

Long-Term Care COVID-19 Commission

Meeting with Ontario Association of Residents
on Monday, September 28, 2020



77 King Street West, Suite 2020
Toronto, Ontario M5K 1A1

neesonsreporting.com | 416.413.7755

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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom Videoconferencing, with all
participants attending remotely, on the 28th day of
September, 2020, 10:00 a.m. to 12:00 p.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 ONTARIO ASSOCIATION OF RESIDENTS' COUNCILS:

9 Dee Lender, Executive Director

10 Josie-Lee Gibson, Director of Education and

11 Community Engagement

12 Melissa McVie, Education and Home Support

13 Facilitator

14 Julie Garvey, Administration and Finance Manager

15 Jennifer Langston, Client Relations/Support Manager

16 Murray Woodcock, Delegate Board Member, Resident

17 William Reid Walker, Delegate Board Member,

18 Resident

19 Virginia Parraga, Vice-President of the Residents'

20 Council, Resident

21 Lloyd Foster, President, Residents' Council,

22 Resident

23 Sharron Cooke, President OARC, Resident

24 Denise Burke, Delegate Board Member, Resident

25 Carolyn Snow, Delegate Board Member, Resident

1 Jamie Ward, Delegate Board Member, Resident
2 Barry Hickling, Delegate Board Member, Resident

3

4 PARTICIPANTS:

5 Alison Drummond, Assistant Deputy Minister,
6 Long-Term Care Commission Secretariat

7 Ida Bianchi, Counsel, Long-Term Care Commission
8 Secretariat

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

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

13 L. Mahoney

14

15 ALSO PRESENT:

16

17 Deana Santedicola, Stenographer/Transcriptionist

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

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3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 I want to thank you for participating.
5 We are at the investigative stage of this.

6 Typically, in an inquiry, you have an
7 investigation, public hearings, and a report, and
8 that can take anywhere from two to two and a half
9 years.

10 Obviously -- and usually what happens
11 in an inquiry is that something has happened and
12 everybody is looking back at what happened to try
13 to figure out what it was all about.

14 Our situation is a little different.
15 We are in the middle of something where the second
16 wave appears to be coming, if it is not upon us,
17 and so we have -- we are kind of in a situation
18 where the events are unfolding at the same time as
19 we are inquiring, and that is a little different.

20 So what we are doing is the
21 investigation as best we can through interviewing
22 at this stage, and we will probably make an interim
23 report so that we are reporting to some extent
24 while the events are still going on and not
25 reporting two to two and a half years from now

1 after hopefully we are finished this.

2 Obviously, we won't be finished with
3 this if nobody figures out how to invent a vaccine
4 to deal with it or some other form of treatment.
5 We understand that.

6 So our situation is a little unique,
7 and that is why we are doing it this way for now,
8 and I want to thank you in advance for
9 participating because it is a very important part
10 of what we are doing, which is to gather
11 information and understand the situation.

12 So with that introduction, whoever is
13 leading this from your side -- Ms. Lender is it?

14 DEE LENDER: Yes, good morning.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 Well, I'll turn this over to you, and
17 then if you have some opening remarks or however
18 you are intending to organize it, we'll be
19 listening.

20 Now, what we'll do, if you don't mind,
21 is we'll ask questions as we go along rather than
22 waiting until you are finished and trying to go
23 back. So don't think we are rude in doing that.
24 It is just efficient from our point of view, and
25 hopefully not too disconcerting from yours.

1 DEE LENDER: Thank you.

2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 Well, go ahead then.

4 DEE LENDER: So I have a couple of
5 questions initially.

6 Deana, is the meeting going to be
7 locked very shortly? Because we still have a
8 couple of Board members who are trying to get on.

9 [Court reporter responds.]

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 Did you want to wait a minute,
12 Ms. Lender, before you start it?

13 DEE LENDER: I think we are okay. They
14 have notified us that they are running a little bit
15 late, so they will join when they can.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 Okay.

18 DEE LENDER: First of all, I would just
19 like to say hello, Commissioners. It is nice to
20 meet you. It is nice to see your face -- faces.

21 You are meeting this morning with OARC,
22 so the Ontario Association of Residents' Councils.

23 We are a small not-for-profit
24 organization that is funded by the Ministry of
25 Long-Term Care. We are not government employees.

1 We are a program or an association that is
2 supported by the government.

3 Our Board of Directors is made up
4 currently of a fantastic advisory group. Every
5 member of our Board is a resident leader in
6 long-term care. So every long-term care home must
7 have a Residents' Council by law through the
8 Long-Term Care Homes Act. So each of our resident
9 leaders who you see on the screen, or there is a
10 couple of members by phone, they are in a
11 leadership capacity of their own respective
12 Residents' Council in their own home.

13 They are also part of what makes OARC
14 tick, if you will. The advice and the information
15 that they give us on a regular basis helps us as an
16 organization to form consensus opinion, to advise
17 government, to advise community on residents' lived
18 experience.

19 We -- as an organization, we are
20 primarily engaged in supporting Residents' Councils
21 and leveraging the resident voice in long-term care
22 homes across Ontario through webinars, the
23 development of tools, resources. We teach at
24 colleges, universities. We also teach directly
25 with long-term care staff, team members, Residents'

1 Council leaders.

2 We do a lot of collaborative work with
3 stakeholders, a wide range of stakeholders in the
4 long-term care community, including government. We
5 publish a magazine twice a year called "Seasons".

6 We also publish a monthly newsletter
7 called "OARC in Action", and since COVID has been
8 with us, we have put out, if you will, a number of
9 bulletins that go directly to resident leaders and
10 their Residents' Council supporters.

11 Our work has changed dramatically since
12 COVID has come upon us because we are used to being
13 in the homes, and of course we are not able to at
14 this point.

15 We advise government on policy
16 development. We advise government with regards to
17 residents' lived experience during COVID and
18 beyond. We are about 40 years old as an
19 organization.

20 While we -- and this is a comment that
21 I am using just to segue into our conversation
22 today. While we absolutely supported the cessation
23 of visitors early on in the pandemic, the need to
24 support the psychosocial and emotional needs of
25 residents quickly became evident, so a lot of our

1 work has been in a terrific effort to advise on
2 policy and supports that could be in place, and
3 perhaps should have been in place earlier to
4 support the psychosocial and emotional well-being
5 of residents.

6 I wanted to introduce my team to you.
7 So I am Dee lender, I'm the Executive Director of
8 OARC.

9 And I will -- Deana, it is a little bit
10 of a logistical issue. Could you unmute everyone
11 at the moment, and then we could just say our
12 hellos. Thank you.

13 COMMISSIONER FRANK MARROCCO (CHAIR):

14 Ms. Lender, while that is taking place,
15 I should have told you that I will take a break --
16 or we will take a break around a quarter after
17 11:00 for 10 minutes or so, so if you can let me
18 know around that time when it is convenient to
19 break, then we'll break then.

20 DEE LENDER: Okay. Thank you.

21 We do have a little bit of an order
22 prepared for you. Board members are prepared to
23 share with you two words that summarizes their
24 lived experience over the last six months, so each
25 Board member who is present will be saying two

1 words when I call upon them.

2 And I still see a number of people are
3 muted.

4 (DISCUSSION OFF THE RECORD.)

5 COMMISSIONER FRANK MARROCCO (CHAIR):

6 Okay. We are fine.

7 DEE LENDER: Virginia and Reid, I see
8 that you are still muted.

9 So on our team, we have Julie Garvey,
10 Josie-Lee Gibson, Jennifer Langston and Melissa
11 McVie and myself, Dee Lender. We are the
12 employees, if you will, of OARC.

13 We have a few of our Board members with
14 us today.

15 We have Reid Walker who lives in a
16 long-term care home in Mississauga -- Burlington.
17 Forgive me, Burlington. Reid, could you wave?

18 We have Virginia who lives in a
19 long-term care home in Toronto.

20 We have Sharron Cooke who is president
21 of OARC. She is a resident leader in Newmarket.

22 We have Barry who is a resident leader
23 in Windsor.

24 We have Carolyn Snow who is a resident
25 leader in Keswick, and then joining us by

1 telephone, we have Lloyd who lives in Ottawa, and
2 we have Murray who lives in Brampton.

3 We do have others. They are just not
4 with us at this moment. We are expecting a couple
5 of others.

6 So what I am going to do, as I said, is
7 start by calling your name, and if you could please
8 share the two words that you have prepared for the
9 Commissioners, two words that summarize how you
10 feel your lived experience has been in the last six
11 months since COVID has come to us in a big way in
12 long-term care.

13 So, Virginia, you are muted currently.
14 I wonder, Virginia...

15 (DISCUSSION OFF THE RECORD.)

16 DEE LENDER: Virginia, if you need to
17 get some assistance to help you unmute, we can
18 wait.

19 Okay. So let's begin. Sharron.

20 SHARRON COOKE: Devastating, emotional.

21 DEE LENDER: Barry.

22 BARRY HICKLING: My two words are
23 terror awakened.

24 DEE LENDER: Carolyn.

25 CAROLYN SNOW: Lonely, depressed.

1 DEE LENDER: Reid?

2 WILLIAM REID WALKER: How long?

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 VIRGINIA PARRAGA: Okay. I'm ready.

5 DEE LENDER: Murray, can you give your
6 two words, please? Murray, are you there? Can you
7 give us your two words, please?

