

Long-Term Care COVID-19 Commission Meeting

Pandemic Response Structure/Vaccinations
on Tuesday, February 2, 2021



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending
remotely, on the 2nd day of February, 2021,
1:00 p.m. to 3:35 p.m.

1 BEFORE:

2

3 The Honourable Frank N. Marrocco, Lead
4 Commissioner;
5 Angela Coke, Commissioner;
6 Dr. Jack Kitts, Commissioner.

7

8 PRESENTERS:

9

10 Alison Blair, Associate Deputy Minister, Pandemic
11 Response and Recovery, Ministry of Health;
12 Jill Vienneau, Assistant Deputy Minister, Cabinet
13 Office, CCT Secretariat.

14

15 PARTICIPANTS:

16

17 Alison Drummond, Assistant Deputy Minister,
18 Long-Term Care Commission Secretariat;
19 Lynn Mahoney, Counsel to the Ministry of Health and
20 Long-Term Care;
21 Rose Bianchini, Senior Policy Analyst, Long-Term
22 Care Commission Secretariat;
23 Ida Bianchi, Senior Legal Counsel, Long-Term Care
24 Commission Secretariat;
25 Angela Walwyn, Senior Policy Analyst, Long-Term

1 Care Commission Secretariat;
2 Angeline Hawthorn, Senior Policy Analyst, Long-Term
3 Care Commission Secretariat;
4 Sunil Mathai, Counsel, Ministry of the Attorney
5 General;
6 Derek Lett, Policy Director, Long-Term Care
7 Commission Secretariat;
8 John Callaghan, Co-Lead Commission Counsel, Gowling
9 WLG;
10 Jennifer King, Counsel, Gowling WLG;
11 Michael Finley, Counsel, Gowling WLG;
12 Peter Gross, Counsel, Gowling WLG;
13 Patricia Brooks, Counsel, Gowling WLG;
14 Joshua Shoemaker, Counsel, Gowling WLG;
15 Valerie Pelchat, Counsel, Gowling WLG;
16 General, Health and Long-Term Care Branch;
17
18 ALSO PRESENT:
19
20 McKaya McDonald, Stenographer/Transcriptionist.
21
22
23
24
25

1 -- Upon commencing at 1:02 p.m.
2

3 JOHN CALLAGHAN: Are you ready, chair?

4 LEAD COMMISSIONER FRANK MARROCCO:

5 Well, the commissioners are ready. We
6 are, indeed.

7 JOHN CALLAGHAN: Okay. Before we
8 start, I just have to let the commissioners know
9 and the witnesses know we're having -- we don't
10 have all the documents that we believe will be
11 relevant to this presentation.

12 We just got an email about an hour ago
13 that there is an -- there was a new panel that was
14 disclosed to us last week involving the Minister of
15 Health and the Minister of Long-Term Care, and we
16 don't have the documents relevant to that. There
17 was a review of the command table in November. We
18 don't have the documents to that. We're told that
19 they are now being sent over.

20 Jill Vienneau who is with the
21 secretariat cabinet's office, amongst other
22 people -- we don't have all of her documents nor do
23 we have all the political emails which would
24 include Mr. Wallace, the chief of staff with the
25 premier who, undoubtedly, was involved, and it may

1 in fact include Mr. Davidson, the secretary of
2 cabinet. So I just thought it would be fair to the
3 commissioners that we're going to do the best we
4 can today. And in fairness to the witnesses, you
5 may have to come back.

6 SUNIL MATHAI: Commissioner Marrocco,
7 Mr. Callaghan let me know earlier today that he
8 would be making some comments with respect to
9 document production. I ask through you, chair and
10 commissioners, if I could briefly respond to that?

11 | LEAD COMMISSIONER FRANK MARROCCO:

12 | Yes, go ahead.

15 Yesterday afternoon in discussions that
16 I had with commission counsel, they made a request
17 for documents from Ms. Vienneau that relate to her
18 emails post September 30th, 2020.

Within the course of under 24 hours, we collected those relevant documents and produced them to my friends. I recognize, and I said to my friends in an email exchange I had prior to coming onto this call, that because of the production coming when it does -- did, that they would probably need time to review it, and we understand

1 if the witnesses have to be recalled, if they think
2 that's necessary.

3 With respect to the larger e-discovery
4 issue and productions -- I won't go into a lot of
5 detail about this, chair and commissioners. You
6 have my correspondence of January 4th, 2020, where
7 I lay out into quite some detail what the
8 production process has been to date and the three
9 mechanisms, as I've called it, of production to the
10 commission including the e-discovery process.

11 I can tell you that as early as
12 October -- mid-October, October 15th, in
13 particular, there were email exchanges with
14 commission counsel and staff at Gowlings where we
15 explained to them who we intended to call as
16 key custodians -- or pull data as key custodians
17 and the date ranges from which we intended to do
18 that. No objection was raised to that. And in my
19 correspondence of January 4th, no objection was
20 raised to the manner in which the production had
21 been provided.

22 I understand now that there's some
23 concerns about the date ranges. There are future
24 date ranges that are yet to be provided. I
25 identified those in my January 4th letter and

1 correspondence, and we're still on track to meet
2 those -- the deadlines for the production of those
3 documents.

4 This is not me being critical of
5 anybody, commissioners and chair. I just want to
6 be clear about that. I understand this is a very
7 fast-moving process. And when we're talking about
8 production at the size and levels that we are
9 talking about in this process, it is going to move
10 quickly. And, unfortunately, it's not going to
11 work -- meet everybody's expectations with respect
12 to timelines.

13 But we are doing our best, and Ontario
14 continues to do their best in order to meet the
15 production obligations that we have.

16 From our perspective, we know that the
17 commission is also working very diligently in
18 providing documents to us that they intend to rely
19 on during the examinations or interviews with our
20 witnesses.

21 But that -- you know, production comes
22 late in the day. For example, yesterday we
23 received a slough of documents at around 6:00 p.m.
24 for use today, and I'm not being critical of that.
25 I understand that the commission and commission

1 counsel have a lot of documents to go through, and
2 that's the process that we're kind of stuck with as
3 things have developed the way they have.

4 But, you know, we are all doing our
5 best with the time that we have, and, you know, our
6 witnesses are doing their best to review the
7 documents that they're getting in less than
8 24 hours prior to their presentation.

9 Thank you for the opportunity to make
10 those quick remarks.

11 LEAD COMMISSIONER FRANK MARROCCO:

12 Well, you know, it just seems to me
13 that we flagged in August or September that the
14 timely production of documents is an issue because
15 of the April 30th deadline. We're all working to
16 that deadline.

17 The documents the commission counsel
18 are producing back to you are most likely documents
19 that originated with you in the first place, and
20 they're telling you which of those documents are
21 going to be put to the witnesses so that you can
22 take whatever steps you feel appropriate to prepare
23 the witnesses having regard to those documents.

24 This is a very, very difficult process,
25 but we're the ones that have to report. And if we

1 don't get the documents that we need in time to do
2 the interviews properly, that obstructs our process
3 and makes it, I think, unnecessarily difficult.

4 I, like you, Mr. Mathai -- I'm not
5 blaming you. That's for sure. But, you know, it
6 creates a reality for us that has to be addressed,
7 and we're all in the same position. We have to
8 deal with the April 30th deadline, and there's no
9 way of anybody avoiding that. And so we have to
10 have the documents when we need them.

11 We have to report by April 30th, which
12 means we have to write the report sooner than that.
13 It has to be translated and so on. So we just --
14 we just can't receive the documents too late in the
15 game. Otherwise, in my view, that's consistent
16 with the order and council that asks everybody to
17 cooperate.

18 But once again, I want to make it clear
19 I'm not directing any of this at you. But we
20 need -- we need those documents in time for the
21 proceedings that have -- that deal with the witness
22 who is affected by the documents. That's just our
23 reality.

24 In any event, we've wasted enough time
25 on this. This is an --

1 SUNIL MATHAI: Thank you.

2 LEAD COMMISSIONER FRANK MARROCCO:

3 -- ongoing dispute that will continue
4 and -- despite everyone's best efforts.

5 So, Mr. Callaghan, let's get started
6 and see where we get to, and...

7 JOHN CALLAGHAN: Just on that, just the
8 last point, Mr. Mathai's recitation isn't agreed
9 with. We, at the outset, said we wanted all
10 relevant documents, and we've requested the
11 Ministers to certify that all relevant documents
12 have been produced by the time this process is
13 over, so...

14 LEAD COMMISSIONER FRANK MARROCCO:

15 I appreciate the fact, Mr. Callaghan,
16 that you're not accepting Mr. Mathai's version of
17 what happened, but I am also not going to take the
18 commission's time with trying to adjudicate on
19 which version we accept.

20 JOHN CALLAGHAN: Thank you.

21 LEAD COMMISSIONER FRANK MARROCCO:

22 Let's just get on with it.

23 JOHN CALLAGHAN: All right.

24 SUNIL MATHAI: Thank you.

25 JOHN CALLAGHAN: Then if we could have

1 the witnesses appear.

2 Jill, you may want to introduce
3 yourself. I'm afraid Alison is a frequent flyer,
4 so she's well known.

5 LEAD COMMISSIONER FRANK MARROCCO:

6 Good afternoon, Ms. Blair.

7 JILL VIENNEAU: Good afternoon. My
8 name is Jill Vienneau. I'm the assistant deputy
9 minister for the central coordination table
10 secretariat in the office of the secretariat
11 cabinet.

12 JOHN CALLAGHAN: So we're here today to
13 talk about the command structure, and you've
14 provided a PowerPoint which I think one of my team
15 has available.

16 And if we could go to the first
17 slide -- you start off in your slide deck in
18 January, but what I'd like to do before you get
19 there is if we could put up Document 2, which is --
20 and Ms. Blair will be familiar with this.

21 This was a presentation they did
22 January 25th, and this is -- this one -- and this
23 is more for review for the commissioners. This was
24 a -- the command structure that existed prior to
25 January as set out in the emergency management

1 response document for the Ministry of Health.
2

3 And I don't know -- probably --
4

5 Ms. Blair probably knows better, but we heard the
6 other day that the MEOC command reported out of the
7 executive lead. And the executive lead, according
8 to Mr. Shingler's testimony, the Chief Medical
9 Officer of Health, that it went up to an action
10 group. That was -- that was the process, I take
11 it, that existed prior to the pandemic or the
12 health side, correct?

13 ALISON BLAIR: That is correct, as
14 Mr. Shingler said.

15 JOHN CALLAGHAN: And then if you -- and
16 then there is the PEOC side, which is the
17 provincial emergency side, right? So we looked at
18 that with Mr. Shingler in terms of the provincial
19 side, and this is what he showed us in that slide
20 deck.

21 I don't know if this is to you,
22 Ms. Blair, but -- so there you have the PEOC, and
23 he -- the PEOC reported up to the chief of
24 emergency management who then reported up to the
25 commissioner of emergency management through the
deputy solicitor general to the solicitor general,
the cabinet. That was -- that was the provincial

1 emergency management structure?

2 ALISON BLAIR: That is what's on the
3 screen. I can't attest to the reporting structure
4 of the PEOC, but that is what Mr. Shingler talked
5 about, and that's what's on the page.

6 JOHN CALLAGHAN: Okay. Well, I hope we
7 can take that as it is. Because as you know, the
8 provincial emergency management structure was
9 ratified in 2019, correct? You'll recall that they
10 had a new structure we looked at, Ms. Blair?

11 ALISON BLAIR: So I'm being asked about
12 structures that I have heard through the same
13 discussions with you that I've heard of Clint, who
14 was experienced in this and had experience of how
15 it worked at the time.

16 So I can't disagree, John, but I don't
17 know how to -- I don't know how to respond in a way
18 that you're asking me to.

19 JOHN CALLAGHAN: Well, I guess --

20 I'm sorry. I don't know if that's me.

21 But I guess we'll take it as we go. I
22 just -- I'm trying to sort of ascertain what the
23 baseline would have been when the pandemic started
24 in January because your slide starts in January to
25 April.

1 So perhaps we'll just go to the slide,
2 and maybe, if you can, make reference to it, if you
3 can. And if you can't, then I guess we'll draw
4 from that what we can.

5 So if we go to -- back to the -- there
6 we are. This is your slide deck. So there we go.
7 I think we're on slide 2. Over to you, Ms. Blair,
8 or...

9 ALISON BLAIR: In fact, it's
10 Ms. Vienneau.

11 JILL VIENNEAU: So I'll start. So we
12 put together a slide deck. There's a lot of
13 documents we produced that show iterations of the
14 response structure as well as versions as we were
15 developing this structure.

16 So this is an overview of the response
17 structure, so it does note on this page that the
18 health command table was established in February
19 and that the government had some cross-government
20 structures in place as early as late February.

21 And some process meetings -- sort of
22 meetings that were held on a daily basis with
23 cabinet office and premier's office beginning on
24 March 12th. As well, there were ad hoc
25 multi-sectoral approaches (indiscernible) by

1 ministries on the specific topics that were
2 COVID-related. And the existing structures, as
3 referenced earlier, the provincial and Ministry of
4 Health emergency operations centres, were part of
5 the existing picture.

6 And so in March of 2020, the
7 secretary's office engaged McKinsey to do a review
8 of our current structure to provide advice, to
9 review our current state, to provide advice on
10 identifying any gaps, to give us advice on best
11 practices based on their work from other
12 jurisdictions, and to help us put a structure in
13 place that takes a whole government approach that
14 focusses on the response to the health and
15 humanitarian crisis and integrates across
16 government.

17 This table was intended to support
18 government decisions through cross-functional
19 teams. So the regular -- as noted at the bottom,
20 existing government decision-making authorities
21 remained in place, and this table was established
22 as a single point of reference to support those
23 decisions and to also track data across health and
24 other areas.

25 So the advice in a nutshell that we got

1 from McKinsey was that we should build around the
2 health command table, that it was a good
3 foundation, and the daily meetings were a good
4 foundation to get started but that we should build
5 around and have a broader perspective. So later in
6 the deck, I'll talk a little bit about some of the
7 additional tables that were added.

8 The process from the very beginning has
9 been iterative. So when we did stand up, what we
10 now call the central coordination table, it was --
11 it was -- it iterated a few times throughout the
12 process as the disease and the impacts evolved, but
13 it always took a multi-ministry and government-wide
14 approach.

15 JOHN CALLAGHAN: So just -- am I to
16 understand from your start of that answer that the
17 PEOC was stood up? Because I haven't seen a
18 structural description of that.

19 JILL VIENNEAU: It wasn't stood up. I
20 think it just was activated. It was in place and
21 activated, you know, based on its responsibilities.

22 JOHN CALLAGHAN: And you also -- in
23 your note, you say that there's a provincial and
24 Ministry of Health and Emergency Operations Centre.
25 I thought we were told they were never actually

1 active in it. Were they?

2 JILL VIENNEAU: One is the PEOC ask one
3 is the MEOC.

4 JOHN CALLAGHAN: Okay. But the --

5 ALISON BLAIR: And the MEOC was,
6 indeed, activated. I think the discussions that we
7 have had are about -- that the MEOC and the work
8 with the health system emergency management branch
9 has been ongoing, and the MEOC was activated.

10 JOHN CALLAGHAN: So, no, I understand
11 that. But I understood -- I thought this was
12 referenced to the Emergency Operations Centre which
13 actually is a physical place. Under the impression
14 of earlier testimony, that was never activated.

15 In other words, all the key people did
16 not -- did not, as you would in an ordinary
17 emergency, attend at the Emergency Operations
18 Centre; is that correct?

19 ALISON BLAIR: So I can attest to the
20 Ministry of Health's Emergency Operations Centre,
21 that, I think even today, there are a few people
22 that are in that, physically distanced.

23 JOHN CALLAGHAN: Right.

24 ALISON BLAIR: And that there were
25 people attending the MEOC, the Ministry's Emergency

1 Operation Centre. I do not know about the use of
2 the Provincial Emergency Operations Centre, and the
3 Ministry of the Solicitor General would have a
4 better sense of that.

5 JOHN CALLAGHAN: And I thought -- and
6 I'm only asking because I thought you would have
7 known when you were structuring this. But I had
8 thought the testimony from them was it wasn't, in
9 fact, engaged. And I would think, maybe, the
10 auditor general makes the same point, but you don't
11 know whether it was engaged or not?

12 ALISON BLAIR: I do not know if the
13 PEOC was engaged.

14 JOHN CALLAGHAN: Okay.

15 ALISON BLAIR: Physically, that is. I
16 know that they were working on it, not physically.

17 JOHN CALLAGHAN: Well, all right.
18 Okay.

19 LEAD COMMISSIONER FRANK MARROCCO:
20 And I wonder if I could just try to
21 clarify something for myself. On the slide, it
22 says McKinsey was engaged in March of 2020.

