15 Unfortunately, due to the onset of
16 COVID so soon after I began, I haven't had the
17 pleasure of dropping in on those locations, so I
18 don't have pictures of those for you.

19 But the PEOC is run 24 -- 24 days --
20 hours a day, 7 days a week, 365 days a year and
21 staffed by a small group who are permanently
22 assigned to the PEOC, and then they are supported
23 by an on-call PEOC duty team. And again, the
24 appendix has an org chart of our organization with
25 the PEOC.

1 And during heightened activities, other
2 members of EMO are surged into the PEOC for extra
3 support, and by -- what I mean by that is, EMO has
4 approximately 70 staff; about a dozen are
5 permanently in the -- assigned to the PEOC on a
6 schedule on a rotation, but when there's heightened
7 activities, we pull staff away from their regular
8 program work and move them into -- assign them
9 duties and schedule them into the PEOC.

10 So the PEOC may have to respond to
11 support various types of emergencies at different
12 levels, whether they're constrained to municipal,
13 provincial, within Ontario First Nation
14 communities, and then of course, we do have the
15 lead for nuclear, radiological emergency responses
16 outside of the boundaries of the nuclear generating
17 stations.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 So did the Provincial Emergency Operations Centre
20 become involved with long-term care homes during
21 Wave 1?

22 TEEPU KHAWJA: We did, and I do --
23 thank you for the question, Commissioner -- I do
24 have -- when I speak to the slides on EMO
25 involvement through the pandemic, our primary

1 involvement specific to long-term care homes would
2 be in terms of coordinating responses by those
3 ministries to the Federal Government for the
4 military assistance that was deployed to several
5 different long-term care homes in Wave 1.

6 So that was our primary involvement to
7 long-term care homes, and I'll touch on that a
8 little bit on an upcoming slide if that's okay with
9 you, Commissioner.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 That's fine.

12 TEEPUN KHAWJA: Thank you.

13 So the PEOC functions include
14 coordination of situational awareness and
15 information-sharing. We physically, pre-COVID, and
16 virtually accommodate liaison staff from the
17 various organizations at all levels. We develop
18 and share key information to support
19 decision-makers as well as creating common
20 operating [procedures] (ph) for everyone.

21 We coordinate the availability of
22 provincial resources, and we receive requests for
23 provincial assistance, and where not available,
24 coordinating requests for assistance from other
25 jurisdictions. So other jurisdictions might also

1 want some emergency assistance from the province,
2 and the PEOC is that help for receiving those
3 requests and coordinating them.

4 On to the next slide, please, Natalia.

5 So this is, for the Commissioners'
6 benefit, another illustrative depiction of the
7 traditional emergency response structure in
8 Ontario, and while it may appear slightly different
9 within the PERP, it is an illustrative summary.

10 So if I was to just lead you quickly in
11 through the bottom left, you can see that bubble
12 for an incident if occurs, the CEMC at the
13 municipal level or, while not stated here, the
14 emergency coordinator from a First Nation community
15 would engage the PEOC if necessary. The PEOC would
16 gather information and continue the engagement with
17 the municipality or First Nation community.

18 If there might be a need for other
19 ministry supports, we would engage the other
20 ministries' Emergency Operation Centres.

21 So for many incidents, that is the
22 continuity of engagement at that lateral level.
23 Depending on the severity or if there's issues that
24 need resolution, my PEOC would inform me as Chief.
25 If it requires advice or engagement of the

1 Commissioner or my Deputy, I would do so
2 accordingly, and up the line.

3 So really, it doesn't necessarily --
4 every incident doesn't necessarily require going
5 through this chain of command, but this is the
6 typical chain of command in terms of
7 information-sharing as it relates to EMO.

8 So obviously, you can see laterally
9 there are connections to deputy ministers and
10 ministers, and I think as I transition to the next
11 slide with the coordination table, Central
12 Coordination Table, the command tables, that these
13 aligned, and it really is just a -- I think, a
14 further "blow-up" of how the engagement between
15 deputy ministers and ministers and ADMs are
16 undertaken in this unprecedented pandemic and just
17 that whole-of-government approach.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Just one second.