8 Okay. Virginia, your two words,
9 please?

10 VIRGINIA PARRAGA: My two words are
11 muzzled and trapped.

12 DEE LENDER: Lloyd, can you share with
13 us your two words? Lloyd, you are muted.
14 Actually, Murray was muted.

15 Lloyd, feel free to text me your words
16 if you would like. I can communicate on your
17 behalf when I receive a text.

18 Okay. Murray, your line is muted.

19 Okay. We will come back to Murray. I
20 am hoping he can get his telephone line unmuted.

21 I believe I have tapped into every
22 Board member who is with us. Yes, okay.

23 Commissioners, Devora Greenspon is
24 treasurer of OARC. She was unable to join us
25 today, but she has given me a written piece. Her

1 two words are broken-spirited and boredom.

2 The next thing that we thought we would
3 do is share with you impact statements, and so we
4 have four Board members who are prepared to share
5 with you two or three minutes of their life story,
6 their impact over the last six months.

7 So first I will call upon Barry.

8 BARRY HICKLING: Thank you, Dee.

9 DEE LENDER: Go ahead. Thank you.

10 BARRY HICKLING: I used the two words
11 terror awakened. I have been in long-term care
12 about ten years and never in my life have I
13 experienced anything in my entire life that has
14 terrified me more than this COVID-19 virus.

15 Speaking of our preparedness and
16 dealing with the issue of this virus, the response
17 has been weak, I am sure, in many places. There
18 has been a lot of confusion. There has been a lot
19 of anxiety where people are almost petrified, even
20 scared to speak about the virus.

21 It has been a horrible experience in
22 long-term care. I hope that this will be a
23 tremendous learning experience for all of us, but
24 the pain will not go away. It will stay. It will
25 torment us because of the potential for another

1 wave or potential of someone bringing something
2 into a long-term care home.

3 The fear is a torment. It elevates
4 blood pressure. It elevates anxiety. The fear
5 that we experience, it is all -- all of it is
6 exploding in the last six months. It hurts. We
7 are isolated, alone, without family or friends to
8 visit with us. I don't want to go through this
9 ever in my life again. And I pray and hope that,
10 by gosh, if there is another wave, let's deal with
11 it adequately, appropriately, efficiently, and
12 directly.

13 Thank you.

14 DEE LENDER: Thank you, Barry.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 Ms. Lender, before you call on the next
17 person, if people want to provide us with impact
18 statements after your presentation, we would be
19 happy to receive them.

20 DEE LENDER: In writing, you are
21 saying?

22 COMMISSIONER FRANK MARROCCO (CHAIR):

23 Yes, because -- sorry, let me just
24 eliminate that phone.

25 I just wanted to make it clear that if

1 somebody came forward after and had a statement
2 that they wanted us to have, that you should feel
3 free to take it down in some form that you find
4 convenient or have them, however you would do that,
5 and forward it on to us, we would be pleased to
6 receive it.

7 DEE LENDER: Thank you.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 And the second thing I neglected to say
10 if -- do you have a website?

11 DEE LENDER: We do.

12 COMMISSIONER FRANK MARROCCO (CHAIR):

13 Well, would you mind if we created a
14 link so that people could link from your website to
15 ours, so they can -- because we are publishing
16 interviews and presentations and so on, and it
17 would be helpful if people, who would normally go
18 to your website, could link then to ours if they
19 wanted to.

20 DEE LENDER: Thank you.

21 COMMISSIONER FRANK MARROCCO (CHAIR):

22 So go ahead. Sorry for the
23 interruption.

24 DEE LENDER: I think --

25 COMMISSIONER JACK KITTS: Yes, I was

1 just wondering, do you have an idea of when was the
2 onset of this whole issue that the two words
3 describe? Like I am trying to get a sense of when
4 did it start and when did it end, if indeed it has
5 ended.

6 DEE LENDER: Well, COVID certainly came
7 and shut our long-term care homes down. The first
8 significant impact was the cessation of visiting,
9 which happened quite suddenly in late March.

10 And so without knowing how long that
11 would endure for, you know, the focus was really
12 primarily on the physical prevention, infection
13 control, and prevention physically.

14 And so all of the PPE and the team
15 members working in multiple homes and policies
16 changing almost daily to provide more guidance from
17 government to long-term care homes. When team
18 members were instructed to choose one home, then
19 there was a ripple effect with that as well because
20 many team members worked across three, four, five
21 homes, for example. So when they had to choose one
22 home, there was a surge of shortage, team member
23 shortage.

24 And then just with visiting stopped
25 completely, that is, I think, what our Board

1 members are alluding to now. So certainly a couple
2 of weeks is okay, but then you start getting into
3 three weeks, four weeks, five weeks, three months,
4 four months, six months.

5 Virginia?

6 VIRGINIA PARRAGA: Yes.

7 DEE LENDER: I'm sorry, do you have
8 a --

9 COMMISSIONER JACK KITTS: No, go ahead,
10 Virginia. I have a follow-up, but go ahead,
11 Virginia.

12 VIRGINIA PARRAGA: Okay. I want you to
13 take a peak through my eyes only. Long-term care
14 homes have come to depict a prison for many
15 residents at this time. Due to COVID-19, we no
16 longer view these institutions as a safe haven to
17 fall into as if on a cloud.

18 The majority of LTC residents have sold
19 their own homes in order to afford the rent at some
20 of these institutions. They seldom have any family
21 or friends still living, and thus no place left to
22 go.

23 Where do we go after the cash flow
24 dries up? I will not reiterate what my OARC
25 colleagues have previously reported. It has been

1 told that repetition is a sign of old age. I
2 prefer to be thought of as young at heart.

3 Now when I see these dog cages on TV
4 for stray animals, I see myself as one of these
5 neglected, filthy, and starving for love and
6 affection little critters. I now weep for our
7 human race and mankind. Nobody cares, echos my
8 plight daily. Are we not in this boat called
9 "pandemic" all together?

10 We must all work together through the
11 art and science of communication, cooperation,
12 collaboration, and compassion during these trying
13 times. We have been cast in the role to save our
14 planet from harm. Please remember the world is
15 watching us. History will judge us. I have one
16 question to ask: What will our children say?

17 I thank you for allowing me the
18 opportunity to voice my feelings today. Up until
19 now, I have tasted only the anger that comes from
20 feeling and seeing my face muzzled and my hands and
21 feet chained.

22 I plan to do my part for as long as I
23 am a member of the human race and have the ability
24 to do so. The impact of this pandemic is as if our
25 whole world stopped and a reality nightmare has set

1 in.

2 Thanks again, everybody. This has been
3 the most fun I have had since March 3rd, 2020,
4 seven months ago.

5 Does anybody have any questions?

6 COMMISSIONER JACK KITTS: That is
7 extremely well said. I think it is pretty hard to
8 build on the feelings that that short story
9 portrayed.

10 But you did use words like you feel
11 like you are in a prison, muzzled, and trapped. I
12 think another one said it is terror awakened.

13 So I have two questions around that.

14 The first is, are those feelings still
15 there and as prominent as they were because you
16 still fear wave two and you don't anticipate it to
17 be any further mitigated? Is that -- I don't want
18 to put words in your mouth, but is that your fear?

19 VIRGINIA PARRAGA: My fear is that this
20 is going to take a long time to overcome. We are
21 going to be in this situation for a long, long
22 time. And perhaps our whole life has been changed.

23 I don't feel hope at this moment.

24 COMMISSIONER JACK KITTS: Okay. And I
25 am going to go back to the onset. It sounds like,

1 I think, Dee, from your response, that things
2 really heated up after the Emergency Order from
3 government and really when visitors' restrictions
4 occurred towards the end of March.

5 Was there anybody worried in February
6 and before all of it hit in anticipation of what is
7 a flu -- and we know that the flu season always has
8 an impact on long-term care.

9 So what was the level of anxiety and
10 readiness in February up to the beginning of March?

11 DEE LENDER: Carolyn, I wonder if you
12 might have a comment around how you were feeling in
13 February?

14 CAROLYN SNOW: It is hard to say. I
15 was a little fearful, but at that point it really
16 hadn't hit here so it didn't impact me that much
17 until we got the notice that no visitors could come
18 in.

19 And then it hit that we really are
20 isolated, and a lot of our other residents were
21 saying it is just like being in prison, except that
22 prisoners are treated better.

23 And I began to feel the same way, and
24 up until that point, I have actually enjoyed my
25 time in long-term care. I feel that we have a good

1 home and that the staff are excellent.

2 But I know this is not the case in a
3 lot of long-term care homes. My sister-in-law,
4 point in fact, was in one that the local hospital
5 had to take over, and she actually died of COVID
6 while she was there.

7 So it went from not being too concerned
8 to being devastated. I think that is about the
9 only way I can voice it.

10 COMMISSIONER JACK KITTS: Thank you.
11 Thank you very much.

12 DEE LENDER: Commissioners, we have two
13 other Board members who would like to share with
14 you a bit of an impact statement.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 Ms. Lender, before you do, Commissioner
17 Coke had a question, so I wonder if she could ask
18 it.

19 COMMISSIONER ANGELA COKE: I just am
20 trying to get a sense of -- you know, it seems as
21 if people underestimated what the emotional impact
22 of the ceasing of visiting would be, and I am
23 trying to think what do you think would have been a
24 reasonable time frame to resume visitation?

25 Although, yes, I know people are afraid

1 and still worried about infections, but six months
2 is a long time, and I am wondering, you know, what
3 time frame did people think this would have been
4 more appropriate?