23 When did McKinsey report, I guess? So
24 when did it produce the structure or the suggested
25 structure?

1 JILL VIENNEAU: Right. The final
2 report -- the final rollup from McKinsey was
3 provided to us on April 24th as they had completed
4 their work.

5 What they did do was give us products
6 and iterations throughout the process. So the
7 first phase of their work was to give us advice on
8 a structure, and the second phase was to support us
9 in standing up the structure.

10 The first meeting of the central
11 coordination table took place on April 11th. So
12 they were part of developing the governance
13 structure for that and supported materials for that
14 meeting and our dashboard production, and then they
15 completed their work on the 24th of April. So it
16 was -- they were working currently on products as
17 we were standing up the new command structure.

18 LEAD COMMISSIONER FRANK MARROCCO:

19 And so the first version or partial
20 version was April 11th. Is that -- have I got that
21 right?

22 JILL VIENNEAU: The first meeting -- we
23 called it the "nerve centre" at the time, and then
24 we subsequently changed the name to the central
25 coordination table. The first meeting occurred on

1 April the 11th, yes.

2 LEAD COMMISSIONER FRANK MARROCCO:

3 Okay.

4 JOHN CALLAGHAN: So if we go to the
5 next slide, I think -- is that right, Jill?

6 JILL VIENNEAU: Yeah. This is Alison's
7 turn on the health table, and then we'll come back
8 to me.

9 LEAD COMMISSIONER FRANK MARROCCO:

10 Can anybody situate for me where
11 long-term care was on April the 11th in terms of
12 Wave 1 and people sick and so on? Or am I asking,
13 really, an unfair question because it's not what
14 you all know?

15 U/T JILL VIENNEAU: We do have that data
16 and information. I just don't have it at my
17 fingertips, but we can certainly get that for you.

18 LEAD COMMISSIONER FRANK MARROCCO:

19 Thanks.

20 JOHN CALLAGHAN: So, actually, you know
21 what might help, Ms. Blair, if we can just put up
22 Document 4. So I don't think the commissioners
23 have seen the terms of reference about the command
24 table.

25 So this is the command table, and

1 it's -- it says:

"Introduction: Senior executives from the health sector, our partner ministries and agencies, will provide strategic advice to support Ministry decision-making as we continue to ensure Ontario's readiness to respond to COVID-19."

9 So I take it that this was -- I think
10 you've indicated in the past this was an advisory
11 function, correct?

12 ALISON BLAIR: Correct.

13 JOHN CALLAGHAN: And I think when you
14 first testified, someone asked whether "command
15 table" was the right phrase, and you said -- I
16 think you might have said it was, perhaps, not the
17 perfect choice of words.

18 This is -- this is -- we understand
19 this is February 28th which I take it is consistent
20 with your understanding in that time frame?

21 ALISON BLAIR: That's correct.

22 JOHN CALLAGHAN: And you'll see that
23 they note in the background section there have been
24 13 cases identified in Canada. So this is at the
25 front end of the issue, correct?

1 ALISON BLAIR: Correct.

2 JOHN CALLAGHAN: All right. And then
3 if you go down, it says:

4 "The command table will provide
5 advice and recommendation to the
6 Minister of Health on Ministry's
7 actions to support the health system
8 response to a potential COVID-19
9 pandemic; review and recommend
10 Ministry policy related to COVID-19,
11 including any directives or
12 addendums to health workers and
13 health system employers on
14 appropriate occupational health and
15 safety and infection prevention and
16 control measures and other
17 procedures required for the
18 containment and treatment of
19 COVID-19, if required."

20 On that one, if I may stop there, was
21 there a similar command table at labour?

22 ALISON BLAIR: I don't believe that
23 there was a command table at labour, but I expect
24 that the Ministry of Labour, Training and Skills
25 Development would have had some kind of structure.

1 JOHN CALLAGHAN: All right. And if we
2 go to the next page:

3 "Provide strategic advice to
4 the Minister of Health and the Chief
5 Medical Officer of Health on the use
6 of other emergency powers under the
7 Health Protection and Promotion
8 Act."

9 So what powers are we referring to?
10 We've seen Section 77 being the Chief Medical
11 Officer of Health. Are there other powers you're
12 talking about?

13 ALISON BLAIR: Well, I think in the
14 example, we have the seizure of medications and
15 supplies.

16 JOHN CALLAGHAN: Right.

17 ALISON BLAIR: So I'm not -- I'm not a
18 expert on the Health Protection and Promotion Act.
19 I do believe that you had separate advices --

20 JOHN CALLAGHAN: Yeah.

21 ALISON BLAIR: -- on that. But I think
22 what has certainly been most used in the powers of
23 the Chief Medical Officer of Health have been the
24 directive powers; most recently, the Section 22
25 orders under 77.1.

1 So that's, I think, what -- back in
2 February, we could have thought other authorities
3 would be needed, but that's what we've wound up
4 using is the directors -- or the directives,
5 rather.

6 JOHN CALLAGHAN: All right. Did the
7 Chief Medical Officer of Health have his own
8 advisory table? Like, why does he needed the
9 health advisory table? It's his power.

10 ALISON BLAIR: It is. The intent of
11 the -- as named here, the command table and now the
12 health coordination table, perhaps the better name
13 now --

14 JOHN CALLAGHAN: Right.

15 ALISON BLAIR: -- was to bring the
16 perspective of the health system and the
17 operational mechanisms as well as the Public Health
18 system which is well known by the Chief Medical
19 Officer of Health and, of course, the Ministry, the
20 third co-chair being Helen Angus, Deputy Helen
21 Angus, who was the third co-chair.

22 So I think the idea was to bring it
23 together and so that there was coordination and so
24 the Chief Medical Officer of Health could have an
25 insight into the operationalization of many other

1 aspects of the COVID response.

2 JOHN CALLAGHAN: Okay. And then it
3 says:

4 "Monitor the Ministry of
5 Health's progress in ensuring health
6 system preparedness and response
7 capabilities."

8 And that was -- what did that entail?

9 ALISON BLAIR: I think that was set out
10 to make sure that there were plans on how we were
11 preparing and responding to the pandemic as it
12 evolved, and that's what we did through a number
13 of -- a number of means.

14 JOHN CALLAGHAN: Okay. And --

15 LEAD COMMISSIONER FRANK MARROCCO:

16 Before you -- before you leave that, it
17 says "monitor the Ministry of Health's progress."
18 That seems to me to be, like, an almost like you're
19 watching it and making sure that it's taking place.
20 You're monitoring. Was that what it was doing?

21 So would it criticize, for example, if
22 it didn't think something was happening fast
23 enough?

24 ALISON BLAIR: I can tell you -- having
25 been at, if not all, then almost all the meetings

1 of the health command table and then the health
2 coordination table -- that there was very much
3 discussion of actions to be taken and ideas about
4 those actions that were raised. So this was not
5 simply about monitoring. This was about --

6 LEAD COMMISSIONER FRANK MARROCCO:

7 Okay.

8 ALISON BLAIR: -- providing strategic
9 advice on actions to be taken sometimes within a
10 half an hour of those meetings.

11 JOHN CALLAGHAN: And then the next is
12 to:

13 "Provide strategic advice on
14 recommendations to other ministries
15 and non-health sectors on
16 preparedness and response measures."

17 So can you tell us about that and what
18 the non-health sectors are?

19 ALISON BLAIR: So, again, this -- the
20 intent on February 28th was to make sure that there
21 were -- there was the ability to speak to other
22 parts of the response that might be needed. So
23 other ministries could be education, or we talked
24 about Ministry of Labour.

25 For non-health sectors on preparedness

1 and response measures, an example that we can give
2 now is about work that we're doing on rapid testing
3 where we are engaging with -- sometimes through
4 other ministries but with industry to make sure
5 that they are taking advantage of antigen testing
6 to be able to test their staff. So that's an
7 example of a non-health sector.

8 JOHN CALLAGHAN: And the last says:

9 "Reviewing the advice and
10 recommendations made by the COVID
11 collaborative table."

12 What is the COVID collaborative table?
13 I'm not sure I've seen that. Is that...

14 ALISON BLAIR: Yeah, it's -- it has
15 been on the diagrams. And the collaboration
16 table -- I think it probably evolved from the
17 collaborative to a collaboration table.

18 JOHN CALLAGHAN: All right. I know
19 what you're talking about.

20 ALISON BLAIR: Okay.

21 LEAD COMMISSIONER FRANK MARROCCO:
22 I'm sorry. I'm having a little
23 difficulty hearing. Ms. McDonald, can you get all
24 this?

25 THE REPORTER: Yeah, I got that. Do

1 you want me to read it back?

2 LEAD COMMISSIONER FRANK MARROCCO:

3 No, no. That's fine. I just want to
4 make sure that the transcript captures what the
5 conversation is.

6 THE REPORTER: Fair enough.

7 ALISON BLAIR: Am I crackly when I
8 talk?

9 LEAD COMMISSIONER FRANK MARROCCO:

10 Well, it's you or Mr. Callaghan. One
11 of you may have to invest in a higher quality
12 headset, but I'm not sure who it is. I think we're
13 fine. The last answer was crackly, and that's
14 why I --

15 But some of Mr. Callaghan's questions,
16 periodically, at least from my perspective, were
17 crackly, so -- but it seems that the reporter has
18 it all.

19 JOHN CALLAGHAN: All right. Well, I'll
20 perhaps try to invest in better equipment.

21 And the membership at the bottom, the
22 chair was to be Ms. Angus?

23 ALISON BLAIR: Yes, Deputy Angus was
24 the chair.

25 JOHN CALLAGHAN: And can we go to --

1 back to the slide deck, and let's go to Slide 12
2 before you go on so you can explain what it looks
3 like at -- these are the appendix -- you've
4 appended some of the charts from various time
5 periods so that the commissioners can see it.

6 So this is the structure of just the
7 health command table. We see the provincial
8 emergency off to the side. So this is just the
9 health command table, correct?

10 ALISON BLAIR: This is the early
11 depiction of the command table and how the
12 structure went.

13 JOHN CALLAGHAN: But this would be as
14 at the time you consulted with McKinsey?

15 ALISON BLAIR: So this would have been
16 prior to consultation with McKinsey.

17 JOHN CALLAGHAN: So can you just walk
18 us through it so that the commissioners understand
19 it?

20 ALISON BLAIR: Certainly. And this
21 is -- this structure builds on the reports that
22 Mr. Shingler and Ms. Hartley had provided about how
23 one goes about emergency responses.

24 You can see that there's a command
25 table in sort of teal blue at the top of the page

1 where there would -- there were external and
2 internal members of that group. In the first
3 iteration of the terms of reference, which we were
4 just looking at, the chair was Deputy Angus. That
5 evolved very quickly to include three co-chairs:
6 Deputy Angus, CEO of Ontario Health; Mr. Matthew
7 Anderson; and the Chief Medical Officer of Health,
8 Dr. David Williams. And they have been chairing
9 ever since.

10 In operation, that was put into place
11 very quickly. I would say within a few weeks of
12 starting, so before the end of March. The
13 documentation, I believe, reflects that, though, in
14 the fall when we adjusted the terms of reference
15 more broadly. So that's, sorry, a side note about
16 that.

17 How this one works is to look at the
18 command table at the top. We have the Ministry
19 Emergency Operations Centre which was looking at
20 streams of work that began under those work streams
21 and, as you'll see in other slides in this deck,
22 evolved into work streams, as we called them, that
23 are then represented on the central coordination
24 table diagrams. But that's what the green boxes
25 are, were pieces that we knew needed to be

1 addressed to respond to COVID.

2 On the left-hand side is the -- in
3 purple, the collaboration table which had our --
4 it's our stakeholder table of associations, unions,
5 and others who have provided advice and a labour
6 table where we've -- we had discussions and
7 involved the Ministry of Labour, Training and
8 Skills Development as well.

9 Underneath the green parts, you can see
10 Ontario Health, within the healthcare system, a
11 fairly new organization, and the various regions
12 that held tables that had -- implementation tables
13 that were carrying out the COVID response.

14 And you can see in Ontario Health leads
15 table, this is how we were thinking that the
16 regional leads would work together. As you'll see
17 in the next slides, it evolved into
18 sector-specific, but these regional tables did
19 continue.

20 And then in the sort of red-ish/pink-y
21 zone, the scientific table and the bioethics table
22 were advisory tables into the response and
23 included -- we can see the stakeholders who were
24 involved and a number of acronyms that you've got
25 there: Public Health units, emergency medical

1 services, and a number of others.

2 LEAD COMMISSIONER FRANK MARROCCO:

3 On the diagram, the Ministry Emergency
4 Operations Centre doesn't seem to report to the
5 command table. Have I got that right, or is
6 that --

7 ALISON BLAIR: Well --

8 LEAD COMMISSIONER FRANK MARROCCO:

9 -- wrong?

10 ALISON BLAIR: -- I agree that there
11 are no arrows, so that is not -- so I just want to
12 make sure it doesn't sound like I'm disputing that.

13 There are no arrows. The streams of
14 work under -- which is under the layer that says
15 "Ministry Emergency Operations Centre" are the work
16 streams that, in fact, were discussed at and
17 reported in through the command table.

18 The representation of the Ministry's
19 Emergency Operations Centre, at the beginning of
20 the pandemic, they were the secretariat support,
21 the organizers of those meetings.

22 And I think it's germane to talk about
23 here. They -- as the pandemic and the impact of
24 the pandemic grew, the Ministry's Emergency
25 Operations Centre grew, but also the functions of

1 that secretariat support broadened to include many
2 more from across the Ministry. So I think this is
3 the rather hopeful view that the Ministry's
4 Emergency Operation Centre could support all of
5 these work streams on its own.

6 And so the work of the Ministry's
7 Emergency Operations Centre, they are -- they're a
8 branch within the Ministry of Health, and they
9 would report up through the person that they
10 reported to which was the Chief Medical Officer of
11 Health at the time. But their work on this would
12 report into the command table. It's a long answer
13 to your short question. Sorry, Justice.

14 LEAD COMMISSIONER FRANK MARROCCO:

15 I -- can you just help me? Their work
16 reports into the command table? What does that
17 mean?

18 ALISON BLAIR: The work -- let's take
19 the laboratory testing strategy. See how it says
20 "Ministry of Health and Public Health Ontario"
21 there?

22 LEAD COMMISSIONER FRANK MARROCCO:

23 Yes.

24 ALISON BLAIR: So the work of the
25 Ministry and Public Health Ontario were indeed a

1 work stream of the command table that reported in
2 on progress. The Ministry's Emergency Operations
3 Centre would have enabled them. Whether it was
4 "here's the reporting in," "here's the place on the
5 agenda," that -- they were performing a
6 coordinating role rather than doing the laboratory
7 testing strategy.

8 LEAD COMMISSIONER FRANK MARROCCO:

9 But they're not reporting into the
10 Emergency Operations Centre. They're part of it.
11 Is that...

12 I'm just trying to understand the flow
13 for decision-making purposes.

14 ALISON BLAIR: Right.

15 LEAD COMMISSIONER FRANK MARROCCO:

16 Because there's, as you and I can
17 obviously see, no connection between the command
18 table and the Emergency Operations Centre. I guess
19 I'm wondering if, somehow, the Emergency Operations
20 Centre and what is under it is actually independent
21 of the command table.

22 ALISON BLAIR: The command table is a
23 place where groups come with the work and their
24 recommendations to have discussions so that
25 actions -- that actions can be recommended based on

1 existing reporting structures.

2 So I think that's why I'm hiccuping on
3 "who does the Ministry's Emergency Operations
4 Centre report to?" Because it reports to the Chief
5 Medical Officer of Health who reports to the Deputy
6 Minister of Health at that time.

7 The work streams in the lighter green
8 under this provided reports, recommendations,
9 advice into the command table. And so the
10 Ministry's Emergency Operations Centre was the
11 secretariat supports or coordinators of that work,
12 but they -- the laboratory testing strategy didn't
13 report to the Ministry's Emergency Operation
14 Centre.

15 JOHN CALLAGHAN: Can I ask a --

16 LEAD COMMISSIONER FRANK MARROCCO:

17 So it's separate? There is a space
18 between them now that you mention it. So the
19 Ministry's -- the Ministry's Emergency Operations
20 Centre is separate from surveillance strategy,
21 et cetera? They're separate? They're -- it's not
22 part of the centre. It's just -- it just -- it's
23 separate from the centre. Does it report into the
24 centre?

25 ALISON BLAIR: It would provide

1 information into the centre.

2 LEAD COMMISSIONER FRANK MARROCCO:

3 I see.

4 ALISON BLAIR: But people at Public
5 Health Ontario report into their chief executive
6 officer who report to their board. So it's not a
7 governance reporting in but a sharing information
8 in.