20 Mr. Di Tommaso, did you want to say
21 something?

22 MARIO DI TOMMASO: I did. Thank you,
23 Chief Commissioner.

24 With regards to PEOC and their
25 involvement in this entire pandemic, two key

1 things, and Teepu is quite right: We played an
2 active role with procuring the military deployment
3 into the long-term care homes, and that is simply
4 because the Emergency Management Ontario owns the
5 protocol for engaging the Federal Government
6 through the request for assistance, which is signed
7 by the Solicitor General to Minister Bill Blair,
8 the Minister of Public Safety at the federal level.

9 The other role that PEOC played in this
10 pandemic was with regards to assisting the outbreak
11 in Southwestern Ontario. The farm workers had a
12 major outbreak down there, and so we provided a
13 support role there in obtaining isolation centres
14 and providing [indecipherable] support.

15 So we coordinated and supported all
16 those functions, and that was PEOC that did that.
17 But that had nothing to do with long-term care
18 homes, but it did have to do with the pandemic.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 What does the -- I sort of probably asked this
21 before, but I'm asking it again: What's the
22 coordination look like? What -- how do you
23 coordinate?

24 MARIO DI TOMMASO: Sorry, are you
25 referencing the outbreak in Southwestern Ontario?

1 COMMISSIONER FRANK MARROCCO (CHAIR):
2 Well -- or the military engagement with the homes.
3 I just wanted to get a sense of what the
4 coordination -- of what it consists.

5 MARIO DI TOMMASO: So with regards to
6 the military, what ended up happening was the
7 Ministry of Long-Term Care felt that there were
8 some homes that were trending upwards in terms of
9 case positivity and brand new cases, and there were
10 insufficient infection prevention and controls.

11 We had personal support workers that
12 were leaving in droves. And so it was felt that
13 some homes had reached their capacity to deal with
14 this pandemic, and so they needed some substantial
15 infusion of supports.

16 They came to us to see if we could get
17 ahold of the military to provide that support.
18 Now, Teepu has a relationship with the military.
19 They sit within the PEOC. I have a relationship
20 with the Brigadier General in charge of Land Forces
21 for all of Ontario. And so informal reach-out to
22 the Brigadier General indicated that he had some
23 medical supports that could be made available,
24 subject to a formal ask by the province.

25 And so because the Ministry of the

1 Solicitor General owns that protocol, we drafted a
2 letter to the Federal Public Safety Minister on
3 behalf of the Long-term Care Ministry, asking for
4 that military support. So once that was drafted,
5 once it was approved, the military was deployed
6 into, I believe, five different long-term care
7 homes for various periods of time to provide that
8 support and to drive down the number of new
9 infections.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 Okay. Thank you.

12 TEEPU KHAWJA: Thank you, Deputy.

13 And before I move on to the next slide,
14 I would just add to the Deputy's point and -- that,
15 typically, it doesn't necessarily need to start
16 with the military per se, Commissioners. If a
17 ministry has a request for -- or a need, and in
18 this case, it was with long-term care homes, it was
19 in terms of the staffing and certain type of
20 infection prevention and control aspects, they
21 would ask us to engage the Federal Government, and
22 our engagement would be with Public Safety Canada.

23 By coordination, we would set up the
24 call. We have daily engagement with them on
25 different matters for situation awareness. We

1 would bring the parties together. Health and
2 Long-Term Care would explain the issue, what --
3 every avenue they've tried to rectify themselves,
4 why federal support might be needed.

5 Public Safety Canada would then advise
6 what possible solutions that could be brought
7 forward by the Federal Government, and it may be
8 military, and it may not be.

9 In terms of long-term care homes, it
10 was decided that they could provide some health
11 practitioners, nurses, et cetera that could assist
12 the situation, and then we were told the way to
13 formally request those supports would be through an
14 RFA. And since it's written to the Federal
15 Minister of Public Safety, again, we would play
16 that coordinating role.