5 DEE LENDER: In the conversations I had
6 with government, I was pleading for an end date,
7 for it not to be open-ended, because it is the
8 ambiguity of the situation that can cause such
9 uncertainty and just not knowing how long. I mean,
10 if you know that it is two weeks or three weeks or
11 four weeks, you can brace yourself, and you can,
12 you know, rely more heavily on phone calls and just
13 hunker down together and get through it.

14 But when there was no end in sight and
15 no foreseeable guidance around when visiting would
16 be reinstated or reinstated, it just seemed like
17 the hope, the hope was gone.

18 And that is what residents have told
19 us, not just our Board members, but phone calls,
20 emails, resident forums where we speak with
21 residents.

22 Some of our Board members had COVID in
23 their homes and some did not. Devora, who, again,
24 was not able to be with us today, she was in a home
25 that at its height had almost 100 people with

1 COVID, and she was cohorted, so her experience in
2 her home really highlights, and again, across the
3 board what we have heard over and over and over
4 again is the communication between management of
5 the home and residents was very, very poor in most
6 cases. And I think it wasn't because it was
7 intentionally, you know, mean-spirited or, you
8 know, trying to keep truth from residents. It was
9 that all hands were on deck to fight the
10 physicality of this virus.

11 But residents were left in the dark and
12 didn't know what was happening to their peers, to
13 their home, to their colleagues, to their staff
14 members.

15 May I read -- and just because I have
16 said Devora's name, may I read her statement to
17 you?

18 Okay. So this is from Devora. She is
19 86 years old. She says:

20 My home was in COVID-19 outbreak. I
21 was cohorted to a different section of the
22 building, as my area was deemed the COVID-19 area.
23 Thank God I didn't get sick, but I had to move to
24 another area of the home into a room where the
25 woman who lived there did have COVID. They covered

1 all of her belongings with black garbage bags. I
2 was in that room for over three months with very
3 few personal belongings and only a few outfits that
4 could be easily laundered and returned.

5 I had no TV, only my computer.

6 What troubled me the most was the lack
7 of human contact. Each day I saw a PSW a couple of
8 times, fully gowned, masked, gloved. No facial
9 expression was to be seen. I was not permitted to
10 leave that room for three and a half months. It
11 was like being in jail.

12 Week after week, there was little
13 communication from management. I found out things
14 from my son before finding out from my management
15 team. I missed my co-residents. As leader of my
16 council, I was used to visiting with other
17 residents, talking about what was working well,
18 what was bothering them. I offered peer-to-peer
19 support all the time to people living with
20 dementia.

21 I also enjoyed going out two to three
22 times a week for lectures, outings with my kids,
23 activities with the home.

24 All that stopped all at once, and I was
25 all alone. When visits were done by Zoom or even

1 in person, they were a mixed blessing. As much as
2 I love my family and longed to see them, it felt
3 like torture to see them but not be able to touch
4 them, give or receive a hug, hold hands, nothing.
5 It is very unnatural and very jarring.

6 When I think about the last six months,
7 the key areas that affected me negatively are
8 little to no communication from my home to me. I
9 had no idea what was happening, no human contact,
10 and when I did see a human being, I couldn't even
11 see their smile, boredom and broken-spirited.
12 Being alone in one room every day almost made me
13 crazy. There were many days when I didn't want to
14 get out of bed. I was very sad, very lonely, and
15 afraid.

16 When there is no information shared,
17 your mind can take you to some scary places.

18 And that is from Devora Greenspon.

19 Sharron, may I ask you for your impact
20 statement?

21 SHARRON COOKE: Thank you, Dee.

22 Because I -- the two words I said were devastating
23 and emotional. I felt that the whole COVID
24 situation was an emotional roller coaster.
25 Everything changed from day-to-day, nothing

1 consistent.

2 The inconsistency of communication,
3 staffing and shortages of staff was very
4 devastating. Isolation for residents not being
5 able to socialize with their peers and families
6 caused great depression as well as having to stay
7 in the rooms and eating alone to get -- to not get
8 not meals no longer, just warm and soggy.

9 Lack of activation caused
10 non-stimulation and left residents dormant and
11 sleeping all the time. What recreational
12 activities that there were available was spent
13 mostly with the dementia residents because they
14 needed more one-to-one care and stimulation that
15 they never did before.

16 With not being able to see families and
17 friends, there was no emotional interaction
18 whatsoever. It was just, Stay in your room, dear.
19 Everything is fine. Don't worry.

20 The unknown is what is the problem with
21 residents. They need to be communicated. They
22 need to know what is happening.

23 Just to be left in a room and not know
24 what is past the walls has caused a lot of
25 emotional concern. Lack of volunteers,

1 entertainment and cause confusion and
2 disorientation with the residents. The residents
3 didn't know what day it was, what time it was.
4 They were looking for nighties at noon because they
5 couldn't figure out what time of day it was.

6 Lack of spiritual care left residents
7 nowhere to turn and to release their fears and
8 anxieties, as well as no empathy for end of life.

9 During end of life, I have lived in
10 long-term care for 12 years, and I have learned so
11 much working with palliative and residents going
12 through different crises. They need that spiritual
13 care. They need a place to dump, to say what their
14 feelings are, and just regular everyday duties or
15 tasks. They don't have the time to sit and learn
16 about all these anxieties the residents are going
17 through.

18 Board members will then turn to
19 addressing -- or sorry, and this is the thing with
20 peers and Residents' Council. As a Residents'
21 Council leader, I don't just have a resident
22 meeting once a month. I spend every day visiting
23 residents, visiting families, trying to see what
24 their needs are, what type of things they like to
25 do, but also what are they missing in their life.

1 A lot of residents two years ago would
2 go to casinos. We would have trips, picnics. We
3 would have country drives outside. And we are
4 always active and having entertainment in, bringing
5 in Smile Theatre into the home. Through Residents'
6 Council, we are fund-raising to bring these
7 initiatives into the home, and it brings so much
8 joy and laughter and smiling for those residents.

9 But during this time, they had nothing
10 to smile for. They had nothing to look forward to,
11 except to stay in their room or go to bed or turn
12 the TV on and then one show just seemed to be the
13 same as the other.

14 So I just feel that that's the
15 devastation and emotional and also not having your
16 family. I know some residents, myself, had to go
17 through a crisis during COVID with dialysis, and it
18 hurt not to have your daughter there.

19 Thank you.

20 DEE LENDER: Jamie Ward has just joined
21 us. You can see his name on the computer screen.
22 Jamie is a resident leader who lives in a long-term
23 care home in Oshawa. Hi, Jamie.

24 JAMIE WARD: Hello. Sorry I'm a little
25 late. I had a washroom call.

1 DEE LENDER: It is okay, Jamie.

2 So I do see, Lloyd and Murray, your
3 phones are muted. If you would like to unmute your
4 phones, if you can. Otherwise, I am just not sure
5 how we can access your comments for this meeting.

6 Commissioners, I would really just turn
7 it over to you. We have questions that were given
8 to us in advance by Ida.

9 Our Board members are prepared to
10 contribute to just the flow of conversation that
11 you would like to have with them now, but really
12 that is the end of our formal presentation for you.

13 COMMISSIONER FRANK MARROCCO (CHAIR):

14 I guess I do have a question.

15 Do the residents or does the Council
16 know of long-term care homes that were run better
17 and avoided some of the problems that we are
18 hearing about this morning?

19 And the reason I ask is because we
20 would then take a look at those places to try to
21 find improvements rather, but it might be helpful
22 to us.

23 BARRY HICKLING: May I respond? It is
24 Barry.

25 DEE LENDER: Certainly, Barry.

1 BARRY HICKLING: Thank you very much.
2 I think two things are important.
3 Number one, the homes that were most
4 successful I believe had single rooms where there
5 was one resident in each room. I think that that
6 was a key to fending off some of the risk of
7 spreading throughout the home.

8 And I think, secondly -- and Dee had
9 mentioned the lack of communication or even -- just
10 the lack. I'll just leave it there.

11 Let me explain one thing really
12 quickly. I know for myself there was medication
13 mixups because we did not have regular staff
14 available who know our characteristics, who know
15 our medications, and the needs that we have. Twice
16 I had medication mixups. Had I not been alert and
17 aware of what was happening, it would have been
18 painful. It would have hurt emotionally,
19 physically.

20 I think the critical issue is lack of
21 staffing, and I don't know how to get around that,
22 but I would say this. The homes that were most
23 successful were the homes that really addressed the
24 team members first, and knowing that my team
25 members were cared for immediately, as soon as

1 possible, was important for any home because if
2 they are not being cared for, if they are not
3 taking the swabs and being tested in any other way,
4 that is our lives. That is where we live. They
5 bring it in. They take it out. Whatever they are
6 doing was frightening.

7 Anyway, those are my points. Thank
8 you.

9 DEE LENDER: If I may just from a
10 higher level address your question. Across the
11 board, the directors were very clear that long-term
12 care homes were closed to visiting.

13 Now, on top of that, some management
14 teams -- when things started to lighten up a little
15 bit, some management teams took extremist
16 interpretations of the directives. And government
17 also said that here is the directive, but homes are
18 given the authority to layer on top of guidance
19 documents their own home-specific infection
20 protection policies.

21 So, for example, in the latest version
22 of the visiting policy that says that residents can
23 go out for a few hours off of the property for any
24 number of reasons, when they come back, they do not
25 need to be isolated, and they do not need to be

1 re-tested for COVID.

2 Many homes are saying, no, no, when you
3 go out for lunch with your family members, even if
4 you follow all of the infection protection measures
5 and wear a mask, when you come back, you will be
6 isolated, and we have heard 72 hours, five days, 14
7 days, and many residents are being subjected to
8 re-testing as well.