9 LEAD COMMISSIONER FRANK MARROCCO:

10 Okay.

11 JOHN CALLAGHAN: So just so I'm clear,
12 the description of the process that we got from
13 Mr. Shingler would have an executive lead in a
14 health crisis. That's, you said, the Chief Medical
15 Officer of Health.

16 He doesn't show up on this diagram or,
17 in fact, any diagrams. Are you saying that he's
18 subsumed in the command table? Is that the
19 structure?

20 ALISON BLAIR: The Chief Medical
21 Officer of Health was, indeed, at the command table
22 and, on this diagram, would be represented there,
23 yes.

24 JOHN CALLAGHAN: But his -- that -- the
25 actual power as executive lead --

1 ALISON BLAIR: M-hm.

2 JOHN CALLAGHAN: -- was taken by the
3 command table? Is that --

4 ALISON BLAIR: No.

5 JOHN CALLAGHAN: Or did you -- or is
6 there -- or it should be not referenced back to
7 that old structure?

8 ALISON BLAIR: The chief medical --

9 JOHN CALLAGHAN: Or
10 that (indiscernible)?

11 ALISON BLAIR: The Chief Medical
12 Officer of Health would retain all of his authority
13 while sitting at the command table just like the
14 Deputy Minister of Health and just like the CEO of
15 Ontario Health.

16 JOHN CALLAGHAN: Okay. And --

17 ALISON BLAIR: The command table did
18 not, in any way, change the reporting or the
19 decision-making structures or authorities.

20 JOHN CALLAGHAN: Well, I'm not sure --
21 see, this is where I'm confused. I understand
22 there is a userption (ph) of the chief medical
23 officer of health's statutory powers.

24 It's just under the response structure
25 we looked at the other day, he would have been the

1 executive lead reporting up, and I don't see him
2 identified as executive lead. I see him originally
3 as a member and then, you say, subsequently, a
4 co-chair of the command table.

5 So is he performing -- is the command
6 table performing that function, or is there -- is
7 there no executive lead function as provided for in
8 the documents we looked at the other day?

9 ALISON BLAIR: So I would say that the
10 chief medical officer continued to operate as the
11 executive lead for the pandemic response. I
12 agree --

13 JOHN CALLAGHAN: So in that structure,
14 as I understood it, everything in the MEOC would be
15 reported to. So we could -- like, Dr. Williams
16 would be responsible for all these tables and be
17 providing the information. I mean, if we -- would
18 that -- will that be accepted by Dr. Williams, or
19 will that be a surprise to him that he's actually
20 responsible for that this? Because that is how I
21 understood the executive lead position from the
22 other day.

23 ALISON BLAIR: I'm thinking about the
24 best way to describe this. And I'm sorry, it is
25 sounding very choppy.

1 JOHN CALLAGHAN: I -- yeah, I just -- I
2 can't tell whether the structure was -- a new
3 structure was adopted, that it's --

4 ALISON BLAIR: Yeah.

5 JOHN CALLAGHAN: -- assumed in here or
6 what it is. I'm just trying to get some clarity.

7 ALISON BLAIR: Yeah. Maybe I'll step
8 back and say that this was -- as of March 5th, this
9 was thought to be the starting structure.

10 And I can tell you that the Ministry's
11 Emergency Operations Centre continued to do a lot
12 of coordination, but they did not play the
13 secretariat role for the health command table.

14 Even as -- you know, as soon as by
15 middle of March, the coordination and how that --
16 how that chart would look would have been quite
17 different. It evolved as the pandemic response did
18 and as the size of it did.

19 JOHN CALLAGHAN: Okay. So I'm just
20 trying to understand, then. So by the time we move
21 on, you have the secretariat supporting the health
22 command table, and the MEOC is supporting who? The
23 provincial emergency people or both or...?

24 ALISON BLAIR: The Ministry's Emergency
25 Operation Centre continued to support the health

1 system response, so not the provincial Emergency
2 Operation Centre. Although, they did share
3 information back and forth. But they continued to
4 support many of the work streams. Not all of them,
5 but many.

6 JOHN CALLAGHAN: And if we just go to
7 the next diagram -- and I'm not hopping ahead. I'm
8 going to hop back.

9 But I note that in this one, the
10 September 8th one, we have the MEOC going back and
11 forth to the PEOC and not going to the health
12 command table. Does it change? Is there a change
13 that we need to keep my eye on as we go through
14 this?

15 ALISON BLAIR: I think this is the
16 limitation of drawings. The Ministry's Emergency
17 Operations Centre continued to support many of the
18 tables at the health command table.

19 They no longer played the secretariat
20 role, but they played a key role in communicating
21 with the health sector, and I'll give a couple of
22 examples.

23 The Ministry's Emergency Operation
24 Centre continues to hold regular stakeholder calls
25 which number in the hundreds, if you've ever

1 attended a Tuesday, 9:00 a.m. call with the
2 Ministry's Emergency Operations Centre where
3 updates are given and information is shared. That
4 was a daily call back in February and, I believe,
5 began at the end of January. They also provide
6 support to the infection prevention and control
7 work that is undertaken with a number of different
8 sectors.

9 So those are two examples of how they
10 support both the work streams and also the
11 communication about the pandemic.

12 JOHN CALLAGHAN: Okay. And if we go
13 back to Slide 3, you -- it's clear, though, that
14 the command table reports into the Minister of
15 Health, correct?

16 ALISON BLAIR: Yes.

17 JOHN CALLAGHAN: All right. And I
18 think we've covered a lot of this, but we were
19 actually talking, when I broke off there, about
20 McKinsey. I wouldn't mind showing you the business
21 case, Document 9.

22 And I don't know who gets to answer
23 this, but my understanding is McKinsey cold-called
24 someone in the premier's office. Is that how this
25 happened? Is that how this started? That's what

1 McKinsey told us.

2 JILL VIENNEAU: I'll -- yes. As I
3 understand it, in mid to late March, McKinsey had
4 reached out to officials in the premier's office.
5 I believe they had also sent some documents and
6 some research to senior officials in government.

7 JOHN CALLAGHAN: Right.

8 JILL VIENNEAU: And that information
9 was passed onto the secretary of the cabinet who
10 proceeded to connect with McKinsey about
11 potentially coming on board and doing this work.
12 And this is the business case that arose out of
13 that.

14 JOHN CALLAGHAN: And I take it, Jill,
15 just to be clear, this is when you get tagged to go
16 to the secretary of cabinet's office, just so
17 people know when you come into this piece?

18 JILL VIENNEAU: Right around then.

19 JOHN CALLAGHAN: Right.

20 JILL VIENNEAU: I was (indiscernible)
21 in the secretary's office, and we were bringing on
22 McKinsey to --

23 JOHN CALLAGHAN: And the -- just so
24 people know, can you tell us the roles of
25 Mr. Wallace and Mr. Davidson just so that everybody

1 follows along?

2 JILL VIENNEAU: Yes. Mr. Wallace is
3 the premier's chief of staff on the political side,
4 and Mr. Davidson is the -- is the secretary of the
5 cabinet on the public service side. So the
6 business case was approved by both of them.

7 JOHN CALLAGHAN: And as we see, they
8 end up in the -- in the -- in the command central
9 table. But was there -- was there some concern in
10 cabinet office in this early period about the
11 structure and the scope that was needed to address
12 the COVID response?

13 JILL VIENNEAU: I would say there was
14 an acknowledgement that we were facing
15 unprecedented challenges and that we needed to have
16 a broader look at what kind of a response we needed
17 across 25-plus ministries and a population of
18 14 and a half million people.

19 So an acknowledgement that we needed to
20 get some advice that was based on best practices as
21 well as experience in other jurisdictions to add --
22 you know, to find out where our gaps were and build
23 on those.

24 JOHN CALLAGHAN: And so if we could
25 just go to page 2 of the document. And it says

1 there at the bottom there -- and tell me if this is
2 accurate. It says:

3 "The Government of Ontario is
4 evolving our approach as the crisis
5 situation evolves which involves
6 engaging in appropriate crisis
7 response strategies, enabling new
8 decision-making mechanisms to
9 address issues, and establishing
10 emergency measures to ensure the
11 health and safety of Ontarians.

12 As the health and economic
13 impacts of pandemic have escalated,
14 the government is seeking external
15 expertise to assess its approach and
16 adjust its crisis response
17 infrastructure and overall
18 approach."

19 So with that, is that an accurate
20 description of what the purpose of getting McKinsey
21 involved is?

22 JILL VIENNEAU: Yes. The one note I
23 would make on language is that -- is the word
24 "decision." Really, we -- you know, in later
25 iterations, the purpose of the work, it really is

1 to support decision-making and to support the
2 existing decision-making structures.

3 So it was seen as a support to
4 decision-making as well as a support to the
5 implementation of decisions and government
6 direction, but yes.

7 JOHN CALLAGHAN: And we've asked this
8 question before, and I'll ask of you since you're
9 in cabinet office: Was there ever a discussion to
10 delegate powers under the Emergency Power Act to
11 other ministers or further down to provide for more
12 rapid responses? Was that ever discussed?

13 JILL VIENNEAU: Not that I'm aware of.
14 When we discussed this issue before, I think we
15 acknowledged that the Ministry has worked at a
16 pace, and cabinet met more frequently than it had
17 in the past. It was daily cabinet meetings for
18 quite a period of time in order to expedite
19 decision-making.

20 JOHN CALLAGHAN: And if we can just go
21 down in terms of the assignment, and I'll just
22 touch on these lightly. And it says:

23 "While the Province has many of
24 the structures in place that exist
25 in other jurisdictions -- examples:

1 centralized command table, daily
2 reports --"

3 "Just pausing there, there was
4 a centralized command table other
5 than the health command table at
6 that point, right?

7 JILL VIENNEAU: That's right, the
8 health command table.

9 JOHN CALLAGHAN:

10 "The government is further
11 seeking expertise to ensure the
12 Province's crisis response is
13 functioning as effectively as
14 possible."

15 And then you'll go down and you'll see
16 you're looking to compare with other jurisdictions,
17 right?

18 JILL VIENNEAU: Right.

19 JOHN CALLAGHAN: It says:

20 "How can the premier's office,
21 and secretary of cabinet's office by
22 extension, set up processes and
23 governance to ensure that there is
24 an appropriate balance between the
25 roles, responsibilities, and

1 accountability across all levels of
2 government and on an
3 intergovernmental basis?

4 How can the government ensure
5 that the appropriate decisions fall
6 to the appropriate level of
7 government and the appropriate level
8 within any government?"

9 That's a mouthful. What does that
10 mean?

11 JILL VIENNEAU: So part of -- part of
12 this acknowledgement of existing authorities is
13 that, at the level most appropriate, at the
14 Minister's level, at the Ministry level, that
15 decisions can be executed upon and that issues are
16 arisen to the central tables as they are
17 prioritized.

18 And then I think there's an
19 acknowledgement of intergovernmental being a factor
20 in all of the COVID response with our municipal
21 partners but also with our federal partners.

22 JOHN CALLAGHAN: And if we could go
23 down a little further. And one of the things is:

24 "Who owns what decision? How
25 should the premier/secretary of

cabinet interact with the tables/command centres being set up in each Ministry?"

So is the ownership of decisions -- that never changed, right? Like, as you just mentioned, the decisions remained wherever the decisions remained, correct?

JILL VIENNEAU: Right. And part of it was clarifying and (indiscernible) to the diagram that we stood up. You'll see that the decision lines are attempting to be clear about where the reporting is on these things.

JOHN CALLAGHAN: And in terms of the premier and the secretary of cabinet interacting with these tables and command structures, what was the issue on that?

JILL VIENNEAU: Well, the premier's chief of staff co-chaired the table, so was an active member, and the secretary of cabinet as the head public servant -- the two were co-chairs of the table so that they had a line of sight across government.

So the secretary, in conjunction with the premier's chief of staff, fulfilled that function. So the premier's chief of staff had a

1 direct line to the premier.

2 JOHN CALLAGHAN: And the last two
3 issues -- I won't read them, but one was -- what
4 you talked about is interconnection of government.
5 The other one was data. I guess there was a data
6 component to what you wanted to accomplish?

7 JILL VIENNEAU: There was. One of the
8 things we were -- that we were aspiring to do and
9 we actually accomplished to a great extent is to
10 bring an integrated picture of the data across --
11 available across government related to the COVID
12 response.

13 So one of the things McKinsey helped us
14 with is to create an integrated dashboard that --
15 like, our structures evolved over the time as more
16 data became available and as issues changed and
17 responses changed.

18 JOHN CALLAGHAN: And then I just want
19 to take you to -- there's an email at Document 12
20 and Document 12(a). This is -- this is in this
21 period of time, and it's from Teepu Khawja who we
22 heard from who was the -- he was supposed to be the
23 central person on the provincial emergency
24 response. Do you know who he is?

25 JILL VIENNEAU: Yes, I do.

1 JOHN CALLAGHAN: Can you remind me what
2 his title is?

3 JILL VIENNEAU: He's the chief of
4 emergency management.

5 JOHN CALLAGHAN: All right. So he
6 provides a slide deck that goes with this, and
7 it's -- 12(a), I think, is what it is. I don't
8 know if you can open it up...

9 JILL VIENNEAU: I'll try to follow
10 along on the screen.

11 JOHN CALLAGHAN: Well, this is his
12 email. I think it's probably easiest -- it's
13 probably just quicker to go to the slide deck.

14 So he provides you a slide deck, and
15 you go to page -- at Slide 3, he provides what he
16 thinks was how the PEOC was to be structured.

17 Is that -- the incident management
18 structure, was that the structure that was -- that
19 they were going to use under their PEOC structure?

20 JILL VIENNEAU: I'm afraid I'm not in a
21 position to answer that question. I don't know the
22 answer to that question.

23 JOHN CALLAGHAN: Okay. Now, if we go
24 over to Slide 6, I think it is, he provides this
25 slide deck that is what his view is of how the

1 structure -- we saw this in the schematic we looked
2 at.

3 You have the Provincial Emergency
4 Operations Centre in the middle; the chief manager
5 manager, which I think is him; the commission of
6 emergency management, I actually don't know if
7 we've ever identified who that person is; and then
8 the deputy solicitor general, solicitor general;
9 the cabinet committee on emergency management which
10 we talked about, I believe, with him and as well, I
11 think, with Mr. Shingler; and then we have
12 lieutenant governor counsel; and the premier.

13 So did you understand that to be the
14 structure that was provided for in the provincial
15 emergency response plan?

16 JILL VIENNEAU: I don't have knowledge
17 of that, so I think it's something that is out of
18 my area of expertise. I apologize.

19 JOHN CALLAGHAN: Because you can see on
20 the right-hand side beside the yellow is the
21 Ministry Emergency Operations Centre which would
22 have been the health one given this is a health
23 emergency, and they would report into this larger
24 structure.

25 Did you understand that the MEOC were

1 generally reporting on the PEOC on the provincial
2 command structure?

3 JILL VIENNEAU: I don't have knowledge
4 of the (indiscernible) in the MEOC and PEOC
5 structures.

6 JOHN CALLAGHAN: So then if you go to
7 the next slide, we understand he -- he's saying
8 this is -- the structure isn't as he had
9 anticipated. And he, for example, has got blacked
10 out there, at the top left, the cabinet committee
11 on emergency management.

12 Was there a cabinet committee on
13 emergency management, or did you just go to the
14 cabinet?

15 JILL VIENNEAU: There is a cabinet
16 committee of emergency management. What I can't
17 speak to is how often it met and what topics it
18 reviewed.

19 JOHN CALLAGHAN: Okay. And then he
20 sort of lumps all these other ministries together
21 and puts the premiers and select deputy ministers
22 as the group on the right. Do you see that?

23 JILL VIENNEAU: Yeah.

24 JOHN CALLAGHAN: Okay. But you're
25 not -- did you go over this slide deck with him

1 when he sent it to you?

2 JILL VIENNEAU: I did not. There was a
3 period of time in which I was receiving a number of
4 documents from ministries and forwarding them onto
5 McKinsey to include in their review as they were
6 standing up our structure and did not have an
7 opportunity to deeply go into every document.

8 JOHN CALLAGHAN: And if you go to the
9 next slide deck -- slide, sorry, not slide deck.
10 He process the anecdotal observations to date, and
11 I don't know whether these are some of the ones you
12 heard of.

13 Obviously you're speaking to people at
14 this point about the structure. Am I right on
15 that? Like, you're speaking to them about it.
16 Fair enough, Jill?

17 JILL VIENNEAU: We were speaking to
18 people about the structure. I can't comment on his
19 observations here.

20 JOHN CALLAGHAN: Okay. Well, let me --
21 like, did you get -- here's one of his
22 observations, the second bullet down:

23 "New structural layers are
24 being created regularly in the
25 absence of clearly articulated

1 overarching OPS integrated
2 structure."