17 So it was a need identified by Health
18 and Long-Term Care. They primarily drafted the RFA
19 with our advice and support. We coordinated
20 through the approvals channels because our
21 Solicitor General would ultimately have to sign it,
22 and then we, the PEOC, again by coordination, we
23 submitted it formally to the Federal Government's
24 Government Operations Centre, so their federal
25 equivalent of PEOC, and then it got shepherded

1 through their approvals process.

2 So it was specific to the long-term
3 care home example, that's precisely what we mean by
4 coordination, if that's helpful, in addition to the
5 Deputy's response.

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 Thank you.

8 TEEPU KHAWJA: Thank you.

9 Natalia, could you move, please, to
10 Slide No. 21? And -- yeah, thank you, Natalia.

11 So Slide 21, it's very difficult to
12 read the -- challenging to read the boxes, but
13 luckily, I know you've seen -- the Commissioners
14 have seen this in ADM Alison Blair's presentation.
15 And her focus was really on the left side to go
16 into a lot of details on the Health Command Table
17 and its sub-table, so I won't repeat those.

18 As you likely have already heard, the
19 Central Coordination Table was created in April
20 2020 as part of an integrated response structure to
21 drive the government's response to the COVID-19.
22 It's co-chaired by our Secretary of Cabinet and the
23 Premier's Chief of Staff, and ministries and
24 ministers' offices are invited to attend relevant
25 discussions at those meetings.

1 It's focused on the most critical
2 COVID-19 issues and providing strategic direction.
3 The CCT brings together four command tables and
4 associated cross-functional teams, and as I'm sure
5 Alison Blair emphasized, neither of the CCT nor its
6 sub-tables have decision-making authority, and
7 their role is to serve as a forum for discussions
8 which inform eventual decision-making.

9 So to be clear, they don't usurp the
10 role of CCM or Cabinet. Decisions are made as
11 Cabinet as they should be.

12 My focus on the next slide, as I --
13 from my introduction is --

14 MARIO DI TOMMASO: Teepu, hang on.

15 TEEPU KHAWJA: Yeah, go ahead. Sorry,
16 Deputy.

17 MARIO DI TOMMASO: Chief Commissioner,
18 you will see that under the Public Safety Command
19 Table, there is a box marked "Vulnerable
20 Populations." That is led by Deputy Minister Janet
21 Menard and Deputy Minister Shawn Batise.

22 I just wanted to flag for this
23 Commission that long-term care homes are not within
24 the mandate of the vulnerable populations
25 cross-functional team, and so the populations that

1 that particular table, vulnerable populations
2 oversees, are, for example, residential group homes
3 for adults with developmental disabilities, adult
4 correctional facilities, youth justice facilities,
5 foster homes, mental health and addiction, adult
6 congregate care settings are just some examples.
7 So -- but it does not include long-term care homes.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 Where on this chart do we find the table that's
10 responsible for long-term care homes? Do you know,
11 Mr. Di Tommaso?

12 MARIO DI TOMMASO: So it is not under
13 the Public Safety Command Table. I'm not sure that
14 there is a separate table for long-term care homes.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 Okay. Mr. Khawja, maybe I should have asked you.
17 Is it on there? Can you see it?

18 TEEPU KHAWJA: Yeah, sorry,
19 Commissioners. Under the Health Command Table,
20 there is a sub-table termed "Long-Term Care
21 Capacity," so that's one of the sub-tables that
22 long-term care home is discussed under, as well as
23 the broader Health Command Table, is my
24 understanding.

25 And beyond that, EMO, my Deputy, myself

1 don't have roles -- official roles on any -- that
2 command table or sub-tables. But I do believe from
3 my review of the transcripts from ADM Alison
4 Blair's earlier presentation to the Commissioners,
5 she did elaborate more on that sub-table for
6 Long-Term Care as well as some of their IMS
7 structures and other bodies they had formed.

8 So they all fall under the health table
9 and some of their various functional teams, if
10 that's helpful.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Thank you.