9 So it is -- the lack of visiting across
10 the board was very, very traumatic, and I think
11 that homes that were the most successful recognized
12 early on that the psychosocial and emotional needs
13 of residents were as valid as the physical
14 protection of their bodies, because I have said
15 many, many times to government and to other
16 stakeholders, what we are going to end up with is a
17 group of people who have physically survived but
18 whose spirits have been broken. And when your
19 spirit breaks, you give up.

20 And that is what we started to see.
21 Many of the physicians that we talk with from the
22 Ontario Long-Term Care Clinicians group have said
23 in many meetings that I have attended that, in
24 their opinion, many of the deaths that were
25 attributed in long-term care were from COVID

1 certainly but also from residents whose spirits
2 have been broken and who gave up. So there is that
3 element as well.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 Commissioner Kitts.

6 DEE LENDER: Jamie, just a moment,
7 please. Go ahead, Commissioner.

8 COMMISSIONER JACK KITTS: Okay. Sorry,
9 are all of the long-term care homes members of your
10 association?

11 DEE LENDER: No, it is a voluntary
12 membership program, so currently about 400 -- just
13 shy of 400 of the 630 long-term care homes are.

14 COMMISSIONER JACK KITTS: Of the 400
15 members, of the 400 homes, do you know which ones
16 did well, which ones did really poorly, and which
17 ones were kind of average in between?

18 I think the red, yellow, green has been
19 used, but do you know which homes we would be
20 interested in talking to because they did really
21 well, which ones did really poorly, and which ones
22 did average? Do you have that data?

23 DEE LENDER: We don't have that data,
24 per se, in hard data. And may I just ask a
25 qualifying question. When you say "did well", you

1 know, what is the metrics that you are looking at;
2 from a residents' psychological, emotional
3 well-being or from infection protection keeping
4 COVID out?

5 COMMISSIONER JACK KITTS: I think that,
6 you know, a lot of the residents probably were
7 watching what was happening just pre-COVID,
8 concerned, and then got really concerned and by the
9 end of March when all things came in.

10 So I wonder if there is any impression
11 of which homes -- you know, I think what we are
12 seeing is had management staff on-site and
13 prepared, had enough staffing, had IPAC measures in
14 place, enough sufficient PPE, and you have added
15 now a visiting policy that balanced the need to
16 keep COVID out of the home but also balanced the
17 need for the residents to have that spiritual and
18 emotional well-being.

19 So, you know, I have heard all of this
20 in this conversation, so I am just wondering if you
21 have sort of put a list together and say, Well,
22 these had that and these didn't and these didn't
23 have an outbreak and those did? I know it is not
24 that simple, but just wondering if you had an idea.

25 DEE LENDER: No, my short answer to you

1 is no, I don't have -- I think that that
2 perspective would, from a licensee and
3 owner/operator perspective, OLTCA and AdvantAge
4 Ontario would be able to give some perspective to
5 that.

6 From a residents' experience
7 standpoint, we certainly have a handle on residents
8 who felt well supported, but certainly as the
9 visiting policy restrictions were in place for a
10 month, two months, three months across the board,
11 we started receiving more and more and more
12 resident distress calls, quite frankly.

13 COMMISSIONER JACK KITTS: Okay. Thank
14 you.

15 DEE LENDER: Jamie, you had something
16 that you were about to say.

17 JAMIE WARD: Yeah. When you were
18 mentioning before the extra protocols that a home
19 could put in place on top of the protocols for
20 going off the property, just using my home as an
21 example, I was able to go off the property. The
22 facility would issue me a mask, and my temperature
23 would be taken upon heading, you know, outside.

24 Upon return, my temperature was taken.
25 I didn't have to have a COVID test. I didn't have

1 to self-isolate. But what I did have to do on top
2 of that is I had to go directly to my room and
3 change what I was wearing. That was one extra
4 protocol that they did put in place.

5 DEE LENDER: Thank you, Jamie.

6 Commissioners, you have asked a little
7 bit about what life was like before COVID, and one
8 of the things that, again, from a residents'
9 perspective and operational perspective, we were
10 well into a staffing crisis before COVID hit us.

11 And so the shortage of staff, the
12 inconsistency of team members being available, the
13 consistency of care, was very, very tough across
14 the board in long-term care homes.

15 I wonder if -- let me see. Again, I
16 see that the telephone participants' lines are
17 muted.

18 Sharron, could you please talk about
19 the human resource shortage?

20 SHARRON COOKE: Yes. Prior to COVID, I
21 would say the last couple of years, we were
22 starting to run through a fair bit of shortages
23 with PSWs. With OARC, we have done presentations
24 at various colleges and stuff like that promoting
25 that long-term care could be a good career path and

1 trying to figure out ways how we can entice people
2 to come to long-term care and work as PSWs, as
3 recreation, because we found that PSWs and
4 recreation staff are the two key positions in
5 long-term care that were lacking to try and get
6 enough activities.

7 And also, there is so much task
8 orientation that they ran out of time for each
9 resident, and sometimes they would have only two on
10 a home area where usually it used to be four and
11 three. And we have noticed that before, but since
12 COVID, with having to make a choice of working in
13 one home, we lost a lot of staff that way. And
14 also, too, a lot of people didn't want to work
15 during COVID as well.

16 So this -- like this caused an even
17 worse shortage in long-term care and to try and
18 figure out what can be done through the different
19 associations to promote PSWs into long-term care.

20 Go ahead, sorry.

21 COMMISSIONER FRANK MARROCCO (CHAIR):

22 If I could just ask a question about
23 that. I understand the problem where people don't
24 want to come into what they perceive to be a
25 dangerous environment. I can understand that.

1 But that is kind of a COVID-related
2 reason for a staff shortage.

3 Did the staff ever share -- setting
4 COVID aside, did the staff ever share why they
5 thought there was a shortage or what the problem
6 was or problems?

7 SHARRON COOKE: I think a lot of team
8 members, they also share with you the lack of
9 support within the homes and managements. There is
10 always core training, training, stuff like that,
11 but they always felt like the management didn't
12 listen to their input.

13 And PSWs know more about the residents'
14 care and what the residents need than a management
15 level because they are not with that resident every
16 day, and they keep saying, We keep telling them
17 that certain situations won't work. They need to
18 listen to us. And just like you have the
19 collective voice of the residents, to try and make
20 a good home, you also need to have that collective
21 voice of your team members. They are doing it
22 every day.

23 DEE LENDER: Thank you, Sharron.
24 Virginia, would you like to add to --

25 VIRGINIA PARRAGA: Yes, I have

1 something to say, because on my own initiative I
2 started to interview all the PSWs on the third
3 floor, east and west, and I did that because they
4 are very unhappy.

5 First of all, they feel disrespected,
6 and secondly, there is not enough of them to do all
7 the work that is put in their path. The butterfly
8 effect has not been effective, at least not in our
9 case, and I believe that these girls work hard.
10 They have left homes and travelled a long distance
11 to be here. And they put out sometimes \$5,000 just
12 to study PSW. And they are at the bottom of the
13 totem pole.

14 That about sums it up for me.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 Thank you.

17 DEE LENDER: Carolyn, would you have
18 anything to add about human resource shortages?

19 CAROLYN SNOW: Oh, definitely. For the
20 last three years, I have been documenting these
21 shortages in my home, and it has become a lot worse
22 during COVID, but it was not good before. And I am
23 finding weekends are worse than weekdays.

24 Over the weekend, one shift that should
25 have had five people on only had two. At one

1 point, we had our Director of Care and Associate
2 Director of Care come in for half a shift each to
3 cover for an RN. It is getting very depressing for
4 the PSWs who make it their business to come in for
5 their shifts because they have no time to spend
6 with the residents. They have to do whatever they
7 can, as fast as they can, to get on to the next
8 one, so that they cover everyone.

9 And not only that, they are getting
10 hurt because they are working quickly and not
11 taking proper measures when it comes to lifts and
12 transfers and that sort of thing.

13 So it has gotten much worse since
14 COVID, and the big problem is that in order to
15 recruit people, you have to be able to offer them
16 more full-time positions. It is very poor the way
17 they are doing it in the homes.

18 So many of the PSWs are what they call
19 casual, and these are the ones that have to work in
20 three or four different homes just to make a
21 living. It is -- I don't know what the answer is
22 in order to recruit more people to the position,
23 but I do know that they work very, very hard, and
24 they are very underpaid for what they do.

25 DEE LENDER: Thank you, Carolyn.

1 Sharron? You are muted.

2 SHARRON COOKE: Yes, Dee, I just wanted
3 to add something too.

4 The one thing I feel would really help
5 the situation on staffing is years ago we used to
6 have where they had practicum in the long-term care
7 during their courses, and I think that would
8 enhance the awareness of long-term care and help
9 bring more PSWs and recreational people into the
10 homes to find out just exactly what they like to
11 do.

12 And we have learned that doing
13 presentations at the colleges where at the
14 beginning there is not too many that know about
15 long-term care, but as the presentation goes
16 through, you ask the question again, and it is over
17 50 percent put their hands up and said, That looks
18 like that is what I would like to do.

19 So I think bringing stuff back so that
20 we can build the awareness in long-term care I
21 think would really help a lot.

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 When did they end the practice of
24 having a practicum? Do you know?

25 SHARRON COOKE: We used to have it here

1 about five, six years ago. We would get students
2 in every term that are going through that practicum
3 through Seneca, through the different various
4 colleges.