3 Was that -- was that one you had heard
4 from others?

5 JILL VIENNEAU: I think what I may have
6 heard was the opposite from others in the sense
7 that we needed an overarching OPS structure. So
8 maybe, perhaps, we're saying the same thing,
9 that --

10 JOHN CALLAGHAN: Right.

11 JILL VIENNEAU: -- in lieu of folks
12 doing things in isolation, having an overarching
13 structure makes good sense.

14 I didn't necessarily observe that new
15 layers were being created but just that work is
16 being done in isolation. So there was a need for
17 an overarching structure.

18 JOHN CALLAGHAN: Okay. And, I mean,
19 he's going through a number of these. I'm not
20 suggesting they're right or wrong. The suggestion
21 is there's uncertainty as to the purpose of some
22 layers, and existing structures aren't fully being
23 utilized. But these are comments -- you are
24 getting comments like this as to the structure
25 you're trying to change, correct?

1 JILL VIENNEAU: Right. I think it's a
2 complicated thing, the Ontario Public Service. And
3 when you are creating new structures, they have to
4 be nuanced and well thought through and iterated on
5 to make sure that they actually work. So that is
6 absolutely something we were doing.

7 JOHN CALLAGHAN: Okay. And, for
8 example, he says:

9 "The volumes of layers and
10 redundancy of participants and
11 frequency of meetings increase
12 difficulties with providing
13 sufficient analysis/advice for fully
14 informed decisions."

15 Would that have been something you kept
16 an eye on as you built the structure?

17 JILL VIENNEAU: Well, certainly,
18 efficiency is one of principles that we've had
19 throughout. Acknowledging that we had a very, very
20 business public service that was in the midst of
21 managing the crisis, we wanted to have an efficient
22 structure that had the right people at the right
23 tables focussed on their work so that we could, you
24 know, allow people the time to do the really
25 important work they were doing as well as the

1 connections across that the table was doing. So,
2 certainly, it's something we were paying attention
3 to as we created this structure.

4 JOHN CALLAGHAN: So in the next slide,
5 he -- I believe this must be -- this is as of
6 March 16th, and he looks like he is trying to
7 replicate what McKinsey was saying about that time.

8 Were they proposing a structure that
9 would have an overall response lead and direct
10 contact with sort of five or six tables? Is that
11 sort of the original proposal by McKinsey?

12 JILL VIENNEAU: This doesn't look
13 familiar to me, so I won't comment on it. I --
14 this doesn't look like the kinds of iterations that
15 I was working on with McKinsey.

16 JOHN CALLAGHAN: Well, let's take a
17 look at some of the McKinsey stuff. So this is a
18 document, Document 13, which is -- which attaches,
19 I believe, a McKinsey slide deck or at least as we
20 understand it, anyway.

21 And it might be a slide deck that you
22 guys provided to McKinsey, and I just want to make
23 sure we understand what the process is. You'll see
24 if you go back -- go back -- no, back the other
25 way. Right, right, right. Back, back.

1 JENNIFER KING: What page are you
2 looking for, John?

3 JOHN CALLAGHAN: Well, it's not
4 paginated in mine, so -- but it's where you had the
5 response structure visual.

6 Okay. Go back, sorry. Go back; go
7 back; go back. Up, up; one more. Okay. Stop.

8 So this is what we just looked at.
9 That's the structure that you existed in about
10 March. I just want to make sure I understand.

11 So if you go to the next page -- I
12 don't know who put this together, but is this -- is
13 this the structure of what's supposed to happen?

14 You were having provincial tables, and
15 they go up the command table to prepare the
16 Minister's briefing, and then they -- the Minister
17 was to give the premier briefings? Is that the
18 structure that was in place prior to?

19 JILL VIENNEAU: So this is a
20 document -- this is a series of documents that were
21 received from the Ministry of Health and provided
22 to McKinsey to support their work. I don't know if
23 Alison has anything to add onto the question at
24 hand.

25 ALISON BLAIR: Yes. Thanks, Jill. I

1 was on mute trying to get in there. We did provide
2 the -- we did provide all of these materials. This
3 is a set of materials I believe provided by the
4 Deputy Minister's office that showed the cycle.

5 I would say this is not a structure.
6 This is the function flow about agenda setting,
7 about information flow, about how presentation
8 materials go to the command table members, about
9 what happens with some of the materials that make
10 it through to Minister's briefings or premier's
11 updates, or turn into guidance -- the memos that
12 are the summaries of the health command table which
13 were issued and publicly posted. Same thing with
14 meeting summaries and action items.

15 JOHN CALLAGHAN: All right. And so
16 that existed at the time you -- rather than
17 minutes, you posted memos and meeting summaries
18 publicly?

19 ALISON BLAIR: That's correct.

20 JOHN CALLAGHAN: Okay. And then if we
21 could go -- and I take it that the idea was the
22 command table briefs the Minister, and the Minister
23 briefs the premier. Is that the idea as well as
24 what was happening at that time?

25 Because the next slide, if we could go

1 to it, shows in a little more detail the
2 up-and-down. I know it looks complicated, but if
3 you -- if we stay to the Monday --

4 ALISON BLAIR: M-hm.

5 JOHN CALLAGHAN: -- you have a meeting
6 at 10:00 a.m. You have the summaries. And then on
7 the Tuesday morning, the Minister -- it goes up to
8 the Minister's briefing, and then the Minister
9 briefs the premier the next morning.

10 ALISON BLAIR: That's right. And it --

11 JOHN CALLAGHAN: Does that sound right?

12 ALISON BLAIR: Yes, it does. The only
13 thing that I'd clarify from what you said is the
14 command table, the full command table, doesn't
15 brief the Minister, but the co-chairs or the
16 relevant ADMs.

17 If we were talking about hospital
18 capacity, for example, it might be the ADM in
19 charge of hospitals and capital division who could
20 brief the Minister along with the Deputy Minister.
21 So the entire command table did not brief the
22 Minister on a daily basis.

23 JOHN CALLAGHAN: Right. So perhaps
24 you --

25 For example, you were involved in

1 approving the minutes -- or the --

2 ALISON BLAIR: The memo.

3 JOHN CALLAGHAN: The memo, the memo,
4 right. Or the summary, I guess, on the right side.

5 ALISON BLAIR: Yeah.

6 JOHN CALLAGHAN: Okay. And so then if
7 we could go to Document 14. Now, this is a
8 McKinsey document, we're told, unless someone tells
9 me different at the moment.

10 And I take it, Jill, when it says it's
11 update to Secretary Davidson and deputy ministers,
12 is that all deputy ministers, or is that the Deputy
13 Minister of Health and a few others, or...?

14 JILL VIENNEAU: Yeah. All our deputy
15 ministers, central agency deputies. So Deputy of
16 Finance, Deputy of Treasury Board, and as well as
17 the Deputy of Health, and there may have been some
18 additional deputies as well but a smaller group of
19 deputies to get advice.

20 JOHN CALLAGHAN: And if we can go to
21 just page 3. And here they're giving their early
22 observations. They said -- they say:

23 "Dedicated tables: Clear
24 mandates --"

25 If you can blow that up a little bit,

1 Jennifer. Thank you. A maybe a little -- yeah,
2 okay. There. Bring it down a little bit so the
3 commissioners can read it.

4 "Clear mandates for each of the
5 tables and clear
6 ownership/leadership."

7 And then it says:

8 "Delegating up:

9 Notwithstanding efforts to empower
10 broader group of leaders, trend of
11 'delegating up' remains strong."

12 I take it McKinsey was trying to get
13 you to delegate powers down to the lowest persons
14 so they could make quicker decisions. Was that the
15 idea?

16 JILL VIENNEAU: Right. Accountability
17 at the lowest possible level where it was
18 appropriate.

19 JOHN CALLAGHAN: Right.

20 "Common fact base:

21 Decision-making does not seem to be
22 consistently be made with a common
23 fact base - reporting varies based
24 on calls."

25 Is that -- was that an idea that you

1 wanted to have singular data, or was that just the
2 recording of what's going on in these various
3 agreements?

4 JILL VIENNEAU: I think it was
5 typically about data in the sense that there were
6 different data sources from different places coming
7 in at different times of the day. So trying to get
8 a good picture of what the current information is
9 was a challenge. So the need for us to have a
10 comprehensive single source of data was what
11 they're speaking to here.

12 JOHN CALLAGHAN: And then it says:

13 "No challenge role: Not always
14 clear that there is a formal
15 challenge role in the meeting."

16 And do you know what they were getting
17 at there?

18 JILL VIENNEAU: Yeah, that's -- that's
19 a term in government where we talk about asking the
20 tough questions. So asking for more data, asking
21 for a rationale for things, asking for reports
22 back, that sorts of -- that sort of thing.

23 JOHN CALLAGHAN: So then it says:

24 "Next steps and owners:

25 Meetings we have attended have not

ended with clear next steps."

Now, these are meetings of what? The health command table? Or are these the tables below that?

JILL VIENNEAU: McKinsey sat in on a full range of tables: the health command table, the daily meetings, many briefings, discussions on PPE, et cetera.

So I think that their point here was to have clear action items and next steps coming out of meetings as opposed to a conclusion that was unclear.

JOHN CALLAGHAN: Right. And I'm not going to read the juxtaposition of "Leading Practices." I'm just trying to identify -- in fact, you're giving the leading practices as you go.

So if you go under "Structure and Membership," the second one:

"Large number of members: Many people involved or invited to tables; unclear of who needs to be there and conversation frequently dominated by a handful."

And we've actually heard that, but did

1 you experience that?

2 JILL VIENNEAU: Not directly, but I
3 understood from McKinsey that they were -- they
4 were finding that as they were looking at the
5 tables.

6 And I think part of it was who was at
7 the tables, how the -- how the agendas were
8 managed. And so, partly, it's the number of
9 members and efficiency measure there but also the
10 actual way in which the meetings were handled with
11 some, I'll say, discipline.

12 JOHN CALLAGHAN: And then it talks
13 about layering:

14 "Given there can be several
15 levels of organization between the
16 command table and the frontline
17 decision-makers, there is a risk
18 communication and insights do not
19 flow as quickly."

20 Was that an issue? Because we've
21 actually heard that some of the lower tables didn't
22 really know the level of decisions, but -- and who
23 was making at the point. Is that something that
24 you guys were alive to?

25 JILL VIENNEAU: We were, and I would

1 say that the command -- sorry, the coordination
2 table that we subsequently called them -- the
3 coordination table's structure where there were
4 cross-functional teams underneath each of the
5 coordination tables reporting into a coordination
6 table lead helped with that, both information
7 flow-down and information flow-up. So that was
8 part of the design that McKinsey recommended to us
9 and we accepted.

10 JOHN CALLAGHAN: And then you go:

11 "Emergency management: No
12 integrated team and power to drive
13 emergency response."

14 I'm not sure I understand that because
15 you have the -- Mr. Khawja and his team. So were
16 they not included?

17 JILL VIENNEAU: They were included, and
18 I think the reference here is that their role
19 needed to be a cross-functional role across
20 government.

21 So emergency management has been a bit
22 of an operational function to deal with, you know,
23 local emergencies, forest fires, floods, et cetera.
24 But also expanding their role into supporting
25 ministries on their emergency planning was part of

1 what their responsibilities became as they led a
2 cross-functional team in the ultimate structure.

3 JOHN CALLAGHAN: Down to
4 prioritization -- and I'm not going to read this
5 all, but it says:

6 "Absence of clear articulation
7 of priority areas."

8 JILL VIENNEAU: Can we pull the screen
9 down, please, just because --

10 JOHN CALLAGHAN: Yes, please do. Yes,
11 it -- feel free to read it all.

12 So these are just observations they're
13 making as they go through, and these are areas of
14 which they're trying to address.

15 JILL VIENNEAU: Right.

16 JOHN CALLAGHAN: So priority -- yeah.

17 Okay. And the next -- we have -- the
18 next slide, we have capabilities. And, again, I
19 won't read this whole thing, but there seems to be
20 an issue with respect to manual data and the data
21 structure. I take it they helped you design a new
22 dashboard?

23 JILL VIENNEAU: They did, and it's
24 complicated in that it's pulling data sources from
25 across multiple ministries and multiple data

1 owners. So that has been -- that was a being piece
2 of their work was standing that up and working with
3 our Ontario Digital Service to create the
4 dashboard. And, ultimately, McKinsey stood it up
5 and handed it off to Ontario Digital Service to
6 take over, the production of.

7 JOHN CALLAGHAN: Okay. And then they
8 say:

9 "No chief procurement officer
10 or integrated procurement function."

11 Did that deal with the need to have a
12 centralized buying situation given the need for
13 emergency supplies, et cetera?

14 JILL VIENNEAU: Yes. Lots of
15 conversations of procurement of essential supplies
16 when McKinsey was engaged, and this ultimately
17 ended up being a coordination table in and of
18 itself on supply chain and procurement.

19 JOHN CALLAGHAN: And then they have
20 "Interaction Model" which is addressing the fact
21 that -- I take it what he's saying is the chairs
22 weren't strong enough in guiding discussion.

23 That's -- I'm not sure we need to dwell on that.

24 And then "Communications." They say
25 the communication only met once per week. I would

1 have thought they would have -- the communications
2 would have been a big part of the process. And the
3 communication table reported to the same way, or
4 who did the communication table report to?

5 ALISON BLAIR: So that communications
6 table -- because I know that we stood up one
7 weekly. It was the communicators table in the
8 health field with a number of communication -- or
9 the communications function within a number of our
10 stakeholders including Public Health units. So I
11 think that is the meeting that was referred to
12 weekly there, Jill. Would you agree?

13 JILL VIENNEAU: Yeah.

14 JOHN CALLAGHAN: So -- I'm sorry. To
15 whom -- to whom are they reporting, then? They're
16 reporting to health?

17 ALISON BLAIR: So it was a health
18 communicators table, yes.

19 JOHN CALLAGHAN: Was there another one
20 for the premier? Because the premier did a lot of
21 communicating. Was there a separate table for him?

22 U/T JILL VIENNEAU: I'm not -- I'm not in a
23 position to answer that. We can certainly find out
24 for you. There was -- there was -- there are
25 communications representatives at the central

1 coordination table both on the cabinet office side
2 and the premier's office side.

3 JOHN CALLAGHAN: And would the
4 communication health table -- would that involve
5 the Chief Medical Officer of Health and his
6 communications, or did he have his own
7 communication people?

8 ALISON BLAIR: The Medical Officer of
9 Health has the same communications department --
10 the communications division within the Ministry of
11 Health, and that -- that's part of the larger
12 Ontario Public Service communications that is led
13 out of cabinet office.

14 JOHN CALLAGHAN: But did the
15 communication table then address issues relating to
16 the chief medical officer of health's public
17 statements? Because he had, obviously, a number of
18 them.

19 ALISON BLAIR: I think the public --
20 yes. They would have had insight into it, and
21 Dr. Williams also had communication support within
22 his office.

23 JOHN CALLAGHAN: Okay. Well, we'll
24 talk to Dr. Williams about that.

25 If we go to Slide 6 --

1 LEAD COMMISSIONER FRANK MARROCCO:

2 Just before you do, do I have it right
3 that one of the challenges here is that on the one
4 hand, you're dealing with the pandemic and, on the
5 other hand, you're developing this structure?

6 These two things are happening at the same time?

7 JILL VIENNEAU: Yes.

8 ALISON BLAIR: Yes.

9 JILL VIENNEAU: I think -- and that's
10 been the case throughout the pandemic, as we've
11 iterated. We've had to do both at the same time in
12 order to keep up. So we plowed through it, and it
13 was a pretty busy time for all involved.

14 And then, you know, part of the
15 solution to the challenge was to spread
16 accountability amongst a broad group of leaders in
17 the Ontario Public Service as we stood it up rather
18 than to have just a small group of people or just
19 the small Ministry of Health carrying the load.

20 So I think we used terminology like
21 "load balancing" to make sure that we were
22 supporting the effort across government.

23 LEAD COMMISSIONER FRANK MARROCCO:

24 So one of the problems with spreading
25 accountability is, though, it's sometimes hard to

1 find out -- sometimes hard to figure out who
2 actually is, then, accountable.

3 JILL VIENNEAU: And that is why we
4 structured with the coordination table leads who
5 reported into the central coordination table on a
6 regular basis. So they were the accountable
7 report-ins, as were individual deputies.
8 Individual deputy ministers also present items to
9 the central coordination table, and they're
10 accountable for their work as well.