13 MARIO DI TOMMASO: I can also assure
14 you, Chief Commissioner, the Deputy Minister of
15 Long-Term Care homes does attend these Central
16 Coordination Table meetings almost on a daily basis
17 as well.

18 TEEPUN KHAWJA: Thank you.

19 Natalia, can you move to the next
20 slide, please, 22?

21 So this slide, Commissioners, is
22 consistent with what you've seen in an earlier
23 presentation by Health, so I won't repeat.

24 From -- and as you heard from the
25 Deputy, he is a member. On the far right side, you

1 can see the membership. You can see Ministry of
2 Solicitor General. So our Deputy is a member of
3 CCT, and he attends -- I believe the meetings are
4 daily.

5 On to the next slide, please, which is
6 what I wanted to focus a little bit more on, and
7 the Deputy's already touched on this a little bit
8 because you wouldn't have heard of this command
9 table from Alison Blair.

10 The Public Safety Command Table is one
11 of the four command tables. It's chaired by our
12 Deputy, and here, you can see its mandate is to
13 lead emergency planning and management of critical
14 public safety issues, working with partners,
15 included but not limited to vulnerable populations,
16 food security, facilities, and emergency plans and
17 response activities, which really filters down to
18 the four sub-tables.

19 There's vulnerable populations, which
20 the deputy just spoke to. There's also food
21 security, emergency planning, and facilities. With
22 respect to EMO, I'm the co-chair of the emergency
23 planning sub-table, and our mandate is to
24 coordinate cross-government efforts to anticipate,
25 respond to, and resolve. We've added the bullet

1 here, non-health emergencies, and also monitoring
2 the workforce strength of fire, police, and
3 emergency management personnel and enforcement of
4 COVID public safety measures.

5 So our focus primarily over the last
6 several months have been on the efforts such as
7 evacuation, planning for forest fires, floods, and
8 the Deputy had given an earlier example of
9 supporting response to farm outbreaks in
10 Windsor-Essex. And Long-Term Care and Health are
11 spoken for and managed and planned for and
12 discussed under the respective Health Command
13 Tables.

14 Over to the next slide, please,
15 Natalia.

16 So on the next few slides, this is as
17 we near the end of the presentation, this section
18 is really to speak a bit more about EMO's efforts
19 during the pandemic.

20 You would have heard from earlier
21 presentations the fall preparedness plan from my
22 Health and Long-Term Care colleagues. It's
23 underlined here because it's hyperlinked to the
24 Ontario Newsroom release on that, and you would
25 have heard it encompasses six pillars.

1 One of the pillars would be about
2 supporting outbreak response. So our EMO
3 contribution to that effort was developing an
4 outbreak guidance document to help inform lead
5 ministries as they pursue their own sector-specific
6 outbreak management planning.

7 So this guidance was released in
8 mid-August to ministries as there was recognition
9 that while some ministries had already experienced
10 outbreaks, such as Long-Term Care, and others have
11 spent months preparing for potential future
12 outbreaks, such as Ministries of Education and
13 Colleges and Universities, there was a recognition
14 that over the coming months, there's potential for
15 future outbreaks in other sectors, led by
16 ministries that have not necessarily experienced
17 outbreaks.

18 So EMO developed resources for
19 ministries to aid them in their planning for
20 possible outbreaks. It was a guidance document and
21 also a table-top exercise guidance document as
22 well, and really, the ministries were to -- were
23 informed they can use the guidance to -- for their
24 own use in a manner that fits their planning needs.
25 And so this really aligns with our role in EMO in

1 terms of supporting, planning, and coordinating
2 responses as well.

3 On to -- in addition, in terms of
4 coordination with partners, we've given --
5 elaborated a little bit on what coordinating means
6 through the PEOC. It includes setting up
7 coordination calls daily and multiple times
8 throughout each day with various stakeholders.

9 We do have a section of field officers
10 which we can deploy in support of local emergency
11 response efforts as a liaison, and that did occur
12 twice during the COVID and over the summer.