5 And I think that would be a huge step
6 forward in building the careers within long-term
7 care.

8 DEE LENDER: I see that Murray has
9 joined us. Murray is in the yellow shirt in the
10 burgundy chair. Nice to see you, Murray. You are
11 muted at the moment. Hi, Murray, welcome.

12 MURRAY WOODCOCK: Good morning.

13 DEE LENDER: One of the angles that
14 OARC is really advocating for in terms of the human
15 resourcing crisis is to open up the Long-Term Care
16 Homes Act to introduce another level of resident
17 support worker called something like resident
18 experience ambassador or social engagement aide,
19 someone who is not certified, not registered, but
20 who can take on many of the roles that PSWs and
21 nurses occupy much of their day with outside of
22 direct personal care.

23 So things like certainly bringing
24 residents from one area to another, stocking
25 shelves, having the time -- just purely having the

1 time to meet the simple pleasures in life, being
2 able to sit and to talk with a resident for five
3 minutes to build relationship, all of that that
4 brings an institution into a home, brings the
5 care -- and again, we are not advocating lesser
6 medical care. We absolutely need more PSWs, more
7 nurses, but this other level of resident
8 experience, psychosocial support, would be
9 fantastic.

10 And there are a number of
11 administrators I have spoken to who have this level
12 through the emergency funding with COVID, and the
13 one corporate leader that I spoke with said that
14 when she advertises for this position, she gets 40
15 or 50 resumé's for each position.

16 So there seems to be, you know, people
17 who are perhaps middle aged and would like to work
18 a couple of shifts a week, and the home trains. So
19 the visiting programs -- and I do want to touch on
20 this, please, Commissioners. Even the best
21 intentioned homes who want to provide visiting to
22 the extent every resident having at least one visit
23 per week, what they have had to do is pull 10, 12,
24 15 of their team members every day to facilitate a
25 visiting program.

1 So they have admitted that resident
2 care in other areas is suffering because they have
3 put visiting and connection with family and friends
4 as top priority, so there aren't enough people
5 involved in the home to carry out an effective
6 visiting program with all of the -- you know,
7 bringing the residents to and from, cleaning the
8 tables, cleaning the chairs, making the schedule,
9 ensuring that there is training that happens so
10 that PPE is donned and doffed appropriately.

11 So some residents are having to wait
12 three, four, five weeks before they have a visit
13 between visits.

14 Murray, could you please mute your
15 line. Thank you.

16 Commissioners, do you have a question
17 or a perspective you would like?

18 COMMISSIONER FRANK MARROCCO (CHAIR):

19 I just wanted to pursue this question a
20 little bit and the other Commissioners may too.

21 But this other worker, this ambassador
22 that you were referring to, is the idea that they
23 would be able to move through from one level to
24 another, that this would be like an entry point?

25 DEE LENDER: Yes, sir. It would be an

1 entry point, but it would also -- it would not
2 necessarily be tied to the desire to move up the
3 ladder, so to speak. It could be in and of itself
4 seen as a vital component to the health care team
5 in the home, so there would be pride and prestige
6 and value in that position alone.

7 But it could also be an entry level for
8 someone who is considering PSW work but they are
9 not quite sure or considering working in the
10 long-term care home sector but they are not quite
11 sure. So it could give an introduction into life
12 and living and supporting residents in long-term
13 care.

14 COMMISSIONER FRANK MARROCCO (CHAIR):

15 So it would be an entry point if you
16 wanted it to be an entry point, and if you didn't,
17 it would be a job of some -- you know, a vocation
18 or a job, depending on why you were doing it.

19 DEE LENDER: Yes, yes.

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 And some places have done this on their
22 own and there seems to be a response?

23 DEE LENDER: Yes, yes. So Lloyd's
24 home -- Lloyd is on the call but his line is muted.
25 Lloyd lives in a home in Ottawa. They have

1 employed a group of people called Social Engagement
2 Aides, and their whole purpose for coming on board
3 is to support the psychosocial and emotional
4 well-being of residents, so almost an assistant to
5 the recreation team.

6 What we have also found in the last six
7 months is that the mandated entity of Residents'
8 Council has fallen by the wayside in many, many,
9 many homes. So every home must have a Residents'
10 Council, and it is vital. It is vital for
11 residents to have that peer-to-peer support, and it
12 is vital for residents to come together and be able
13 to raise their celebrations, their concerns, their
14 questions, and present consensus opinion to the
15 management team of their home.

16 And in many homes that function has
17 been null and void for at least four months with
18 COVID. So we have received from government a
19 direction, a memo, that went out to all licensees a
20 couple of weeks ago saying it is time now -- just
21 so you know, it is time to reconvene Residents'
22 Councils. It is important. They must be supported
23 by the home.

24 But again, there is such a team member
25 shortage that -- to support small group gatherings

1 to find out what residents are thinking and feeling
2 and valuing and want to see changed, and it is
3 very, very difficult. So this level of position in
4 the home would be a beautiful fit, a natural fit,
5 in supporting Residents' Council, which is a
6 mandated function in long-term care homes.

7 But there has never, ever, ever been a
8 dedicated resource for this crucial aspect of
9 resident experience in long-term care. So now if
10 things are going to change, and we are in a
11 position to really look at what can be changed to
12 fix the system, so to speak, seeing a team member
13 dedicated to supporting the Residents' Council, the
14 resident voice in the home, would be magnificent.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 All right. Commissioner Kitts.

17 COMMISSIONER JACK KITTS: Just a
18 follow-up on Lloyd's home. Did the Residents'
19 Council still continue to function during COVID,
20 and were they instrumental in bringing this new
21 type of staff?

22 DEE LENDER: I am afraid Lloyd is not
23 able to speak personally. He is listening. But my
24 understanding of what has happened in his home is
25 that the Residents' Council was dormant for a

1 couple of months, maybe four months, but recently
2 they were able to re-ignite or reconvene.

3 The Social Engagement Aides were not
4 used specifically to support the Residents'
5 Council. Our premise from OARC's perspective is
6 this would be a beautiful fit. I have spoken with
7 the corporate leader of a group of homes called
8 Primacare. That lady, Jill Knowlton, she has
9 employed in all of their homes this level of
10 position, and recently, three or four weeks ago
11 when we were talking as a team, I said to her,
12 Wouldn't it be great to have that level of position
13 support residents' voice and Residents' Council,
14 and she said that is a fantastic idea. She was
15 going to revisit the job description and
16 incorporate that into the role that she has hired
17 for in her homes.

18 COMMISSIONER JACK KITTS: And so are
19 these Social Engagement Aides been found to be
20 effective? I gather the Primacare chain must have
21 them in their homes, but have other homes picked it
22 up or has it been spread as a best practice?

23 DEE LENDER: I don't know across the
24 board at this point how many have. We are starting
25 to look into this, and we have OLTCA and AdvantAge

1 Ontario, Family Councils of Ontario and OARC. We
2 have written a couple of letters and presented to
3 government advocating for this to happen.

4 That question, again, from an
5 operational standpoint as to which homes have
6 employed this level of position would, I think, be
7 easier answered through the associations, OLTCA and
8 AdvantAge Ontario.

9 COMMISSIONER JACK KITTS: Okay. Thank
10 you.

11 DEE LENDER: So it is 11:09.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 Is this a convenient time, do you
14 think?

15 DEE LENDER: I think so.

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 Okay. Well, we'll break for ten
18 minutes.

19 DEE LENDER: Okay.

20 BARRY HICKLING: Dee, I just wanted to
21 mention very quickly. An alert has just come up on
22 screen. In the past 24 hours, Ontario has reached
23 an all-time record of 700 cases of virus infection.
24 700 in 24 hours. That is scary.

25 DEE LENDER: Indeed. We will resume in

1 about ten minutes, everybody.

2 -- RECESSED AT 11:09 A.M.

3 -- RESUMED AT 11:20 A.M.

4 COMMISSIONER FRANK MARROCCO (CHAIR):

5 Well, Ms. Lender, we are ready when you
6 are.

7 DEE LENDER: Okay. Thank you, sir.

8 So on the break, I was doing some
9 thinking. As I said earlier, some of our resident
10 leaders' homes had COVID in their home; some did
11 not have COVID in their home. And yet across the
12 board, every Board member in one way or another has
13 expressed to us and to each other the heartache and
14 the trials that have come their way in the last few
15 months.

16 It is difficult because, you know, this
17 is a group of people who live in long-term care for
18 health reasons but who are advocates for one
19 another, for their resident body.

20 And to boil it all down to
21 communication needing to be enhanced with
22 residents, residents feeling that they were
23 physical things and that their entire sense of
24 well-being was not taken into account. There is
25 the physical aspect of being protected, but again,

1 the psychosocial, emotional aspect of what we all
2 need.

3 One of the things that we were asked to
4 come prepared to speak to is, you know, any ideas
5 that we would have to address concerns that -- you
6 know, things that could be done immediately and in
7 the long-term, and one of the things that OARC is
8 advocating for is teaching on safe physical touch
9 during pandemic. It is done. There is
10 evidence-based, research-based, guidance in terms
11 of -- you know, because people need to be touched.

12 One of the devastating outcomes that we
13 have heard about time and time again is once
14 visiting was reinstated, when you have two people,
15 two family members who haven't seen each other for
16 three or four or five months, and then they are
17 kept two metres apart with masks, you cannot touch,
18 you can't reach out and hold their hand, you can't
19 embrace, some of our resident leaders who are with
20 us today have said, You know what? I don't want to
21 see my family members in that way. I would rather
22 have a virtual call, a virtual display where I can
23 see my daughter's face rather than sit in front of
24 her two metres away and not be able to at least
25 even see her smile.