11 JOHN CALLAGHAN: If we can, then, go to
12 exhibit -- or exhibit -- Document 16.

13 So this is what we were told by
14 McKinsey was their final report. It ended up being
15 a slide deck. And as is McKinsey's way, they don't
16 put their name on it. It's dated April 24, 2020.
17 Do you recognize that as the title, Jill?

18 JILL VIENNEAU: Yes, I do. Yeah, I do.

19 JOHN CALLAGHAN: So if we can go to --
20 and just on the last point, when we talked to
21 McKinsey, McKinsey's line to us was just consistent
22 with what you said is when they got involved, they
23 were hopping on a moving bus. Like, you were doing
24 stuff, and they were hopping on to provide
25 adjustments. Is that -- is that a fair

1 description, Jill?

2 JILL VIENNEAU: Yes. I think we were
3 all running the bus as well as being on the bus.

4 So, yes, I --

5 JOHN CALLAGHAN: Okay. I must say when
6 I look at the diagrams, I think of the London
7 underground. I think you needed to get that guy to
8 do a schematic of your tables.

9 If we can go to page 7. So if you can
10 blow that up for us for those of us who aren't
11 quite as young. Okay. So maybe a little lower on
12 that so -- okay. We can see the whole thing.

13 So we're not going to go through the
14 observations because that's what -- that's what we
15 read. Now they provide you with the leading
16 practices.

17 I think the -- and here it says it's to
18 delegate down -- this is on the delegating up.

19 "It should be delegating down.

20 Push decisions down to lowest
21 appropriate level whereby ownership
22 accountabilities.

23 Bias to action: Have a clear
24 line of sight on decisions with a
25 bias to action."

1 And was it your understanding that --
2 in emergencies, that you had to have a bias to
3 action? Was that one of the things McKinsey was
4 trying to impart on you or on the government?

5 JILL VIENNEAU: Yes.

6 JOHN CALLAGHAN: And as you spoke with
7 the chair, the idea to push down was to get to an
8 accountable level and have that actor make the
9 decision?

10 JILL VIENNEAU: Yeah. Where they
11 weren't able to make the decision, the lowest
12 appropriate level should be making that decision
13 and moving ahead.

14 Where they need to escalate up or get
15 authority or have decisions made by cabinet,
16 et cetera, they -- we used an expedited process for
17 that.

18 But where the authority rested, the
19 command tables or the deputy ministers would
20 exercise that authority.

21 JOHN CALLAGHAN: And then under
22 "Structure and Membership," it says:

23 "Utilize the right experts
24 relevant to priority issues adapting
25 as needs/requirements evolve."

1 So is that a recognition that, in
2 emergencies, they're going to be pooled with
3 subject matter expertise that's to be making
4 decisions?

5 JILL VIENNEAU: Yes. I think that
6 that's -- that was certainly how it played out,
7 that we would have the right individuals at the
8 tables carrying out the work that they have
9 knowledge of and/or putting leaders at the table
10 and ensuring that the appropriate subject matter
11 experts were at the -- were at -- were on their
12 team.

13 JOHN CALLAGHAN: All right. So we've
14 heard that some of the subject matter experts were
15 on tables way down the line, and they didn't think
16 that they got -- they may not have been heard. Did
17 that come back to you?

18 JILL VIENNEAU: Within the OPS or of --

19 JOHN CALLAGHAN: Well, these were
20 particularly experts who sat on various tables that
21 were used to respond to the pandemic.

22 JILL VIENNEAU: So what I would say
23 here is we were creating an internal coordinating
24 structure. So I think that we tried to adapt to
25 the voices within the OPS about who the appropriate

1 individuals were. So, no, I didn't hear that
2 specifically.

3 JOHN CALLAGHAN: Well, you'll agree
4 with me this is a health emergency, and much of
5 your expertise in the province resided in other
6 places, Public Health Ontario, hospitals. Like,
7 the OPS didn't have necessarily the subject matter
8 expertise, correct?

9 JILL VIENNEAU: Right. And so -- and
10 so as the central coordination table was up and
11 running, we would invite in those other experts, as
12 you noted.

13 So whether that's Public Health
14 Ontario, the Chief Medical Officer of Health,
15 Ontario Health, they would come to the table as
16 needed -- as their expertise was needed.

17 JOHN CALLAGHAN: And then if we go
18 down, "data," an integrated dashboard, which you
19 did create at some point. I've forgotten when, but
20 in and around April, you modified your dashboard,
21 did you not?

22 JILL VIENNEAU: Yes, we used the
23 dashboard for the first meeting of the central
24 coordination table on April the 11th. It was a bit
25 rudimentary because it was based on the data that

1 we had, and it has been iterative ever since in
2 terms of improving the data that we have and
3 capturing it in the dashboard.

4 So it was -- it wasn't the full
5 dashboard on the 11th, but we produced a dashboard
6 for each -- a daily dashboard, Monday to Friday,
7 with the exception of April the 11th, which was a
8 Saturday with that data, and it evolved over time.

9 JOHN CALLAGHAN: Okay. And then we
10 talked -- the interaction -- the interaction
11 model -- the idea here is that you're -- while
12 you're going to have disciplined meetings, the
13 focus is going to be on problem-solving, right, and
14 decision-making? That's, really, what we're trying
15 to do. We're trying to move this to a point of
16 decisions being made.

17 JILL VIENNEAU: Right. Either
18 supporting the decision-making and also impact
19 orientation references, the implementation of
20 decisions that had been made as well.

21 JOHN CALLAGHAN: Okay. So then if we
22 go over to the next slide --

23 LEAD COMMISSIONER FRANK MARROCCO:

24 Did -- was there a -- in relation to
25 long-term care -- which is, you know, in a sense

1 what we're concerned with -- was there a concern
2 about decisions being made about the pace of
3 decision-making or the time it was taking for
4 decisions to be made? Is that what prompted this?

5 JILL VIENNEAU: I think that what I
6 observed was the pace of decisions was pretty
7 quick, and I think there was an acknowledgement
8 that decisions not only had to happen quickly, but
9 they had to be vetted by the appropriate people and
10 informed and advised, and that sort of thing.

11 So it wasn't a specific critique of
12 slowness of decision, but, certainly, there was a
13 sense of urgency throughout all of the work that we
14 were doing, that as -- you know, good decisions
15 needed to be made quickly and acted upon.

16 LEAD COMMISSIONER FRANK MARROCCO:

17 So it's not only the making of the
18 decision, but it's the decision that the decision
19 can be implemented or is to be implemented that is
20 also an issue?

21 JILL VIENNEAU: Right. It's -- both
22 are relevant, yes.

23 LEAD COMMISSIONER FRANK MARROCCO:

24 Right.

25 JILL VIENNEAU: Yeah.

1 LEAD COMMISSIONER FRANK MARROCCO:

2 So someone could make the decision that
3 we should do something, but then somebody has to
4 authorize that or say "yes, do that." That's where
5 there's a -- there's also time being taken up.

6 JILL VIENNEAU: Right. And, also, the
7 actual execution on the ground beyond the decision.
8 So that's an important factor as we work through
9 the COVID crisis as well.

10 LEAD COMMISSIONER FRANK MARROCCO:

11 So there's two points: one is sort of
12 the authorization to proceed, and the second, then,
13 is the pace at which the decision having been
14 authorized is executed?

15 JILL VIENNEAU: Right.

16 LEAD COMMISSIONER FRANK MARROCCO:

17 Okay.

18 JOHN CALLAGHAN: So, actually, before
19 we go -- on that point, let's just go to page 45 of
20 this document. I'll come back to page 8 in a
21 second.

22 Now, to answer the part of the chair's
23 question, you're aware that McKinsey interviewed
24 various people, correct?

25 JILL VIENNEAU: Correct.

1 JOHN CALLAGHAN: And when we spoke to
2 McKinsey, they said they had no notes of their
3 interviews. So I'll take their word that there
4 aren't -- we don't know exactly other than what
5 might be in this slide deck.

6 But I did notice on all the people they
7 interviewed, they never interviewed the Chief
8 Medical Officer of Health or anybody from long-term
9 care, and I understood that you were kept apprised
10 even in the earlier slide decks.

11 Tell me why they wouldn't interview the
12 Chief Medical Officer of Health and the Minister of
13 Long-Term Care given it's a health crisis that's
14 raging by this time in long-term care.

15 JILL VIENNEAU: Right. As members of
16 the health command table, I think that it was
17 assumed that, in speaking with the -- one of the
18 chairs of the command table -- two of the chairs of
19 the command table, that the health and long-term
20 care perspective was covered off.

21 JOHN CALLAGHAN: Oh, okay. Well, let's
22 just talk. I meant to ask you about Matt Anderson.
23 So he's put in as a co-chair of the health command
24 table in February. He only arrives in February.
25 He comes from an external hospital.

1 Were you -- were you -- I got to ask.
2 Was this just because of his title, or were you
3 going because of his expertise? Because I'm not
4 certain how he would know very much about Ontario
5 Health if he just showed up.

6 ALISON BLAIR: So a couple of comments.
7 The first is that Matt was put on as co-chair
8 because of his role as president and CEO of the
9 hospital no question.

10 JOHN CALLAGHAN: But --

11 ALISON BLAIR: Matt's experience within
12 the hospital sector, though, in understanding how
13 decisions get operationalized is certainly, I
14 think -- was a good skill.

15 He had also been CEO of organizations
16 before, and I think that's what we were -- well, he
17 was -- his expertise has been brought to bear in
18 implementing of large projects that came out of
19 this.

20 JOHN CALLAGHAN: Well, and that may be.
21 I just -- it just seemed to me that he was being
22 put there because of his title rather than an
23 expertise in the government because, in fairness to
24 him, he had just arrived. I recognize he had
25 hospital expertise, and I take it you're saying he

1 was there not because of his title but because of
2 other expertise?

3 ALISON BLAIR: No, sorry. He was there
4 because he was the CEO of Ontario Health and
5 because Ontario Health has the levers to be able to
6 implement projects throughout the health system
7 because they've got the funding relationships and
8 the accountability relationships with those health
9 system organizations.

10 JOHN CALLAGHAN: Okay. If we can go
11 back to Slide 8.

12 So this is McKinsey summarizing other
13 jurisdictions, and it says:

14 "The key learnings for crisis
15 response architecture:

16 Have a single command function
17 (nerve centre) to orchestrate the
18 response with a mandate to make
19 decisions and eliminate roadblocks,
20 not a briefing function.

21 Empower outcome-focussed teams to
22 solve the most critical problems."

23 So in the best practices, the nerve
24 centre is not an advisory group but a
25 decision-making group? Is that what they were

1 telling you?

2 JILL VIENNEAU: So further to our
3 conversation about the "decision" word, I think we
4 have evolved into language that is more akin to
5 direction.

6 The nerve centre made decisions about
7 the mandates and the structure, but actual
8 government decisions rested with the authorities of
9 ministers and cabinet. So it was really about
10 supporting decision-making.

11 JOHN CALLAGHAN: Okay. And I think if
12 you go to 13, that's what you're -- like, they
13 defined the nerve centre --

14 JILL VIENNEAU: Yeah.

15 JOHN CALLAGHAN: -- as that and other
16 processes around the world. And then the one for
17 Ontario -- "The Three Pillars will Anchor Ontario's
18 Responses" is the title of the page. And the nerve
19 centre is, as you say, "supporting the existing
20 decision-making authority," right?

21 JILL VIENNEAU: That's correct.

22 JOHN CALLAGHAN: So then if you go to
23 the next page, this is the structure.

24 And maybe you can blow it up a little
25 bit.

1 Okay. So we have the nerve centre,
2 right? And they are now -- we're now not reporting
3 to the minister -- to the premier. They're
4 reporting to the secretary of cabinet and the chief
5 of staff who reports up to the premier and the
6 cabinet. Is that what's happening?

7 JILL VIENNEAU: I think that the most
8 important line here is the ministers on the
9 left-hand side reporting up to cabinet. The --
10 both the secretary and Mr. Wallace have a reporting
11 relationship with the premier.

12 He's -- Premier Ford is in that box as
13 well, but in acknowledgement that the coordinating
14 structure below advises and that, ultimately,
15 ministers would take decisions to cabinet.

16 JOHN CALLAGHAN: Right. But what I'm
17 pointing out is, now, the health command table,
18 which I believe is in the blue on the left, now
19 reports into the nerve centre which becomes the
20 central command table later. You changed the name.
21 And then that, then, gets reported up, according to
22 this schematic, to the premier and the minister; is
23 that correct?

24 JILL VIENNEAU: I think there may be a
25 missing line here in that the health table does

1 continue to report to the minister as well, not --
2 JOHN CALLAGHAN: Right.

3 JILL VIENNEAU: Not directly through --
4 not always directly through -- not directly through
5 the nerve centre.

6 JOHN CALLAGHAN: I see. So the
7 minister -- and that would be the Minister of
8 Health, right, as opposed to, say, the minister --
9 another ministry?

10 JILL VIENNEAU: Correct.

11 JOHN CALLAGHAN: And on this, as I see
12 it, you have the senior bureaucrat and the senior
13 political non-elective official taking all this
14 information and then providing it up to cabinet.
15 Is that how that works?

16 JILL VIENNEAU: I'm not sure what you
17 mean by the "senior bureaucrat" and the "senior
18 political official."

19 JOHN CALLAGHAN: Well, the secretary of
20 cabinet is what I always thought was the senior
21 bureaucrat. And the chief of -- the chief of staff
22 in the premier's office I would have thought was
23 the senior --

24 JILL VIENNEAU: The --

25 JOHN CALLAGHAN: -- non-elective

1 political on the political side.

2 JILL VIENNEAU: The ministers would
3 report in recommendations and advice to cabinet.
4 The secretary of cabinet and Mr. Wallace have a
5 direct reporting relationship to the premier.

6 JOHN CALLAGHAN: Right. And I'm
7 just -- so, like, the structure that we started
8 with the PEOC, like, that doesn't seem to be
9 anywhere here on the reporting structure. And
10 what's substituted is a reporting structure that
11 goes through the chief bureaucrat and the chief
12 nonelected political official.

13 JILL VIENNEAU: Right. The PEOC
14 structure does continue. So on the page which was
15 referenced earlier about the various levels of
16 responsibility, individual ministers -- sorry,
17 page 13.

18 JOHN CALLAGHAN: Right.

19 JILL VIENNEAU: Ministers and
20 ministries still have their current authorities.
21 So PEOC and emergency management, as per this --
22 the role of the Ministry of the Solicitor General
23 continues.

24 And in addition, there is also a
25 cross-functional team on emergency planning where

1 the senior officials from the solicitor general
2 stood up a cross-functional team or led a
3 cross-functional team there.

4 JOHN CALLAGHAN: Okay. So the way I
5 have it is, just going to page 17 --

6 LEAD COMMISSIONER FRANK MARROCCO:

7 Just before you do that, can we go back
8 to the chart?

9 JOHN CALLAGHAN: Yeah.

10 LEAD COMMISSIONER FRANK MARROCCO:

11 Yeah. Is there a -- am I right in
12 looking at this that the Chief Medical Officer of
13 Health is not on this chart?

14 JILL VIENNEAU: The Chief Medical
15 Officer of Health does sit at the health command
16 table but isn't articulated as a separate box on
17 here, no.

18 LEAD COMMISSIONER FRANK MARROCCO:

19 Well, the command table, is that -- on
20 this -- just help me with where that -- oh, on the
21 health command table. I see. So where -- the
22 health command table is also supposed to include
23 the chief medical officer -- or does include the
24 Chief Medical Officer of Health.

25 JILL VIENNEAU: Right.

1 LEAD COMMISSIONER FRANK MARROCCO:
2 But it's the only person referred to
3 there is the Deputy Minister of Health?

4 JILL VIENNEAU: And --

5 LEAD COMMISSIONER FRANK MARROCCO:
6 Does the Chief Medical Officer of
7 Health report to the Deputy Minister of Health
8 about matters concerning Public Health or on other
9 matters, like, administratively? I always thought
10 the Chief Medical Officer of Health had a certain
11 independence.

12 ALISON BLAIR: He has -- he does have a
13 certain amount of independence, and he also reports
14 into the Deputy Minister from a -- from a reporting
15 function for areas that effect the healthcare
16 system and for ongoing management.

17 We could get some more detail to you
18 from probably a legal perspective on exactly what
19 those -- the -- how you differentiate those roles.

20 LEAD COMMISSIONER FRANK MARROCCO:

21 Yeah, don't trouble yourself about that
22 so much, but it would seem to me that if we're
23 dealing with a response to a health crisis, he
24 should -- he should be there on this chart and not
25 just part of somebody -- some of the health chart.

1 Like, it would -- I always thought he
2 had a separate, independent function as far as
3 Public Health was concerned. You can't be making
4 Public Health decisions without the Chief Medical
5 Officer of Health.