13 So in July 2020, we did deploy staff to
14 support response efforts to farm outbreaks in the
15 Windsor-Essex region. And in August, we did
16 coordinate with municipal, provincial, federal, and
17 First Nations partners to coordinate simultaneous
18 evacuations of the municipality of Red Lake and
19 Fort Hope First Nation due to the threat of forest
20 fires.

21 So those are some of the examples of
22 efforts during COVID, which are impacted by COVID
23 but not necessarily COVID-driven. And I'll
24 elaborate on a subsequent slide that we facilitate
25 provincial requests for assistance, for emergency

1 assistance between the province and Public Safety
2 Canada.

3 Next slide, please.

4 I've already given the example of
5 flood, forest fire evacuation in a prior slide, so
6 I won't repeat, and we've provided a concrete
7 example on the previous slide about Fort Hope and
8 Red Lake, but the bullets here simply articulate
9 that this year was like no other in terms of
10 evacuation planning that required a lot -- was much
11 more challenging to EMO because in the past, we've
12 relied on host municipalities to do much of the
13 hosting planning.

14 But due to the strains on their own
15 resources impacted by COVID, we in EMO had to work
16 through and do a lot of contingency planning in the
17 absence of those host municipalities doing so as
18 they traditionally did.

19 In terms of situational awareness and
20 information-sharing, our Deputy prior to the
21 provincial declaration issued a memo to his deputy
22 colleagues, reminding them and encouraging them to
23 review their continuity of operation plans to
24 support their ministry's readiness in an effort to
25 commence contingency planning to support the

1 broader response. So that was an early effort by
2 our Deputy.

3 We in EMO maintain situational
4 awareness with key stakeholders. We -- we're part
5 of maintaining situational aware -- part of this
6 maintaining situational awareness is a number of
7 various daily communications products issued by the
8 PEOC to various stakeholders, whether they be
9 internal to the government or including those CEMCs
10 from the municipalities, federal partners,
11 et cetera. So there's a lot of acronyms here, but
12 they're standardized communications products such
13 as IMS 201s, 209s, et cetera.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 If I can just interrupt you for a minute. In terms
16 of situational awareness, when would you say you
17 became aware of the pandemic?

18 TEEPUN KHAWJA: So I would say,
19 Commissioner, even predating my arrival, we'll get
20 to timelines shortly, in terms of our time -- we do
21 have a timeline slide that would be similar to the
22 one that you would have seen from Health, and in
23 terms of the PEOC, while it may not have been
24 referred to as "COVID" or "the pandemic" in the
25 latter part of 2019, early 2020, we were in the

1 loop in terms of we were providing some situational
2 awareness and participating with efforts for the
3 repatriation efforts by the Federal Government for
4 Canadians to Trenton, for example.

5 So in terms of being in the loop and
6 situationally aware of what was happening around
7 the world, we were in the loop just as early as
8 Ministry of Health was.

9 And as I had indicated earlier, there's
10 a lot of information sharing between the various
11 ministries and EOCs. So at the PEOC perspective,
12 we've been in lockstep in terms of
13 awareness with --

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 I'm trying to get a date or a -- not a specific
16 date, but a time period in my mind.

17 So from your perspective, when would
18 you have become aware of the situation?

19 TEEPU KHAWJA: So I would say in late
20 2019, early 2020, similar to -- we were --
21 information-sharing goes both ways, and the
22 information was being shared with us as they were
23 learning it from Ministry of Health's MEOC.

24 So while we might not have had a -- or
25 there was identified as a need for a coordinating

1 role at that point in terms of situational
2 awareness through the regular sharing of
3 information between EOCs, we would have been aware
4 of the same information Health would have been
5 through Health in late 2019, early 2020, and then
6 we started participating in some of the
7 repatriation efforts.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 So it was -- okay. I appreciate, thank you. That
10 clears up that part of it. And it's the Ministry
11 of Health that's bringing the situation to your
12 attention?

13 TEEPU KHAWJA: Correct, through their
14 Emergency Operations Centre.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 Okay. Thank you.