1 Murray, can you unmute your line,
2 please? We have not heard from Murray.

3 While he is doing that, Commissioners,
4 do you have a question or a perspective that you
5 feel that is unanswered?

6 Hi, Murray, one moment, please.

7 MURRAY WOODCOCK: Can you hear me now?

8 DEE LENDER: Yes, yes, we can.

9 MURRAY WOODCOCK: Okay.

10 DEE LENDER: Okay. Commissioner Coke?

11 MURRAY WOODCOCK: Pardon?

12 COMMISSIONER ANGELA COKE: I can go
13 after Murray. That is okay.

14 MURRAY WOODCOCK: Go ahead, go ahead.
15 You go ahead.

16 COMMISSIONER ANGELA COKE: I was just
17 wondering, in addition to the staffing issues that
18 you have expressed, what are other key concerns
19 that residents had before COVID? In addition to
20 staffing, are there other key ones that come up
21 repeatedly pre-COVID?

22 DEE LENDER: Okay. Murray --

23 MURRAY WOODCOCK: Yes.

24 DEE LENDER: -- would you like to
25 answer that? Before COVID hit our long-term care

1 community, what are some of the areas of concern
2 that you have in terms of resident care?

3 MURRAY WOODCOCK: Before the thing hit,
4 you mean, or now?

5 DEE LENDER: Before COVID. Before
6 COVID.

7 MURRAY WOODCOCK: Probably the same --
8 one of the same concerns that I have right now, and
9 that is the single biggest concern that I have then
10 and I still have now is how do we manage the
11 staffing shortage in long-term care then, which we
12 weren't managing well. We never had enough. The
13 ratio of residents to staff in long-term care homes
14 is a crying shame, as everybody knows.

15 If we are going to survive another
16 pandemic, that is one of the issues that has to be
17 addressed and addressed very, very seriously, or we
18 are going to have a major, major problem.

19 One of the single biggest problems is
20 pay. They are not paid, long-term care people,
21 enough money. That is going to have to be
22 revisited.

23 The other thing that nobody seems to
24 realize that these long-term care people that we
25 have now, they are all played out. They have been

1 worked to death. They have been surrounded by
2 long-term care viruses, people who have it, people
3 who may not have it. They are working with people
4 who have it. They are scared stiff every day that
5 they'll pick it up and take it home to their kids
6 and their family. We are scared stiff that they
7 are going to bring it back to us. It is a major,
8 major problem. This has to be addressed.

9 The other thing is -- and you have
10 mentioned some of this in what you are saying, is
11 the recruitment of other people, of resident aides,
12 to have an army of these people available to move
13 in when they are needed. That is something that
14 should be addressed very, very seriously.

15 We have to have a group of these people
16 that are ready to come. That is my major concern
17 in -- well, it just came on TV a little while ago,
18 and they said there is 700 cases today. Where are
19 we going? We are heading for another major, major
20 surge. If we are going to manage this, we have got
21 to have the people to manage it.

22 The other thing is we don't have
23 people -- even before this we didn't have enough
24 PSW people, et cetera, to be able to come and sit
25 down with residents and talk to them and visit with

1 them and emotionally help them. The pandemic came
2 along, and it was a disaster. People are left by
3 themselves alone, depressed, crying their eyes out
4 because nobody comes near them, nobody cares.
5 Their family can't get in. Why am I here, and on
6 and on and on.

7 We have to have people to handle this
8 in the future, and they can't wait around and say,
9 We'll do it then and then and then. Then is now,
10 as far as I am concerned.

11 The other thing I would suggest to our
12 Commissioners, which may not be a nice thing to
13 say, but I think the general overall attitude of
14 the general public and people who deal with
15 long-term care, et cetera, must undergo a massive
16 change. Instead of thinking right now they are
17 long-term warehouses. They should be long-term
18 care homes, with the emphasis on "care". This is
19 one of the problems that came up when these
20 pandemics hit, that people were not here to handle
21 them because they were not treating people the way
22 they should have treated them then.

23 Now we have had this pandemic. We have
24 suddenly jerked into reality by the loss of dozens
25 and dozens of lives in long-term care homes that

1 were never properly handled in the first place. So
2 a major, major wakeup call.

3 So that is -- my major concern, again,
4 is people, people to come in and handle what we are
5 about to face again.

6 DEE LENDER: Murray, you have spoken so
7 eloquently in the past about dignity and respect
8 with regards to food. I wonder if you could share
9 your thoughts on food and budgeting.

10 MURRAY WOODCOCK: Actually, I just made
11 a note of that somewhere. That was one other
12 thing.

13 I think one of the -- and this fits
14 into just what I said. It is time we started being
15 treated as people. Why are the prisoners in our
16 justice system fed better and eating better food
17 than we are? Like who are we? We are the people
18 who worked all of our lives. We paid our taxes on
19 everything, all we worked, everything that we
20 bought, and at the end of our life, we were
21 entitled to some peace and some quiet and
22 enjoyment, et cetera, et cetera.

23 What happens? With our backs to the
24 wall, we get nothing. They set me up to the dining
25 room table and feed me with sub-standard food. I

1 would ask one of the Commissioners, when was the
2 last time you took \$9.75 out of your pocket and
3 tried to feed yourself for a day with it? It might
4 be enlightening.

5 We have been doing this for years. I
6 don't think there has been nothing more than a
7 minimal increase in food from health care and for
8 the -- I have been here for five years, and I can't
9 remember anything than a few cents.

10 I have already put forth a request
11 through Minister Fullerton to increase this to \$15
12 per person per day, and if you think about that,
13 that is hardly even enough. That is \$105 a week.
14 Go out and shop for \$105 for next week and then
15 take next week and try and feed yourself on that
16 \$105.

17 At some point along the way a check
18 must come and get people jerked into reality that
19 we in these long-term care homes are people. We
20 are not objects to be brought in here and put to
21 bed and got up in the morning and given some
22 breakfast and shoved in front of the TV and given
23 some lunch and put to bed and brought back out for
24 supper and got to bed again, in the meantime fed
25 with sub-standard food. It is passed by a

1 dietitian, probably barely.

2 So my plea really is for the Ministry,
3 and she has guaranteed, I think, to Lee that
4 possibly, and -- not possibly, she will seriously
5 and aggressively address this situation which has
6 to be corrected.

7 Thank you.

8 DEE LENDER: Thank you, Murray.

9 VIRGINIA PARRAGA: I totally agree with
10 you, totally.

11 MURRAY WOODCOCK: Thank you.

12 DEE LENDER: Virginia said that.

13 VIRGINIA PARRAGA: Hurray.

14 MURRAY WOODCOCK: Thank you, Virginia.

15 I am not as crazy as I sound.

16 VIRGINIA PARRAGA: You don't sound
17 crazy at all. You sound very knowledgeable.

18 DEE LENDER: Virginia, do you have any
19 comments around what life was like before COVID?

20 VIRGINIA PARRAGA: Yes, I have actually
21 some notes that I can go into and take a look.

22 Before COVID, we had daily exercise,
23 weekly excursions to the mall or elsewhere by bus,
24 an occasional concert, monthly entertainment, such
25 as birthday celebrations, activity programs one or

1 two times per day, conversations with other
2 residents for breakfast, lunch and dinner, more
3 conversation with the food supervisors re food and
4 menu, access to volunteers, family members and
5 friends, walks outside in groups, PSW care with
6 regular resources, a general well-being in the
7 long-term care home.

8 The impact of the pandemic was as if
9 the world had stopped and the nightmare had just
10 begun.

11 DEE LENDER: Thank you.

12 MURRAY WOODCOCK: You are absolutely
13 right.

14 DEE LENDER: Yes, Commissioner Kitts?

15 COMMISSIONER JACK KITTS: I have a
16 question for Virginia. So, Virginia, it sounds
17 like pre-COVID was --

18 VIRGINIA PARRAGA: Okay.

19 COMMISSIONER JACK KITTS: -- very good.

20 VIRGINIA PARRAGA: Yeah, okay.

21 COMMISSIONER JACK KITTS: Your home
22 seemed to have a lot of the things that Murray was
23 concerned about.

24 So life was pretty good. The
25 recreation and staffing was fine. Can I just ask,

1 did your home have difficulties with an outbreak or
2 anything else during the COVID crisis?

3 VIRGINIA PARRAGA: We had seven people
4 who had COVID once they started doing the testing,
5 so they have done a good job as far as keeping
6 those numbers down, and we can commend them for
7 that.

8 Kensington is often referred to as one
9 of the best places that you can be in. It is a
10 prison, but it is one of the better prisons, you
11 know. So that is what I can say about that.

12 COMMISSIONER JACK KITTS: Okay. Thank
13 you for that. Thank you.

14 MURRAY WOODCOCK: The other thing, if
15 you would allow me to, Dee?

16 DEE LENDER: Yes, Murray.

17 MURRAY WOODCOCK: Allow me to defend
18 myself a little bit from this Commissioner as far
19 as my home is concerned.

20 What I said was about the food; it was
21 not about the home. As far as Extendicare Brampton
22 is concerned, I have to agree with the other lady
23 with her place, it is one of the better homes to be
24 in as far as a resident is concerned. The food
25 thing is for all homes en masse.