6 JILL VIENNEAU: Could I just add that
7 the Chief Medical Officer of Health regularly
8 attends meetings of the central coordination table
9 previously known as the "nerve centre" when his
10 expertise is required which, I think, Alison can
11 attest to is more meetings than he's not at. So he
12 is invited to the meetings, or his associate if
13 he's unavailable, on matters related to Public
14 Health.

15 LEAD COMMISSIONER FRANK MARROCCO:

16 Okay. Thanks.

17 JOHN CALLAGHAN: If we could go to
18 Slide 17. So this is a slide what the mandate was
19 to be of the nerve centre. And it says:

20 "Support the COVID-related
21 actions across government related to
22 the immediate health and
23 humanitarian response."

24 They're, one, to:

25 "Define mandates for the

1 command tables within the nerve
2 centre."

3 So that would be command tables that
4 report into the nerve centre -- into the nerve
5 centre, the health command table, for example?

6 JILL VIENNEAU: Correct.

7 JOHN CALLAGHAN: And --

8 JILL VIENNEAU: The other --

9 JOHN CALLAGHAN: Right. We'll --
10 there's another chart you're going to take me to,
11 so we'll take a look at that in a second.

12 "Support policy decisions made
13 by cabinet through command tables."

14 So they're there to provide direct
15 support in terms of executing down or advice up or
16 both?

17 JILL VIENNEAU: Both.

18 JOHN CALLAGHAN: Okay.

19 "Engage Ministries as
20 appropriate to deliver specific
21 initiatives."

22 Again, that's working down, correct?

23 JILL VIENNEAU: Correct.

24 JOHN CALLAGHAN:

25 "Provide direction on

1 reprioritizing resource allocation
2 as needed."

3 What does that mean?

4 JILL VIENNEAU: I think the word
5 "resource" here is more about human resources and
6 less about funding resources because that would be
7 in the authority of treasury board in terms of any
8 allocation of funding resources.

9 But thinking about how we prioritize
10 our efforts across government to focus on the most
11 immediate COVID-related matters.

12 JOHN CALLAGHAN: And then if you look
13 at the -- across, they set up the membership. You
14 have the secretary of cabinet, Mr. Davidson; and
15 Mr. Wallace, the chief of staff to the premier.
16 They're the co-chairs, correct?

17 JILL VIENNEAU: Correct.

18 JOHN CALLAGHAN: And then the
19 members -- it says "Command Table Leads." So in
20 health, that would be Ms. Angus?

21 JILL VIENNEAU: That's correct.

22 JOHN CALLAGHAN: And then they go down,
23 and then they have other deputy ministers. For
24 example, you are the cabinet officer, Deputy
25 Minister for Policy, correct?

1 JILL VIENNEAU: I am not. There is a
2 cabinet office Deputy Minister for Policy, Martha
3 Greenberg.

4 JOHN CALLAGHAN: I'm sorry.

5 JILL VIENNEAU: I'm the ADM for the
6 secretariat.

7 JOHN CALLAGHAN: Oh, okay. Sorry.

8 JILL VIENNEAU: That's okay.

9 JOHN CALLAGHAN: I thought you were
10 deserving of a promotion. But what I'm trying to
11 look at here -- there's no Public Health person on
12 any of this. You have -- all you have is
13 bureaucrats, correct?

14 JILL VIENNEAU: With the exception of
15 Allan MacDonald who was an external appointee and
16 who was leading our supply chain command table --

17 JOHN CALLAGHAN: Okay.

18 JILL VIENNEAU: -- for a while, yes,
19 it's deputy ministers. We did, as I noted earlier,
20 have regular attendance at our CCT meetings,
21 central coordination table meetings, of the Chief
22 Medical Officer of Health, the Associate Medical
23 Officer of Health, Public Health Ontario, and
24 Ontario Health as items required their expertise.

25 JOHN CALLAGHAN: Yes, but when it came

1 to deliberation, presumably it's the members that
2 deliberate, right --

3 JILL VIENNEAU: The --

4 JOHN CALLAGHAN: -- whatever decisions
5 that table was to make?

6 JILL VIENNEAU: The meetings were --
7 are inclusive in that the individuals who are
8 invited in are invited in for the discussion, and
9 there's not private deliberations afterwards. So
10 they're there for the entire conversation.

11 JOHN CALLAGHAN: All right. Well, I'm
12 a little confused because I got the impression,
13 from what we looked at from McKinsey, the idea was
14 that they would be -- that there would be sort of
15 actions taken. And I'm assuming that requires
16 either the chairs do it because that -- who has the
17 voting rights or the members. I'm not --

18 JILL VIENNEAU: Right.

19 JOHN CALLAGHAN: I'm just trying to
20 figure out who decides what action is taken, and
21 how does that happen?

22 JILL VIENNEAU: Typically it's from the
23 co-chairs that request certain things that we note
24 in our action items. There may be suggestions from
25 members of the command table as well, and so the

1 action items really are at the -- generally at the
2 co-chairs but also other members of the command
3 table can make suggestions. And then if the -- if
4 those suggestions are supported, then those become
5 action items.

6 JOHN CALLAGHAN: Okay. So the way you
7 describe it is it's informal. Is there not -- is
8 there not a formal -- I thought there was a formal
9 structure that would say, you know, "the chairs
10 will decide what action items are taken to the
11 premier," or is that not the structure?

12 JILL VIENNEAU: I would say it's less
13 formal than as you describe. I think individual
14 ministries and command table leads come forward
15 with their presentations, and we bring experts to
16 the table, and members of the command table to
17 deliberate.

18 And out of that, there are conclusions
19 that may be advice on how to present an item to
20 cabinet. They may give advice about bringing
21 forward a report back on monitoring implementation,
22 and it comes out of that process. So less formal
23 than you described in the reporting that you
24 suggested.

25 JOHN CALLAGHAN: Okay. So we can go

1 to, then, Document 18? This is a document dated
2 August 19th, 2020, and it's entitled "Provincial
3 Response Structure Re-Set."

4 Do you have any -- do you want to
5 tell -- are you familiar with this document?

6 ALISON BLAIR: I'm familiar with this
7 one.

8 JOHN CALLAGHAN: Oh, well there you go.
9 There you go, Ms. Blair. And so this is a health
10 response issue. I'll just -- why don't we put up
11 Slide 3, and you might be able to explain what's
12 going on.

13 ALISON BLAIR: I can.

14 JOHN CALLAGHAN: So is this a good
15 place to start rather than -- that let's you...

16 ALISON BLAIR: Yeah, that's --

17 JOHN CALLAGHAN: So what was the idea?

18 ALISON BLAIR: The idea was in August
19 as we were entering the fall -- and especially in
20 hindsight -- and our cases were quite low. We were
21 assessing "what does our health coordination --
22 what became health coordination table need to be
23 focussing on more? What are the -- are there any
24 missing pieces? How do we make sure that there is
25 accountability?"

1 And you can see there were three
2 changes that we made or that we recommended and,
3 ultimately, were implemented.

4 And this -- these -- the three
5 suggestions went to the co-chairs. One was to make
6 sure that this was a problem-solving group, not a
7 reporting-on-progress group focussed on the
8 coordination of the -- of the response as a whole
9 as it was changing. And we proposed a new
10 executive committee to steer that command table and
11 set agendas rather than that having to happen
12 ad hoc or between myself as the secretariat and the
13 deputy.

14 The second piece was about making sure
15 that we had accountable work stream leads and -- on
16 both the policy and the operational side to make --
17 so to make sure that we were not -- getting the
18 policy great but not having interacted with the
19 operational side so that it could be implemented
20 quickly. And this hearkens back to earlier in the
21 discussion where we talked about the need both for
22 landing on decisions and then operationalizing them
23 to make sure that -- and the second bullet point
24 about operational perspective being better
25 integrated.

1 The third point was about having leads
2 for key groups or sectors to be preparing for
3 outbreak or fall responses, and so this was looking
4 outside of health to make sure that we were
5 interacting with the -- with leads in areas that
6 would need to be prepared -- so schools,
7 corrections, group homes, those kinds of things --
8 and clear protocols to connect with the healthcare
9 system for outbreaks or to prevent outbreaks
10 through information [sic] protection and control or
11 prevention and control testing, that kind of thing.

12 And then the fourth about the
13 integrated analytics and ongoing ability to monitor
14 and making sure that those were areas that were all
15 moving well.

16 JOHN CALLAGHAN: So in the first group,
17 you referred to the update to be a problem-solving
18 group. Is that -- is that to give -- like, I'm
19 trying to place it. You've got a function up to
20 the command -- the central command table and
21 through the Minister -- to the Minister.

22 I'm assuming -- is that to give
23 solutions, or is that more of a problem-solving to
24 direct people below how to solve the problem? I'm
25 just trying to figure out which way the

1 problem-solving is going.

2 ALISON BLAIR: Yeah, I think the -- we
3 wanted to make it more interactive and more
4 advisory. Not just advising up, but the "hey,
5 here's a way that you could solve that problem," or
6 "hm, that's an interesting barrier in primary care.
7 How are there ways that we could overcome that"
8 that may not require a visit up, but it was to make
9 it more of the bias towards immediately applicable
10 advice and action.

11 JOHN CALLAGHAN: Were you getting more
12 problems brought to you as a result of this --

13 Did this change happen? I'm assuming
14 this change happened. I should ask that question.

15 ALISON BLAIR: It did.

16 JOHN CALLAGHAN: And did you get -- did
17 you get more problems brought to the table to deal
18 with? Is that what happened as a result? Like, it
19 sounds like you're open up -- you're opening
20 yourself up for business, but...

21 ALISON BLAIR: That's interesting. I
22 would say perhaps more problems but also more
23 options for solutions were generated through the
24 new format.

25 JOHN CALLAGHAN: So if we go to

1 Slide 4, I just want to make sure I understand.
2 The health command table and the executive
3 committee --

4 We talked about three co-chairs --

5 ALISON BLAIR: M-hm.

6 JOHN CALLAGHAN: -- being Ms. Angus,
7 Mr. Anderson, and Dr. Williams -- or Dr. Anderson
8 and Dr. Williams. Did they remain the chairs of
9 the health command table, or did that get changed?

10 ALISON BLAIR: No, they remained the
11 chairs of the health coordination table, yeah.

12 JOHN CALLAGHAN: Is that -- sorry, I've
13 got to -- is the health command table the prior
14 health coordination table, or is this below --

15 ALISON BLAIR: Yeah, same thing.

16 JOHN CALLAGHAN: Okay.

17 ALISON BLAIR: Sorry, I'm now used to
18 "coordination table." I've beaten "command" out of
19 my language. I apologize.

20 JOHN CALLAGHAN: No, that's
21 understandable. I remember you, in September, said
22 exactly those words, so I --

23 So then that remained -- the executive
24 committee -- which was what? What was the purpose
25 of putting them on the executive committee as

1 opposed to -- I think before you were part of a
2 secretariat, but...

3 So you've added yourself, Ms. Greenberg
4 who we've just heard is the Deputy Minister in the
5 secretary -- in the secretary of cabinets office,
6 and Deputy Minister Steele.

7 ALISON BLAIR: The --

8 JOHN CALLAGHAN: So what was the
9 executive committee relative to the co-chairs of
10 the health command table?

11 ALISON BLAIR: The executive committee,
12 first of all, didn't exist before, so it's not
13 about a replacement. It was a smaller group of
14 people to work at agenda setting and to steer the
15 response.

16 And the benefit of having a smaller
17 table was to be able to have, in a short period of
18 time, conversation about "we need -- we need to
19 understand more about X," or "we think we need to
20 understand options on Y." And it's hard to do that
21 with the full health coordination table present.

22 Just to be clear, Anna Greenberg is
23 the -- is a vice president -- I think an executive
24 vice president at Ontario Health. Not to be mixed
25 up with Martha Greenberg who is the Deputy Minister

1 of the cabinet office.

2 JOHN CALLAGHAN: Okay. Thank you. I
3 did mix that up. If we can go to the next slide so
4 the commissioners get an understanding.

5 So below this structure -- and we see
6 in some of this these are the work streams that
7 report up through to the command table.

8 ALISON BLAIR: That's right. This is
9 the --

10 JOHN CALLAGHAN: Or the --

11 ALISON BLAIR: -- fall formulation of
12 those with the readiness objectives for the fall.

13 JOHN CALLAGHAN: And if one looks
14 closely, one will see that the little boxes under
15 health command table or health coordination table
16 change because the needs change; is that right?
17 Because I think I went through that exercise
18 myself.

19 ALISON BLAIR: Yes.

20 JOHN CALLAGHAN: Okay. And so you
21 have, for example, the "IPAC" at the bottom -- in
22 the red on the bottom. And then over in the
23 orange, you have "Long-Term Care Response."

24 So those would be those people who
25 would then report up as to what the issues are in

1 relation to those topics?

2 ALISON BLAIR: Correct.

3 JOHN CALLAGHAN: And then if you go to
4 the next slide, I'm not sure exactly -- this is --
5 this is sector leads for fall preparations.

6 Is this still into the health command
7 table, or is this into a larger table? Because it
8 certainly has farms, university/colleges, schools,
9 et cetera.

10 ALISON BLAIR: This reports into a --
11 you can see the bottom box that says: "Note: ADM
12 committee to be established to support that
13 cross-ministry collaboration" which has since been
14 established. And, in fact, Jill is now a co-chair
15 of that table.

16 JOHN CALLAGHAN: Well, does that sit
17 inside the health command table, or does that sit
18 in the larger structure.

19 ALISON BLAIR: Jill, do you have a good
20 answer for that before I try one?

21 JILL VIENNEAU: So it was -- if you
22 look at our structure, it accompanied the
23 appointment of Dr. Huyer as the coordinator of
24 provincial outbreak response. And so we have
25 included it in our structure as well as the ADM's

1 working group below it. So that is a group that
2 meets weekly with the ministries that are listed
3 here to collaborate on sector -- sector-wide
4 responses to outbreaks.

5 JOHN CALLAGHAN: So if we just --
6 that's a good jumping-off spot. If we go to
7 Document 19 --

8 JILL VIENNEAU: 19...

9 JOHN CALLAGHAN: -- this is
10 September 2nd, 2020, and he talked about Dr. Dirk
11 Huyer who, while that document's up there, was the
12 coroner and who, I think, we've heard from at least
13 once.

14 So on September 2nd, there is the
15 provincial preparedness and outbreak response
16 working group, and that is what Dr. Huyer is then
17 charged with addressing or chairing, I guess.

18 JILL VIENNEAU: So -- yeah, so
19 Dr. Huyer was named the coordinator of the
20 provincial outbreak response, and this table was
21 set up as a working table that he would work with
22 and that would provide advice up to him to about
23 outbreaks. So Dr. Huyer also now sits at the
24 central coordination table to bring advice and
25 briefings on outbreaks as well.

1 JOHN CALLAGHAN: So we've heard that
2 Dr. Huyer's done a number of things, but there is a
3 question that people ask is do we not have someone
4 in the Public Health sphere that's able to deal
5 with outbreak response rather than a coroner?

6 JILL VIENNEAU: We do have -- and the
7 terms of reference should reflect this. Dr. Yaffe
8 is a member of the (indiscernible) group here, so
9 that's where Public Health is represented.

10 JOHN CALLAGHAN: Just on -- yeah. If
11 you go to the members, you'll see yourself.

12 JILL VIENNEAU: Yeah.

13 JOHN CALLAGHAN: -- and then Dr. Yaffe.
14 But then the rest of them are government people?

15 JILL VIENNEAU: Correct.

16 JOHN CALLAGHAN: And when I read the --

17 LEAD COMMISSIONER FRANK MARROCCO:

18 Can I just, before you do that, John,
19 can you go back to the previous slide? It's:

20 "A coordinator, provincial
21 outbreak response..."

22 And then it says:

23 "...has been named by the
24 Ontario government to coordinate the
25 Province's efforts to prevent and

1 minimize COVID-19 outbreaks in a
2 number of sectors."
3 Is long-term care represented in any --
4 there?
5

6 JILL VIENNEAU: I believe long-term
7 care is represented under healthcare sectors.

8 LEAD COMMISSIONER FRANK MARROCCO:
9 So long-term care is subsumed under the
name "healthcare"?

10 JILL VIENNEAU: Right. And the
11 long-term care ADMs participated in an ADMs group,
12 ADM.

13 LEAD COMMISSIONER FRANK MARROCCO:
14 Okay.

15 JOHN CALLAGHAN: And if we go down to
16 the actual -- maybe this is just a reflection, the
17 purpose. I must say when you read:

18 "Monitoring sector preparedness
19 and outbreak response planning
20 across government; aligning response
21 planning and strategies across
22 ministries and sectors to increase
23 effectiveness and identify
24 opportunities for coordination,"
25 that sounds remarkably like the terms

1 of reference for the healthcare command table.
2

3 And so what -- I thought that's what
4 the healthcare command -- the health command table
5 was doing and, in fact, at some level, the
6 coordinating -- central coordination table. So how
7 do they all fit together, then?