17 TEEPU KHAWJA: And sorry, to that, just
18 to elaborate on that as a final point, when I say
19 in terms of the PEOC coordinating calls, we
20 literally mean that every day, even outside of a
21 pandemic, there are daily morning and p.m. --
22 late-afternoon calls with the various ministries
23 and EOCs where they provide updates of
24 intra-[indecipherable] that other ministries might,
25 and so as part of those conversations, Health's EOC

1 would be sharing updates. So that would have been
2 late 2019 onwards.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Thank you.

5 TEEPU KHAWJA: And the final bullet on
6 this slide is simply that the Commissioners and the
7 staff might be -- remember that there were
8 emergency alerts you would have seen broadcast to
9 your cellphones on March 27th and April 4th,
10 advising travellers returning to Ontario to
11 self-isolate for 14 days, and the second one
12 being -- advising Ontarians to stay home except for
13 essential workers.

14 And we flagged those because for the
15 Province of Ontario, we -- EMO -- are the
16 authorized issuers of these alerts, so we would
17 have been the ones who would have been asked to
18 issue those alerts. So that's why I mentioned
19 those.

20 On to the next slide, please, 26.

21 And just wrapping up, Commissioners,
22 two final slides as it relates specific to
23 long-term care homes. I think we touched on this
24 already in previous answers.

25 So Health and Long-Term Care would have

1 identified the need. Because the RFA process has
2 to be sent to the Federal Public Safety Minister,
3 we in EMO were the channel and the conduit for such
4 an RFA.

5 So we coordinated that, but the content
6 was developed and provided primarily by Health and
7 Long-Term Care, and then we sent it to Public
8 Safety Canada through their Government Operations
9 Centre. This process was repeated to extend the
10 military supports because RFAs are typically 30-day
11 durations from the Federal Government's
12 perspective.

13 Overall, there's a hyperlink here to
14 the news release, but the military supports that
15 were requested and provided included deploying
16 teams of nurses, medical technicians, and
17 additional personnel between April to July 3rd.
18 And I won't repeat the names, but these are the
19 names of the long-term care homes in which they
20 provided support to.

21 And the final point from EMO's
22 perspective is the determination of long-term care
23 homes which required federal -- if federal
24 assistance was needed and to which homes and when.
25 Those decision-making -- that decision-making was

1 led by Health and Long-Term Care. We didn't
2 influence that in EMO. We were solely the conduit
3 to facilitate and coordinate the RFA mechanism to
4 request that support from the Federal Government.

5 Final slide. Next one, Natalia. Thank
6 you.

7 So we had seen from Health's
8 presentation to the Commission that they had
9 provided four slides of timelines. We liked it, so
10 we thought we would replicate that as a final point
11 for the Commission.

12 Starting from the left: February 3rd,
13 you can see that our PEOC adopted enhanced
14 monitoring status, and what that means for the
15 Commissioners is, within the PEOC, we have three
16 levels, the lowest being routine monitoring, the
17 second being enhanced monitoring, and the final,
18 the highest being activation.

19 So these levels are included and
20 defined in the PERP but aren't legislated;
21 therefore, the authority falls to me as Chief based
22 on recommendations from my team, and of course, I
23 would consult with the Deputy for awareness
24 purposes. So there is a science and a bit of art
25 to that as well in terms of my authority on that

1 regard in terms of the PEOC levels.

2 And each increasing level, I'm sure you
3 can imagine, requires increasing staffing levels
4 and communications products as well.

5 So from the MOH slides to moving to the
6 right, they would have also mentioned quarantine
7 sites and repatriation, so we've repeated those
8 dates here: February 7th, 18th, but we've also
9 just elaborated in terms of that we, in EMO, did
10 have a small role in each related to situational
11 awareness and coordinating information-sharing
12 between the federal partners and provincial
13 partners, and we deployed a field officer to
14 support in that regard.

15 Moving to the right, the dates there
16 are for the COVID-19-related alerts that were
17 issued on March 17th and April 4th.