1 VIRGINIA PARRAGA: Yes, systemic.

2 MURRAY WOODCOCK: The other thing is we
3 had all of these things in our home too, but it
4 doesn't seem to matter. The virus has no -- it
5 attacks everybody.

6 The only thing is that it is not as bad
7 in the lady's home or the home I was in,
8 Extendicare Brampton, because they are better
9 quality homes, they are better looked after, they
10 are clean, they are not dirty, et cetera, et
11 cetera, and also the management level of these
12 homes is above and beyond a lot of the other
13 places.

14 I have a simple philosophy. I spent
15 all my life in management, and it says very simple:
16 There are no problems that are not first of all
17 management problems.

18 VIRGINIA PARRAGA: Correct.

19 MURRAY WOODCOCK: If you get good
20 management, they anticipate those problems, and
21 they correct them before they get out of control.
22 That is what makes for a better home.

23 COMMISSIONER JACK KITTS: Thank you,
24 Murray. That is very well said. Thank you very
25 much for that clarification.

1 VIRGINIA PARRAGA: I just want to make
2 one more comment, if I may.

3 Last Tuesday, we were served a shrimp
4 dinner. Now, doesn't that sound yummiie? I'm a
5 great lover of seafood, and I always have been, so
6 I look forward to these shrimp dinners. However,
7 we were allowed two shrimp, and it was with a lot
8 of noodles that had some sort of white sauce on it.
9 It wouldn't even qualify for a nutritional value
10 meal.

11 So I had to write a letter to the food
12 department, and they said, Well, there was no
13 shortage of shrimp. Who took the shrimp I would
14 like to know? Where did they go? Two shrimp.
15 That isn't even a shrimp cocktail if you go to a
16 restaurant.

17 So there is problems with food
18 definitely, definitely. My go-to meal is
19 ratatouille with a little bit of rice because the
20 other stuff, unpalatable.

21 MURRAY WOODCOCK: Well, I have found
22 here at Extendicare, as part of my duties as
23 president of the Residents' Council, I have taken
24 over oversight of the food department.

25 VIRGINIA PARRAGA: Wow.

1 MURRAY WOODCOCK: So yeah, I scream my
2 head off. I meet with the food services gal
3 relatively, and if something like that happened to
4 you happened here, there would be hell to pay.

5 VIRGINIA PARRAGA: Well, I think a few
6 heads rolled that day when I sent my letter. A few
7 heads may have rolled, I hope.

8 MURRAY WOODCOCK: Well, the other thing
9 is I find that people should be speaking up more on
10 things that are happening or not happening.

11 VIRGINIA PARRAGA: That's right.

12 MURRAY WOODCOCK: The problem is in all
13 of these homes, 90 percent of the residents are not
14 able to speak up.

15 VIRGINIA PARRAGA: Correct. They are
16 timid, or they are too disabled.

17 MURRAY WOODCOCK: We as people who are
18 able to speak up should take it as part of our
19 responsibility to do that and look out for these --
20 this is one of the duties of the Residents'
21 Council.

22 VIRGINIA PARRAGA: Yes, I agree.

23 MURRAY WOODCOCK: Is to look after the
24 residents.

25 VIRGINIA PARRAGA: That's right.

1 MURRAY WOODCOCK: That is why I am
2 involved with the food. That is trying to get
3 better quality food for the residents, et cetera,
4 et cetera.

5 VIRGINIA PARRAGA: Yes.

6 MURRAY WOODCOCK: I have been screaming
7 about this food amount for years. I have been
8 president of the Residents' Council for three
9 years, and it has been three years I have been
10 going on with this. And we finally may have waken
11 somebody up. I don't know.

12 But the problem is -- and I'll say this
13 again, please start considering us as long-term
14 care homes, not long-term care warehouses.

15 VIRGINIA PARRAGA: That's right.

16 MURRAY WOODCOCK: Where you are taking
17 objects and sticking them in a room and once in
18 awhile you feed them and then let them out. We are
19 people.

20 DEE LENDER: Thank you, Murray.

21 Murray, what you are speaking to and,
22 Virginia, you have supported Murray, is what we
23 have talked about at the Residents' Council during
24 pandemic. In many homes, it has been silenced, the
25 function of Residents' Council.

1 And even though there were guidelines
2 from government that showed what safe, small group
3 physically distanced programming can look like,
4 many homes, management teams decided that during
5 COVID or any significant outbreak, Residents'
6 Council would not function.

7 So that is why we have as an
8 organization not only encouraged but facilitated
9 the reconvening of Residents' Council, because you
10 can see, just from a glimpse right now, that
11 resident leaders who want to advocate for their
12 peers who cannot speak for themselves, it was
13 heart-breaking and demoralizing to not have an
14 avenue to write letters, to meet with peers, to
15 have some sort of way to provide feedback to
16 management teams. It is absolutely critical that
17 if we head into a second wave or ever have to, you
18 know, continue in the next few months before a
19 vaccine is readily available, that Residents'
20 Council must be supported.

21 MURRAY WOODCOCK: We are having a
22 Residents' Council meeting next Thursday.

23 COMMISSIONER JACK KITTS: Who does
24 Residents' Council report to in the home? Who is
25 responsible for taking action on your report?

1 MURRAY WOODCOCK: The administrator of
2 the home. As President of the Residents' Council,
3 I chair the meeting along with my assistant. She
4 takes the minutes of the meeting, writes down all
5 the -- any concerns that we have about almost
6 anything, excepting health concerns. If you have a
7 problem with your nurse, that is a problem that the
8 main nurse looks after.

9 Our concerns go to the chief of the
10 home. I keep forgetting her name. And she is
11 required to reply to me personally by letter what
12 they will do about these concerns. And this system
13 seems to work well. I find --

14 COMMISSIONER JACK KITTS: Is she
15 on-site?

16 MURRAY WOODCOCK: -- in a lot of other
17 homes that this doesn't happen. We are very
18 fortunate here to have a good relationship with
19 Residents' Council with management, and it makes a
20 very big difference, and it also means that we have
21 extremely good transparency when it comes to
22 problems.

23 During the virus season, we get an
24 update twice a week on anything and everything that
25 is going on in the home, so that works very well.

1 COMMISSIONER JACK KITTS: So when you
2 say -- you indicated that one of the things you
3 felt was necessary for wave two was we need an army
4 of people ready to move in if there is trouble.

5 I gather that didn't happen to your
6 home in wave one?

7 MURRAY WOODCOCK: I don't think it
8 happened to very many homes.

9 VIRGINIA PARRAGA: No.

10 MURRAY WOODCOCK: Because they were not
11 prepared. This is one of their big problems. That
12 is why I brought this up today. People should be
13 working daily now to get people -- we have six
14 units in our home. The last outbreak we had, we
15 were very fortunate we only had one unit that had
16 14 cases in it. They isolated the whole unit.
17 Three people passed away in that unit. But it
18 never spread to another unit.

19 Okay. I am saying in another surge,
20 what happens if that virus spreads to three other
21 units in our home?

22 VIRGINIA PARRAGA: Exactly.

23 MURRAY WOODCOCK: Do we have the people
24 to handle that? No, we don't.

25 So I am saying all homes should have

1 backup people to handle this type of thing, because
2 the next wave could be worse than this one, and
3 what are we going to do?

4 COMMISSIONER JACK KITTS: Do you have
5 any thoughts around whether the Army or the
6 hospitals were effective in doing this?

7 MURRAY WOODCOCK: The Army and the
8 hospitals are very effective, but it is an
9 embarrassing -- very, very embarrassing thing for
10 our government and our Department of Health who
11 works for all of these homes to come to the point
12 where we have to call in the Canadian Army to clean
13 up a mess that should never have been there to
14 start with and which was created by the lack of
15 oversight by decades of government people who were
16 supposed to be doing their job and weren't doing it
17 properly and all of a sudden it exploded.

18 Now, they had to call the Army in, and
19 I don't know about you, but it almost brought tears
20 to the eyes of our Prime Minister of Canada when he
21 read this report. It almost brought tears to my
22 eyes at the same. It made me almost ashamed to see
23 this happen in a country like Canada and a province
24 like Ontario.

25 And I just hope to God that it will

1 never, ever happen again. That is why I say we
2 should have people standing by to move in for this.
3 Fine, the Canadian Army, we must be very proud of
4 the fact that they are trained to respond to this
5 type of thing. I am saying to us and to all of our
6 people, to our people that run these homes, train
7 people to move in and help in these kind of
8 emergencies and then we won't have to call in the
9 Canadian Army.

10 And in the first place, if you do your
11 job properly, you're never going to have to do
12 this.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 Did they have a plan if there was a flu
15 outbreak?

16 DEE LENDER: Yes. Yes, a flu outbreak,
17 that is very common in long-term care. Usually
18 between --

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 I understand that.

21 DEE LENDER: Yes, so the regular
22 infection protection and control measures usually
23 are adequate enough to allow the flu outbreak to
24 run its course, maybe shutting -- visiting down and
25 Residents' Council down, maybe shutting it down for

1 two or three weeks.

2 But generally, you know, the flu season
3 wreaks havoc in little increments, weekly
4 increments across the long-term care sector.
5 Nothing like this where all visiting and, you know,
6 life as residents know it was changed so
7 significantly.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 I recognize the difference. I
10 understand the difference. It is in terms of being
11 able to respond at all to something that is totally
12 unusual, and I just wondered, you know, the only
13 thing I could think of where you would have
14 outbreaks would be something like that which is why
15 I was asking.

16 You might have thought the first thing
17 that they would do is adapt that protocol to the
18 situation they were in, but perhaps that is just
19 not possible.