8 ALISON BLAIR: Two things just from a
9 healthcare perspective. One was this goes beyond
10 the health coordination -- the coordination of
11 those involved in the health sector, and the other
12 is that this was focussed on outbreak management in
13 particular which was definitely needed to support
the health sector.

14 But this is -- this wasn't about
15 pandemic management written to large. This was
16 about how do you prevent outbreaks within
17 organizations within the sector?

18 Sorry to jump in.

19 JOHN CALLAGHAN: No, no. Thank you,
20 but I'm not sure I understand the distinction.

21 Wouldn't that have been something that
22 the health command table was dealing with prior to
23 September 2nd?

24 ALISON BLAIR: I think we wouldn't have
25 been thinking about outbreaks in schools.

1 JOHN CALLAGHAN: Okay. Well, we closed
2 schools in March.

3 ALISON BLAIR: Yeah. And so outbreak
4 preparedness or education was certainly something
5 that education could do -- I mean, all of these
6 preparations could happen individually within the
7 ministries, and the purpose of this group was to
8 make sure that you could align the response
9 planning and strategies across the ministry and
10 share some best practices. I feel like I'm talking
11 over Jill now.

12 JILL VIENNEAU: So yeah, it's a
13 place --

14 JOHN CALLAGHAN: And --

15 JILL VIENNEAU: -- where the Ministry
16 of Health and ministries who would be potentially
17 managing outbreaks can come together and coordinate
18 their efforts and learn from one another and
19 collaborate on things.

20 So an example is the Ministry of Labour
21 is a very active participant at this table, and
22 many of the ministries have been experiencing
23 outbreaks of employees in the workplace setting.

24 So some conversations about what the
25 role of the Ministry of Labour is and what public

1 education materials and efforts could be made
2 across multiple workplaces in order to prevent
3 outbreaks from happening in the first place. So
4 it's a working group where the ADMs come together
5 and work through this.

6 JOHN CALLAGHAN: But -- sorry, I got
7 the impression that the health command table was
8 performing that function. Because I thought the
9 ministry -- I thought we looked at -- it's not the
10 Ministry of Labour. One of the deputy ministers
11 was involved. I thought that was the reason why.
12 So is it --

13 ALISON BLAIR: I would say --

14 JOHN CALLAGHAN: I'm just trying to
15 figure out where --

16 ALISON BLAIR: So -- yeah.

17 JOHN CALLAGHAN: -- whether they're
18 doing the same thing, they're doing different
19 things, whether it wasn't being done before or
20 what.

21 ALISON BLAIR: I think this is a
22 working-level meeting where more -- you can go into
23 more detail at those meetings than you could at the
24 health coordination table. The broader direction
25 on what is to happen to -- or that we ought to

1 prepare and have responses for outbreaks would
2 certainly be something that would be discussed at
3 the health coordination table.

4 But the working through "hey, here's
5 a -- here's a helpful tip sheet" or that kind of
6 thing could happen at the working-group level.

7 JOHN CALLAGHAN: Okay. If we just go
8 to the page 4 of this document. This is another
9 schematic, and this schematic is dated
10 September 2nd.

11 And I can advise the commissioners --
12 I'm pretty certain, and I suspect it can be
13 verified, but this is the same schematic this was
14 presented by Ms. Blair on September 8th. And I
15 can't imagine it changed in the six days between
16 September 2nd and September 8th, but it looks
17 exactly the same.

18 So now -- but just to be clear
19 Dr. Huyer's group is -- sits at the same level as
20 the health command table. It's in the far left,
21 right, in the blue?

22 JILL VIENNEAU: That's correct.

23 JOHN CALLAGHAN: Okay.

24 JILL VIENNEAU: Dr. Huyer sits as a
25 member of the central coordination table.

1 JOHN CALLAGHAN: Right. Okay. And so
2 all of that still feeds up. And as I said, we're
3 going to take a look at the next -- the next
4 iteration, and some of this is gone.

5 Like, for example, critical personnel
6 is Mr. French is no longer part of the structure at
7 the moment; is that right? Have I -- we're going
8 to look at November.

9 JILL VIENNEAU: We have that in the
10 overarching slide deck, the original and the
11 changes. Would you like me --

12 JOHN CALLAGHAN: Yeah, yeah, we should
13 probably -- if we could go to that, that might be
14 easier.

15 So we end up going to -- we can go to
16 the original which is at -- you can start with
17 Slide 8. Although, I think we've gone past that.
18 But this was --

19 And, again, there's a slight
20 difference, and I think it's what Ms. Blair said.
21 It's that, you know, certain tables come on, and
22 certain -- or I don't -- certain teams, I guess,
23 under tables come on and off.

24 For example, in the -- this April 2nd
25 one under "Supply Chain," there's another group

1 called the "physical supply chain." It may be that
2 the groups are changed. But that's April, we just
3 looked September, and now we go to November which
4 is the next one which we're going to talk about.

5 JILL VIENNEAU: Okay.

6 JOHN CALLAGHAN: And this is -- this is
7 the current structure, then, is it?

8 JILL VIENNEAU: This is current as of
9 November, but I think it's relatively current even
10 today. But it's a November version, yes.

11 JOHN CALLAGHAN: All right. And so we
12 still have an essential coordination table, and we
13 have public safety, and the outbreak coordination
14 which is Dr. Huyer.

15 We have supply chain and health, and we
16 dropped a couple along the way -- or one, I think,
17 at least. And then we have, to the far right, the
18 COVID vaccine distribution test where that's
19 General Hillier's group, correct?

20 JILL VIENNEAU: Correct.

21 JOHN CALLAGHAN: And the dotted line,
22 does that mean that General Hillier reports both
23 into a minister and into that group and is also
24 reporting into the central coordination table?

25 JILL VIENNEAU: I think the dotted line

1 is really to acknowledge information sharing and
2 connection, and the solid lines are reporting.

3 JOHN CALLAGHAN: All right. And then
4 we have a new group called "MOH/MLTC Minister
5 Pandemic Response Leadership Table," and this was
6 not in existence when Ms. Blair testified last
7 time. So I take it this is new?

8 ALISON BLAIR: That's right.

9 JOHN CALLAGHAN: Okay. And let me just
10 show you -- before you do, there was a -- I just
11 want to do a set-up piece here a little bit.

12 Document 21, and perhaps you could blow
13 it up a little bit.

14 This is an email from Helen Angus to
15 the secretary of cabinet. And then it says:

16 "Secretary, I know you have
17 asked, and our undertaking is a
18 review of the CCT and related
19 command tables."

20 And to be clear to the commission,
21 these are some of the documents we await for, so
22 we're going to have to revisit this point. But it
23 says:

24 "I fully support this effort
25 and have had a productive meeting

1 with your staff earlier this week.
2 Given the media interest in the
3 health command table, I am
4 recommending that we move quickly to
5 better reflect the true mandate of
6 the health command tables starting
7 next week.

8 As you know, the health command
9 table has only ever been advisory to
10 the Minister of Health and the
11 Minister of Long-Term Care, and this
12 needs to be made clear in how we
13 describe its work.

14 I'm also proposing that we ensure
15 that the Minister of Health and the
16 Minister of Long-Term Care are able
17 to benefit fully from the advice of
18 the tables and provide direction to
19 its work.

20 I'm also proposing that we add
21 additional external leadership to
22 the table so that it can provide the
23 best possible advice on both policy
24 and execution as we respond to the
25 second wave of the pandemic.

1 Finally I'd like to suggest we
2 have a thoughtful discussion about
3 increasing the transparency of the
4 work of the table and its
5 memberships including the many
6 sub-tables that have highly engage
7 and capable leaders as members
8 including scientists, public health
9 experts, primary care practitioners,
10 and specialists in a variety of
11 medical disciplines."

12 Just to unpack that, just to be clear,
13 was the Minister of Long-Term Care reported to by
14 the health command table? I understood it was the
15 Minister of Health.

16 ALISON BLAIR: So per the terms of
17 reference, the table reported into the Minister of
18 Health. The Minister of Health and the Minister of
19 Long-Term Care attended the health command table,
20 and so the Minister of Long-Term Care was able --
21 was informed of and, per the Deputy and the
22 Minister, often attended the health command table
23 as well.

24 JOHN CALLAGHAN: So it was an ad hoc,
25 as it were, reporting structure rather than in the

1 terms of reference itself?

2 ALISON BLAIR: Correct.

3 JOHN CALLAGHAN: And then it talks
4 about the Minister of Health and the Minister of
5 Long-Term Care being able to benefit fully from the
6 advice of the table and to provide direction to its
7 work. What was lacking that the Deputy Minister
8 thought needed to be...

9 ALISON BLAIR: I think the -- what we
10 put in place was a -- was a -- the joint table
11 where we could bring the proceeds or the outcomes,
12 the recommended actions, the advice from the health
13 coordination table to that group.

14 And I can tell you the meetings are not
15 very long, but we're more able to focus the
16 briefing specifically on what the outcomes or the
17 recommended approaches or the options or the
18 proposals are than we are able to do so at the
19 health coordination table.

20 Because at the health coordination
21 table, you're also bringing the perspectives of
22 "here's the primary care perspective brought by
23 Dr. Price, and here's Dr. Williams' commentary."

24 So this is a more focussed briefing of
25 the ministers on what is happening at the health

1 coordination table.

2 JOHN CALLAGHAN: Okay. And, as I've
3 indicated, I would have probably put some of that
4 to you, but we have yet to receive it, but we'll
5 get that, I'm sure.

6 If we go down, "To summarize," it says:

7 "First, I'd like to rename the
8 health command table to the health
9 pandemic response coordination
10 table."

11 Ms. Blair, you probably cringed, and
12 then you said, "well, no, no, I wanted to change
13 the name, but nothing as elaborate as that." This
14 becomes the health coordination table, correct?

15 ALISON BLAIR: Yes.

16 JOHN CALLAGHAN: Because the health
17 command table doesn't adopt the "health pandemic
18 response coordination table." It just becomes the
19 "health coordination table"; is that correct?

20 ALISON BLAIR: That's right.

21 JOHN CALLAGHAN: And then just to hop
22 to third -- and this is, I think, what you were
23 talking about. We'll take a look at the terms of
24 reference in one second.

25 "Third, we will set up a more

1 formal structure with the two
2 ministers. I would suggest that
3 this group meet at least weekly
4 including the chair and the
5 co-chairs of the newly renamed
6 health pandemic response
7 coordination table as well as any
8 relevant IMS chairs. Others would
9 be invited as agenda items
10 determine. I welcome ideas about
11 what it should be named but, for the
12 interim, would suggest 'minister's
13 pandemic response leadership
14 table.'"

15 And that's what you're talking about,
16 correct?

17 ALISON BLAIR: That's correct.

18 JOHN CALLAGHAN: Okay. And then if we
19 could just go to Document 22.

20 So this idea appears to be gathering
21 speed. This is October 22nd, and it's an email
22 from the director of policy and delivery of the
23 office -- of the Ministry of Health Deputy
24 Minister. It says -- there you go:

25 "I just received a note from

1 the secretary's office and have been
2 advised that the PO, premier's
3 office, would like to have
4 representation on the joint
5 ministers' table. As such, they
6 have asked me to include
7 Leif Malling going forward."

8 Did the premier's office end up with
9 somebody on the minister's pandemic response
10 leadership table?

11 ALISON BLAIR: It's possible that Leif
12 attended one. I don't -- I can't verify that.
13 Certainly there was no change to the terms of
14 reference, and I don't remember premier's office
15 participating on any of the meetings that I've been
16 at. I have missed one or two.

17 JOHN CALLAGHAN: That's fine. And
18 Leif Malling, he's on the political side or on
19 the --

20 ALISON BLAIR: He's a member of
21 premier's office. Premier's office.

22 JOHN CALLAGHAN: And if we go now to
23 23, so this is a terms of reference of the
24 minister's pandemic response leadership table.

25 And then it says -- you got that,

1 Number 23?

2 Oops. All right. There we go. And it
3 says:

4 "To support clearer
5 accountability and rapid
6 decision-making for the health
7 system response to the COVID
8 pandemic, the Minister of Health and
9 the Minister of Long-Term Care are
10 establishing the minister's pandemic
11 response leadership table.

12 The ministers and member of the
13 table receive timely executive level
14 information and advice from a core
15 group of senior leaders at the
16 forefront of Ontario's pandemic
17 preparedness and response."

18 Now, it says under "Mandate," if we go
19 down a little bit:

20 "The minister's pandemic
21 response leadership table is being
22 established by the Minister of
23 Health and the Minister of Long-Term
24 Care to formalize accountability for
25 recommendations made to the

1 government by leaders of the
2 technical and other sub-tables
3 regarding Ontario's health system
4 response to COVID-19;
5 and decisions and directions
6 provided to Ontario's public health
7 and health system partners on the
8 execution of provincial pandemic
9 strategies, responses, and actions."

10 So this is a fundamental change, right?

11 Now we've got a table that now is a decision-maker,
12 right?

13 ALISON BLAIR: Correct.

14 JOHN CALLAGHAN: And it -- and I take
15 it this is -- this is the Minister of Long-Term
16 Care and the Minister of Health working
17 collaboratively, correct? That's the intent?

18 ALISON BLAIR: The intent is to make
19 sure that we're able to speak to them both so that
20 they understand the interdependent -- if they're
21 interdependent decisions and their -- yeah, and the
22 partnership between the two ministries.

23 JOHN CALLAGHAN: And -- but this is --
24 this is not -- as I read it -- well, let's read
25 "The Ministry's Table will":

- "Provide leadership and direction for Ontario's health system response to COVID-19;
- Make recommendations or decisions concerning the public health and health system response based on the advice of the health pandemic response coordination table (formerly 'health command table') for government (cabinet) decision;
- Provide direction on key areas of concern requiring resolution and strategic advice on the health pandemic response coordination table (formally 'health command table');
- Provide direction to the Ministries of Health and Long-Term Care on key policy, program and legislative/regulatory changes required to remove barriers to the pandemic response;
- And make decisions on the implementations of health response strategies, policies and programs approved by the government (example,

1 Government of Ontario's fall
2 preparedness plan of health,
3 long-term care and education."
4 So that's what they're going to do, but
5 as I read this, this isn't the Minister of Health
6 and Minister of Long-Term Care getting together
7 just on long-term care issues. This is broader
8 than long-term care issues, correct?

9 ALISON BLAIR: That's right.

10 JOHN CALLAGHAN: And so is this a
11 recognition that the pandemic has ravaged long-term
12 care? Is that what this is? Is that why the
13 Ministry of Long-Term Care was brought into the
14 larger issues with the Minister of Health?

15 ALISON BLAIR: I think this provides a
16 more formal channel for the leaders within the
17 health coordination table to interact with and
18 brief the Minister of Long-Term Care.

19 JOHN CALLAGHAN: Right. But I got the
20 impression that they were going to work towards
21 decisions.

22 ALISON BLAIR: Yeah.

23 JOHN CALLAGHAN: In other words -- but
24 I guess what I'm trying to get at is that it seems
25 like the Ministry of Long-Term Care is now helping

1 along in health issues as opposed to just long-term
2 care (indiscernible)...

3 ALISON BLAIR: The only distinction I
4 would make there is that they retain their -- they
5 retain their accountabilities.

6 JOHN CALLAGHAN: Right.

7 ALISON BLAIR: So the Minister of
8 Long-Term Care -- out of the structure, it doesn't
9 make decisions or bring forward to cabinet things
10 that would otherwise be done by the Minister of
11 Health, but they have dialogue between them on the
12 approach to take.

13 JOHN CALLAGHAN: So when the documents
14 are produced to us, what will we find? Will we
15 find minutes of this meeting? Will we find action
16 items? What should we look for to determine what
17 it is this leadership table accomplished?

18 ALISON BLAIR: Well, I think you can
19 bring up the document that I looked at last night
20 which has --

21 JOHN CALLAGHAN: Yeah.

22 ALISON BLAIR: -- just such a thing.

23 JOHN CALLAGHAN: Okay. I don't know
24 whether that -- there was -- we had one document --
25 two documents. We had the -- we had this document

1 from November which looks like it's -- is that what
2 it is? Because this is -- we had -- we got two
3 documents, we've found, and this looked like an
4 agenda, though.

5 ALISON BLAIR: Yeah, this is an agenda,
6 but it also has the action items at the bottom that
7 you'll see.

8 JOHN CALLAGHAN: I see. So what -- so
9 the decision log -- under D001, there's going to be
10 a document we should be able to find?