18 And then finally, we've inserted the
19 dates that EMO participated in terms of submitting
20 the RFA request for military support for long-term
21 care homes.

22 And then the final points I won't
23 repeat, but they are simply depicting the dates
24 we -- for our efforts that I referenced on earlier
25 slides about deploying field office staff for

1 evacuations to Windsor-Essex -- sorry, to
2 Windsor-Essex for farm outbreaks as well as
3 evacuations to Red Lake and Fort Hope, and when we
4 issued our outbreak guidance.

5 So on that note, that's our final
6 slide, Commissioners. I'll end my presentation,
7 and thank you all for your time and interest in our
8 presentation.

9 I'll turn it over to my deputy in case
10 he has any final words and then over to the
11 Commissioners for any questions you have of us.

12 So thank you.

13 MARIO DI TOMMASO: Thank you,
14 Chief Khawja.

15 I do not have any closing comments. I
16 thought that was a very comprehensive presentation.

17 Chief Commissioner, you indicated at
18 first -- one of your first questions was whether or
19 not we had any recommendations to the Commission.

20 With your permission, there are one or
21 two recommendations that we are considering. We'd
22 like to research them a little bit further, and
23 with your permission, sir, we'd like to submit
24 those recommendations to you in about a week's time
25 after we research the propriety of making those

1 recommendations.

2 Would that be acceptable to you, sir?

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 That's fine. We'll hear from you in a week or so.

5 MARIO DI TOMMASO: Thank you.

6 COMMISSIONER FRANK MARROCCO (CHAIR): I

7 don't know if any -- Commissioner Coke,

8 Commissioner Kitts, if you have any further

9 questions? No?

10 Oh, yes. Commissioner Coke.

11 COMMISSIONER ANGELA COKE: This might

12 be part of your recommendations because I was going

13 to ask a little bit about, you know, based on

14 lessons learned on the effectiveness of the

15 structures and processes that you had in place, if

16 there's anything you would improve or do

17 differently as we go forward?

18 And if that's going to be part of your

19 recommendation, that's fine.

20 MARIO DI TOMMASO: Yes, it will be.

21 And with regards to the

22 recommendations, may I get some clarification? I

23 think you would want us to make recommendations

24 that are specific to this ministry here in terms of

25 the PEOC and EMO and the way in which it interacted

1 with long-term care homes; is that correct?

2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 We're going to write to the minister, at least to
4 the Minister of Long-Term Care, and we would like
5 to say something, focus on something that can be
6 done now to deal with a Wave 2, Wave 3 rather than
7 waiting till the end of the process.

8 So it's recommendations of that nature
9 that we're interested in.

10 MARIO DI TOMMASO: I understand.

11 So, Chief Commissioner, once again,
12 please let me research one or two of these
13 recommendations, and I will forward them to your
14 attention in about a week's time.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 Yeah, that's fine. Thank you.

17 Well, let me thank both of you for the
18 presentation. Very informative from our point of
19 view, and very thorough, and thank you very much
20 for that. And we'll look forward to hearing from
21 you in a week or so. And thank you for your
22 presentation.

23 MARIO DI TOMMASO: Thank you,
24 Chief Commissioner. Thank you, Commissioners, for
25 your time.

1 TEEPU KHAWJA: Thank you, everyone.

2 COMMISSIONER ANGELA COKE: Thank you.

3 COMMISSIONER JACK KITTS: Thank you.

4 Bye.

5

6 -- Adjourned at 11:23 a.m.

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1 REPORTER'S CERTIFICATE

2
3 I, OLIVIA ARNAUD, Chartered
4 Shorthand Reporter, certify;

5
6 That the foregoing proceedings were
7 taken before me at the time and place therein set
8 forth, at which time the witness was put under oath
9 by me;

10
11 That the testimony of the witness
12 and all objections made at the time of the
13 examination were recorded stenographically by me
14 and were thereafter transcribed;

15
16 That the foregoing is a true and
17 correct transcript of my shorthand notes so taken.

18
19 Dated this 14th day of October, 2020.

20
21 

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