20 VIRGINIA PARRAGA: It wasn't --

21 CAROLYN SNOW: I think in the beginning
22 they really didn't know how it was spread, so it
23 was hard for them to actually prepare ahead.

24 Now they know it is spread by droplets,
25 and hence, the six-foot distancing and that sort of

1 thing. But in the very beginning, they didn't
2 know.

3 With the flu, it is either respiratory
4 or enteric, and whichever it is they have got
5 measures in place over the years to handle that.
6 Unfortunately, this COVID mirrors a lot of the same
7 symptoms as the flu.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 So not knowing the mode of
10 transmission, you couldn't readily adapt. There
11 was nothing to adapt to it.

12 CAROLYN SNOW: That's right.

13 COMMISSIONER FRANK MARROCCO (CHAIR):

14 Thank you. Yes.

15 COMMISSIONER ANGELA COKE: I am just
16 wondering in terms of -- obviously Murray said his
17 home is quite responsive when the Residents'
18 Council come up with issues and they present their
19 issues in writing.

20 Generally speaking, do you have a good
21 responsiveness from management at most of the homes
22 when these issues are raised by the Residents'
23 Council?

24 DEE LENDER: Yes, I would say generally
25 in long-term care. I mean, it really is a mixed

1 bag. OARC is involved in what we call culture
2 change, right, so changing the culture or societal
3 change, moving from -- there are many homes that
4 are still stuck for many reasons in the
5 institutional mindset, but there are a good number
6 of homes that are person-centered, and you see it
7 is night and day. It really is night and day.

8 The legislation is written in such a
9 way that when Residents' Councils bring concerns
10 forward, the administrator must respond within ten
11 days, and so there are non-compliances that are
12 found when inspections are done where, you know,
13 the concerns go on for months and months and months
14 and have never been resolved, but more and more and
15 more we are seeing that homes are changing. It
16 takes time, but homes are changing to become more
17 responsive to the Residents' Councils.

18 Now, even though a Residents' Council
19 is separate and distinct from the management of the
20 home, the reality is is that most Residents'
21 Councils require a substantive amount of support
22 because, in the resident body, you could have 60,
23 70 or 80 percent of residents who are living with
24 cognitive changes, so the core group of residents
25 who facilitate the function of Residents' Council

1 often need a lot of support, and it is not a
2 dedicated role in the long-term care that the
3 support -- the assistant role is not a dedicated or
4 assigned role in long-term care staffing structure.

5 So it is often kind of tossed to
6 whomever in the recreation department might have a
7 little bit of extra time, which no one has, so it
8 is not a focussed -- it is not valued enough to
9 have a focussed team member assigned to, you know,
10 "x" number of hours part-time or full-time to
11 support the function of Residents' Council. It is
12 kind of off the side of their desk, so to speak.

13 COMMISSIONER FRANK MARROCCO (CHAIR):

14 Were the Residents' Councils involved
15 in the response?

16 DEE LENDER: In the response?

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 In the response to the first wave?

19 VIRGINIA PARRAGA: No, not that I know
20 of.

21 COMMISSIONER FRANK MARROCCO (CHAIR):

22 That would seem to me to be a useful --

23 VIRGINIA PARRAGA: Very useful.

24 COMMISSIONER FRANK MARROCCO (CHAIR):

25 -- reform, because at least you get

1 some cooperation in the home and some understanding
2 amongst the people who are capable of understanding
3 as to why things were being done.

4 VIRGINIA PARRAGA: Yes, absolutely.

5 DEE LENDER: Jamie?

6 JAMIE WARD: Can I just say something
7 to that?

8 Our management team here approached
9 Residents' Council about the need for more PPE
10 equipment in the home, and so Residents' Council
11 talked about it, and we had the funds to pay \$600
12 worth of additional PPE, you know, masks, gowns,
13 stuff like that.

14 So by doing that, I really feel that it
15 fostered a feeling of we were in this together,
16 both the residents and the management of the home,
17 in not only in helping to provide a safe
18 environment for everybody, for the PSWs coming into
19 the building and for the residents to feel, you
20 know, safe at the same time.

21 DEE LENDER: Thank you, Jamie.

22 Can I just say that generally speaking
23 I feel very, very confident that residents in
24 general were not consulted. As a rule, Residents'
25 Councils were not consulted in any systematic or

1 meaningful, engaged way any time during COVID, the
2 first wave.

3 And secondly, as nice as it is, Jamie,
4 that your Residents' Council supported PPE, I think
5 it is highly inappropriate for a Residents' Council
6 to fund PPE for team members. I think that it
7 is --

8 JAMIE WARD: It was brought to us that
9 the management needed more PPE equipment, so it was
10 brought to the Residents' Council, was that
11 something that we wanted to help with because we
12 had the funds. So it was determined that yes, we
13 would help out, you know, with providing, you know,
14 what was required.

15 DEE LENDER: I think Residents' Council
16 has the authority to spend their money on whatever
17 they wish. I just think it is a really unfortunate
18 reality that management teams needed to approach
19 residents who live in the home to fund PPE.

20 VIRGINIA PARRAGA: I agree.

21 JAMIE WARD: But at the same time, what
22 are you going to do? You need the equipment. So
23 what do you do?

24 VIRGINIA PARRAGA: Uhm-hmm, uhm-hmm.

25 JAMIE WARD: So we went back and forth

1 with it a lot, and we all came -- the leadership
2 team came to the conclusion that it was better to
3 provide the \$600 because it provided more security
4 for the staff and the residents and the entire, you
5 know, facility.

6 DEE LENDER: What you are touching on,
7 Jamie, is a systemic issue that your Residents'
8 Council stepped up and became involved in, but it
9 really is a systemic issue that --

10 JAMIE WARD: It really is.

11 What it is is we were able to help
12 provide that, but really the money should have been
13 there for the more required materials.

14 VIRGINIA PARRAGA: That's right.

15 JAMIE WARD: It really should have been
16 there.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Did they offer any explanation about
19 why it wasn't there?

20 JAMIE WARD: Not overly. It was just
21 a -- it was -- from what I can recall, the way they
22 approached me about it was we need more -- we need
23 more PPE equipment, and I guess for whatever
24 reasons they didn't have all the funds to buy so
25 much more.

1 So they approached us as to would we be
2 willing to help fund -- or to help fund to make it
3 necessary -- or to make it available for more.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 So, Ms. Lender, is there something
6 further?

7 DEE LENDER: I think when I look at the
8 questions that were presented to us from Ida with
9 regards to our preparatory efforts, I think that we
10 have done a good job in sharing with you from a
11 residents' perspective what the last six months and
12 prior to has been like.

13 Barry, if I could ask you to please
14 summarize? And first of all, Commissioners, do you
15 have any other questions for us before Barry
16 closes?

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Not me.

19 DEE LENDER: No?

20 COMMISSIONER FRANK MARROCCO (CHAIR):
21 No, it doesn't appear we do.

22 DEE LENDER: Okay. Thank you.

23 Barry, could you close this meeting for
24 us?

25 BARRY HICKLING: Thank you, Dee.

1 I think it is critically important to
2 recognize that even before the COVID crisis,
3 long-term care was not where it could or should
4 have been. So when the crisis came, no one was
5 really prepared, and should have been.

6 It is sad. It hurts and discourages.
7 And I really hope it never happens again the way it
8 happened this first time.

9 We live in fear, day in and day out,
10 moment by moment, wondering if. The isolation is
11 horrible. It hurts the heart, as has been
12 mentioned, that we cannot touch, we cannot hug or
13 hold a loved one, but we also recognize that life
14 goes on, that there is much to be done, and OARC is
15 stepping up and saying to all parties, We are a
16 voice to be heard.

17 We have the experience of a lifetime,
18 that we recognize is so critically valuable, and
19 yet the way we mistreat our elderly or disabled
20 people in long-term care is a disgusting,
21 disgraceful situation.

22 Please hear our voices, work together
23 one with the other, and develop a plan that is
24 going to work to protect the elders in every
25 community.

1 Thank you, Dee.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Well, I don't know that there is much
4 more that can really be said after those words. I
5 will say on behalf of us I want to thank you
6 because your experiences are a real opportunity for
7 us to understand what actually is happening and
8 what actually happened.

9 It is so much different to hear it from
10 people who were personally affected than to hear
11 about it from a policy perspective or 30,000 feet,
12 it depends, pick any way you would like to describe
13 it.

14 For us, this is very helpful. And,
15 Ms. Lender, we may be back. As we learn more and
16 more, we may be back to ask further questions, and
17 I don't know if all of you were here, I asked
18 Ms. Lender if we could link our website to yours so
19 that those of you who are interested and can handle
20 that will be able to see what we are up to.

21 We have the other presentations that we
22 have had on there and transcripts of what people
23 said, and yours will be there. And you'll be able
24 to at least understand what people are telling us.

25 For our part, we'll do our best to

1 write the report that you expect. We are
2 determined to try to do that.

3 So thank you all very much, and if
4 there is nothing further, then that is it, for now.

5 DEE LENDER: Okay. We would be
6 honoured and most privileged to help each step of
7 the way in any way we can. Thank you for the
8 opportunity.

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 Thank you very much.

11 Bye-bye, everybody.

12

13 -- Adjourned at 12:06 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 28th day of September, 2020.

17
18 

19
20
21 _____
22 NEESONS, A VERITEXT COMPANY

23 PER: DEANA SANTEDICOLA, RPR, CRR, CSR
24
25

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