11 ALISON BLAIR: When decisions are made
12 or brought forward, yes.

13 JOHN CALLAGHAN: Sorry, does that mean
14 that there's a decision, or would the decision be
15 written there in this log?

16 Again, is that a -- you'll have to
17 excuse us because we just got these documents -- we
18 found them at the --

19 ALISON BLAIR: For sure.

20 JOHN CALLAGHAN: But is D001 an actual
21 document that will lead me to a decision, or is
22 this going to be a description of --

23 ALISON BLAIR: It's going to be a
24 description.

25 JOHN CALLAGHAN: I see.

1 ALISON BLAIR: But I believe that we --
2 because I looked at the information that we're
3 producing for you is for agenda items, you would
4 also see what materials were brought forward.

5 JOHN CALLAGHAN: Well, okay. I mean,
6 we're told there's more stuff coming or on its way.

7 Did you just -- I hate to ask this
8 question. Did we send you something that looked
9 like that? Because I don't recall, the documents
10 we sent you, anything looked like that. We found
11 one other thing that looked like an agenda. But
12 23(a), I think we called it.

13 JENNIFER KING: John, this was sent to
14 them yesterday.

15 JOHN CALLAGHAN: Okay.

16 JENNIFER KING: I sent this to --

17 JOHN CALLAGHAN: All right. All right.
18 I'm assuming that there would be stuff behind this.
19 Like, all these action logs, somebody's got to --
20 Mike Heenan's coming forward with some information.
21 Is the information recorded, or is it just this?

22 ALISON BLAIR: There would be materials
23 for each of the -- well, each of the -- let's see.
24 I think materials for each of the agenda items
25 unless they were a verbal report in.

1 JOHN CALLAGHAN: Right.

2 ALISON BLAIR: But under -- for
3 example, at this meeting, the "COVID by the
4 numbers," I would have walked through a health
5 system scorecard and given the highlights. There's
6 a fall plan implementation tracker that Mel Fraser
7 and I would have gone through.

8 JOHN CALLAGHAN: That would be a
9 document?

10 ALISON BLAIR: Yeah.

11 JOHN CALLAGHAN: Well, then IPAC -- so
12 did -- I mean, IPAC's a big deal here because, you
13 know, we just heard a lot of these homes didn't
14 know how to do it. So would that be a presentation
15 by you, or is there a document that we should be
16 looking for?

17 ALISON BLAIR: I think there would have
18 been a document that is a PowerPoint presentation.

19 JOHN CALLAGHAN: Well, I'm hoping that
20 your counsel will have -- will provide us all of
21 this in an organized fashion so we can look at it
22 quickly. Because, presumably, the ministers are
23 coming to visit, and it would be really good if we
24 knew what decisions they made.

25 LYNN MAHONEY: Mr. Callaghan, it's Lynn

1 Mahoney. I'm just wondering whether or not I can
2 interject with a question about the document.

3 Ms. Blair, the --

4 Jenn, could you roll down to the
5 decisions?

6 The decision numbers that are there at
7 the bottom, do they reflect -- I notice -- and
8 Mr. Callaghan just asked you questions about it.
9 Does that mean that there were no decisions taken
10 at this meeting?

11 ALISON BLAIR: I think this would have
12 been the agenda version of it, and so the decision
13 log would be blank at the beginning of the
14 decision.

15 LYNN MAHONEY: Okay. And is there a
16 new Decision Number 1 for each meeting, or is it a
17 rolling log?

18 So if we see -- at some point, we'll
19 see some lists of decisions, I assume, and are they
20 the decisions from the beginning of this table
21 rolling through or just at each particular meeting?

22 U/T ALISON BLAIR: I would have to go back
23 and look.

24 LYNN MAHONEY: Okay. That would be
25 great. Thank you.

1 JOHN CALLAGHAN: So if we could then go
2 to Document 24. So this is the terms of
3 reference --

4 JENNIFER KING: John, if you would just
5 bear with me for a moment, I need to pull it up.
6 My documents got corrupted somehow in the course of
7 this discussion, so bear with me a moment.

8 JOHN CALLAGHAN: It wasn't that bad a
9 discussion.

10 LEAD COMMISSIONER FRANK MARROCCO:

11 Mr. Callaghan, how much longer will you
12 be?

13 JOHN CALLAGHAN: Well, I think we're
14 going to have to postpone the vaccine section to
15 another day. I should be able to get there through
16 this another five to ten minutes. But I -- the
17 vaccine section will take another, probably, hour.
18 So I would think we --

19 LEAD COMMISSIONER FRANK MARROCCO:
20 Well, we'll have to reschedule that,
21 so...

22 JOHN CALLAGHAN: That's fine. That's
23 fine. We'll do that, and that shouldn't be a
24 problem.

25 Okay. So I would like to get through

1 because --

2 LEAD COMMISSIONER FRANK MARROCCO:

3 That's fine. Go ahead. You said five
4 or ten minutes.

5 JOHN CALLAGHAN: -- our visitors have
6 very good information.

7 So this is the "Health Coordination
8 Table Terms of Reference." So this is the change
9 from the last terms of reference, correct? This is
10 the -- it says:

11 "This terms of reference
12 replaces the COVID-19 command table
13 of reference created in
14 February 2020. This update reflects
15 the change in name from the 'COVID
16 health command table' to the 'health
17 coordination table' as of
18 October 2020 to better reflect its
19 mandate."

20 All right. Now, just be honest with
21 us, Ms. Blair. Did you come back from the last --
22 that first attendance and say "we've got to change
23 the name"? Because that was about two -- that was
24 about three weeks before you changed it.

25 ALISON BLAIR: There was a discussion

1 about the name.

2 JOHN CALLAGHAN: It's fine. I'm
3 pulling your leg. So if we go down to the mandate,
4 this is why -- a lot of the mandate did sound very
5 similar to Mr. Huyer's mandate. If you look at
6 the bottom -- if you move down there -- down a
7 little, please.

8 JENNIFER KING: John, I'm not hearing
9 you very clearly.

10 JOHN CALLAGHAN: Okay. Well, you've
11 executed wonderfully even though you --

12 JENNIFER KING: Excellent. Thank you.

13 JOHN CALLAGHAN: So, for example:

14 "Align and coordinate response
15 strategy across sectors to increase
16 effectiveness;

17 Identify solutions and remove
18 barriers to identified issues and
19 problems;

20 And provide recommendations and
21 advice to the joint minister's
22 pandemic response leadership table."

23 Those were very similar -- and even
24 above:

25 "Provide advice and

1 recommendations to support the
2 health system's response to
3 COVID-19."

4 Is that just a factor of the nature of
5 this? They all are going to have similar sounding
6 terms of reference, or...?

7 Because they do sound awfully similar.

8 ALISON BLAIR: Yeah. It helps -- I'll
9 come back to the distinction about outbreak
10 preparedness.

11 JOHN CALLAGHAN: Right.

12 ALISON BLAIR: And maybe -- I just want
13 to make sure that we're clear that we were talking
14 about sector-specific outbreaks like in an
15 organization, at a group home, or in a school
16 versus the pandemic response overall.

17 So the -- in dealing with outbreaks,
18 the group that Dr. Huyer chaired wouldn't say "hey,
19 let's start sequencing test results -- genetically
20 sequencing test results" because that's not
21 something that would be an outbreak response, but
22 it would be potentially a health coordination
23 pandemic response.

24 JOHN CALLAGHAN: So --

25 ALISON BLAIR: It's about scope, I

1 think.

2 JOHN CALLAGHAN: Okay. Well -- so I
3 did not cover this with you, but it was covered
4 with you last time. There is an order in council
5 that provides that the health plan is supposed to
6 be with the Ministry of Health because it relates
7 to a health-related issue such as the pandemic. We
8 covered that last time.

9 What this sounds like is Dr. Huyer now
10 has that responsibility in a various outbreak
11 sector, and it no longer belongs with the Ministry
12 of Health. Just the way it's structured, because
13 he doesn't -- not of the Ministry of Health.

14 So is that sort of a -- is there
15 acknowledgement that we move away from what's in
16 the order in council, that we move away from the
17 preparedness documents for that reason?

18 ALISON BLAIR: No. They -- Dr. Huyer
19 took the lead for planning and coordination, as in
20 the name, as in his title, for the outbreak -- for
21 specific outbreak responses within organizations
22 which is a small subset of the broader pandemic
23 response for which the OIC has -- or which the OIC
24 covers for health. I think that's what I --

25 JOHN CALLAGHAN: But he doesn't

1 respond -- he doesn't respond -- he doesn't answer
2 to the Minister of Health in doing that. He
3 answers to the command table, correct?

4 ALISON BLAIR: Uh --

5 JILL VIENNEAU: So I'm --

6 ALISON BLAIR: Go ahead, Jill.

7 JILL VIENNEAU: So he sits at the
8 central coordination table. Generally, though,
9 he's working with the ADMs across the ministries.

10 So the ministries that are on the ADMs
11 committee have a responsibility to work with their
12 sectors to support outbreak management. So he's
13 coordinating the effort of multiple ministries in
14 that, and he will report in on trends to the
15 central coordination table periodically.

16 But generally speaking, he's working to
17 coordinate the practice across education, colleges
18 and universities, farming, et cetera.

19 JOHN CALLAGHAN: Just -- but just so
20 I'm clear, is Minister Elliot responsible for
21 Dr. Huyer?

22 JILL VIENNEAU: I don't believe the
23 answer to that is yes. Dr. Huyer actually reports
24 through the solicitor general as the -- as the
25 chief coroner, and my understanding is he's taken

1 on this coordination role in addition to that.

2 JOHN CALLAGHAN: And that's at the
3 request of -- that role was created at the request
4 of the coordinating table? The cabinet? The
5 premier? The Minister of Health?

6 JILL VIENNEAU: I don't have knowledge
7 of the appointment. I have the public
8 announcement. I don't -- I don't have knowledge of
9 how his specific appointment was actually executed
10 on. It was a government decision to appoint him.

11 JOHN CALLAGHAN: Undoubtedly.

12 Under the health coordination table, if
13 we go back to the membership here -- and, again, we
14 have the co-chairs who were the same co-chairs that
15 you referred to earlier.

16 Are those new members? Is that an
17 updated member list, Ms. Blair?

18 ALISON BLAIR: It is. It is -- sorry,
19 some are new. Some -- and I would say the group
20 was narrowed. There are fewer members than there
21 were in the -- in the first iteration.

22 JOHN CALLAGHAN: All right. And just
23 so -- if we could just go to Document 25, and
24 that's probably it.

25 ALISON BLAIR: Just -- if I may

1 clarify --

2 JOHN CALLAGHAN: Yeah.

3 ALISON BLAIR: -- I just said there are
4 fewer members than before. But the terms of
5 reference from February 28th, the list was quite
6 short. The renewed terms of reference has fewer
7 people than were attending and participating at
8 health coordination table.

9 JOHN CALLAGHAN: If we could just go
10 to -- oh, my goodness. I don't know if these
11 slides -- I don't know if these slides are
12 paginated. If you could just go down, Jenn. It's
13 about halfway through or maybe...

14 It's a schematic. Oh, that must be it.

15 So this was the proposed response
16 structure. And as I see this, the new response
17 leadership table -- the health command table
18 reports into it directly, and then it reports into
19 the ministers, and I don't know if that means
20 cabinet or not.

21 But that looks a little different than
22 what you end up with, but what was the idea here as
23 to the reporting structure?

24 JILL VIENNEAU: So for the health
25 command table, the idea was that -- sorry, the

1 health coordination table, apologies --

2 JOHN CALLAGHAN: Right.

3 JILL VIENNEAU: -- reporting is to the
4 two ministers, the minister's pandemic response
5 table which is up here who then subsequently
6 reported to cabinet.

7 The version from November gets a little
8 complicated because it's the version in which we
9 add in the vaccine distribution task force.

10 JOHN CALLAGHAN: Okay. So if we could
11 just pull up that. We're back, then, to the Slide
12 Deck 31, please.

13 Now, as you say, it does get a little
14 more complicated. But it looks like the health
15 command table reports in only to the leadership
16 table, and then there's no formal requirement for
17 them to report anywhere unlike the proposal. Is
18 that correct, or is that just a schematic issue?

19 JILL VIENNEAU: I'm not following your
20 question. Are you, Alison?

21 ALISON BLAIR: I think it's that,
22 initially, there was a line from the joint table --

23 JOHN CALLAGHAN: Right.

24 ALISON BLAIR: -- to the ministers.
25 But I can understand why that was taken away

1 because it's -- I mean, the co-chairs are the
2 ministers, and so how do the ministers report into
3 the ministers? I think that was --

4 JOHN CALLAGHAN: Well, I got the
5 impression that the leadership table on the last
6 schematic reported into the minister's -- reported
7 into cabinet. But this one has a making, and I
8 read that -- as you can see, this is -- it goes up
9 and across.

10 And if you can go back to the other
11 one, I'm just trying to understand this because is
12 the idea that because the ministers under the
13 pandemic response leadership table are intended to
14 use their own statutory powers, that everything
15 stops there? Or is this a situation where they
16 have a reporting requirement into cabinet and
17 elsewhere as the other schematic would have shown?

18 JILL VIENNEAU: So I would say that it
19 doesn't stop there. I think that the role -- the
20 ministers -- the black box that says "Ministers"
21 and "Ministries," those ministers are also
22 reflected there.

23 So they would get briefings and make
24 decisions at that table together. As ministers
25 moving off to the left of the ministers and

1 ministries, they would report in, as Alison just
2 mentioned, to cabinet on their proposals, either
3 long-term care proposals or health proposals.

4 I'm not sure if there's ever a report
5 in joint (indiscernible) as ministers. They have
6 their authorities in those black boxes and reported
7 to cabinet.

8 JOHN CALLAGHAN: So, Alison --

9 JILL VIENNEAU: So what's
10 (indiscernible) stops there.

11 JOHN CALLAGHAN: So, Alison, we looked
12 at the changes that were proposed in August that
13 the health command table would be more directive.
14 I've forgotten the word you used. It was a
15 specific word.

16 Does that change now with the adding of
17 the response leadership table in November? Does
18 everything now go up to the response leadership
19 table? Is there a different function for the
20 command table?

21 ALISON BLAIR: I think it's -- I think
22 the difference is instead of the health
23 coordination table -- instead of action items that
24 require briefing --

25 So recommendations or that kind of

1 thing, instead of it going to the Minister of
2 Health, it's now going to the Minister of Health
3 and the Minister of Long-Term Care at the same
4 time. I would say the speed of actions are
5 similar, but there has been a discussion among
6 those two ministers about it.

7 JOHN CALLAGHAN: And then your comment,
8 then, on the last -- when we talked about it about
9 being able to give direction, a more rapid response
10 going downward from the command table, that still
11 exists, right? So that doesn't change the downward
12 structure of you giving instructions to the various
13 tables, et cetera; is that right?

14 ALISON BLAIR: Correct, yeah.

15 JOHN CALLAGHAN: I think those are my
16 questions, commissioners.

17 LEAD COMMISSIONER FRANK MARROCCO:

18 Well, I don't have any questions. I
19 don't see any indication that the other
20 commissioners do.

21 Thank you very much for quite a
22 presentation over this period of time. I guess
23 we'll have to revisit part of it anyway in terms of
24 what we were about to do next.

25 But thank you very much for your

1 assistance with this, and I guess we may be back
2 about this, or not, depending upon what the
3 documents tell us. But we will try to be as
4 respectful of your time as we can, so thank you.

5 JOHN CALLAGHAN: Thank you very much.

6 COMMISSIONER JACK KITTS: Thank you.

7 JOHN CALLAGHAN: Thanks, Alison.

8 Thanks, Jill.

9 COMMISSIONER JACK KITTS: Yeah. Thank
10 you both.

11
12 -- Adjourned at 3:35 p.m.
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REPORTER'S CERTIFICATE

I, MCKAYA MCDONALD, Chartered
Shorthand Reporter, certify;

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

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

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

Dated this 3rd day of February, 2021.

McDonald

NEESONS, A VERITEXT COMPANY

PER: MCKAYA MCDONALD, CSR

CHARTERED SHORTHAND REPORTER

1 C L A R I F I C A T I O N S
2

3 Page 12, line 10: "Secretary" not "secretariat"
4

5 Page 12, line 10: "that you had with Clint" not
6 "that I've heard of Clint"
7

8 Page 18, line 2: "one is the PEOC and one is the
9 MEOC" not "one is the PEOC ask
10 one is the MEOC"
11

12 Page 56, line 20: "busy public service" not
13 "business public service"
14

15 Page 95, line 22: "does the" not "became"
16

17 Page 96, line 18: "but also interacting" not
18 "but not having interacted"
19

20 Page 120, line 20: "there are" not "they're"
21

22
23
24
25

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